



Brotherhood
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STEP into residential care
a training program evaluation

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Abbreviations

BSL	Brotherhood of St Laurence
CJP	Community Jobs Program
ESL	English as a second language
GTO	Group Training Organisation
NAAP	New Apprentices Access Program
OH&S	occupational health and safety
PCA	personal care attendant
STEP	Scheme for Training and Educating People

Glossary

Aged care facility

A hostel or nursing home that specialises in providing either high or low care to elderly residents.

Aged carer

A worker who tends to the needs of elderly people, either living in the community or in a residential facility. The role includes assisting people to perform daily tasks that they can no longer do themselves, such as showering, dressing, grooming and food preparation. In this report aged carers refers to workers in a residential care setting.

Australian Apprenticeships

The official term to describe traineeships and apprenticeships (in a variety of certificate levels in more than 500 occupations) that involve incentives and personal benefits from the Australian Government and lead to a nationally recognised qualification.

Personal care attendant (PCA)

A worker who assists people who are frail or disabled or have special needs. The term is often used synonymously with aged carer.

Personal care worker

A broad term for various care staff with lower qualifications than a nurse, also used synonymously with PCA and aged-carer. This is the term used on BSL payroll records.

Residential care facility

A service that provides either high care (formerly called a nursing home) or low care (formerly called a hostel) for people who are frail or disabled.

Trainee

In this report, this term refers to people who have or are currently enrolled in the STEP in residential care training program.

Summary

This report is an evaluation of the Scheme for Training and Educating People (STEP) residential care program. The STEP residential care program gives people who face barriers to employment the opportunity to gain a traineeship in Certificate III in community service (residential care). This is made possible through a partnership between the Brotherhood of St Laurence (BSL) residential care facilities and STEP Inc (the Brotherhood's group training company).

STEP is not a traditional group training company, in that its focus is on disadvantaged clients. Its strength includes providing advocacy and support and looking at innovative ways to help people make the transition into work. Mainstream group training companies have an industry or business focus rather than an employee focus and tend not to consider the complex needs of disadvantaged clients. Hence, in addition to finding host employers to allow Australian Apprentices¹ (such as the trainees in the present program) to gain a qualification, STEP provides support services to assist the Australian Apprentices to complete their training.

BSL operates four residential care facilities. The two inner city facilities, in particular, have difficulty obtaining and retaining quality staff. This is a problem which is prevalent across the residential care sector, leading to increased costs and jeopardising the quality of service.

The STEP residential care program offers people an opportunity for work experience and employment, via a traineeship which enables them to gain a Certificate III in Community Services (residential care), which will allow them to work as a PCA. The program, a partnership between STEP and BSL residential care facilities, began in 2001. Four BSL facilities have participated: Sumner House from its inception until 2005, Sambell Lodge until 2004, Cox/Collins Court participated in 2001 and 2002 and Broughton in 2001.

The key objectives of the program are:

- to provide opportunities for people from disadvantaged backgrounds (especially long-term unemployed people) to gain work experience and a nationally recognised qualification and then sustainable employment
- to provide qualified staff for BSL residential care facilities
- to provide qualified staff for the residential care industry in general.

The aims of the evaluation are:

- to identify the major issues around the employment of residential care staff recruited by BSL through the STEP program
- to compare retention rates of STEP recruited residential care staff and of other BSL residential care staff
- to investigate whether there are relevant and significant differences between trainees and regular personal care attendants, especially in relation to their views on working in residential care and their socioeconomic backgrounds. This information can assist with the future selection process, as well as verify whether it actually was disadvantaged people who benefited from the program.
- to conduct a cost-benefit analysis to assess the overall merit of the program and whether continued participation by facilities is viable.
- to make recommendations on how the program can be improved and how it can continue to provide employment and training opportunities for disadvantaged communities and individuals in line with the BSL's mission and vision.

¹ Australian Apprentices is the new term for people undertaking Australian Apprenticeships (see p. XX)

The primary method of research, a qualitative analysis of survey responses and interviews with trainees and staff, was chosen because of the small research sample. In addition, the cost–benefit analysis involved examining financial expenditure and savings, as well as scrutinising staff retention rates.

The key findings of the evaluation are that:

- Trainees, regular staff involved in the training and facility managers were generally complimentary about the program.
- Three main demographic differences between trainees and regular staff were that: more trainees were unemployed prior to commencing training as a PCA, more trainees felt they faced barriers to securing employment, and more trainees resided in public housing.
- The completion rate of STEP trainees was high compared with other traineeships in Australia, it was 75% (of an admittedly small sample) compared with 38%.
- The retention of STEP graduates with BSL was high compared with BSL regular personal care attendants, with nine of the 20 graduates still employed by BSL (and another three employed at non-BSL residential care facilities)
- Although involvement in the program by the facilities may result in financial costs, it also provides opportunities to recoup costs and even incur savings in the longer term. It costs about \$5500 for a facility to train each STEP participant, but if they are retained as permanent staff then the cost is reduced to about \$1000, chiefly by removing the need to advertise for and train a new staff member. Also if trainees are kept on the casual bank then savings are possible mainly reducing the reliance on agency staff.
- High levels of job satisfaction were reported by trainees still in the industry; and other benefits noted by trainees included increased self-esteem, generic employment skills and English language skills.

Eleven recommendations have been made. The program as a whole would benefit from improved communication between STEP and residential care facilities and from a shared organisational commitment to its value. The next four recommendations regard the preliminary stages of recruitment and selection. They are to limit the number of trainees according to number of experienced staff, refine the selection process, clarify objectives of program with trainees and provide English tuition for non-native English speakers as well as further training in generic skills. Regarding the actual training, it is recommended that regular staff be trained in how to teach trainees, that trainees be monitored in a regular, structured way and that trainees' responsibilities be increased gradually. The final recommendation is to track graduates after completion, to assess long-term impact of the course both on individual employment opportunities and on residential care recruitment.

The program has been largely successful in achieving its objectives. The STEP residential care program is a worthy investment in training workers for the residential care industry. Furthermore, if the recommendations are implemented there is reason to be confident that the program can be further enhanced.

1 Introduction

This report details an evaluation of an accredited training program for residential care workers conducted by STEP Inc. in partnership with the Brotherhood of St Laurence (BSL) residential care facilities. This report was commissioned by the BSL residential care facilities, partly to assess whether the program can help to solve the problem of an increased demand for residential care services which is combined with a reduced supply of skilled workers, due to an ageing population. The lack of skilled workers in the industry is becoming precarious, which state and federal governments need to find solutions to address.

The aims of the evaluation were to:

- identify the major issues around the employment of residential care staff recruited by the BSL through the STEP program
- compare retention rates of STEP recruited residential care staff and of other BSL residential care staff
- investigate whether there are relevant and significant differences between STEP trainees and other BSL residential care staff, especially in relation to their opinions on working in residential care and their socio-economic backgrounds. This is to help identify who is likely to stay in the industry and assess whether the program is actually helping disadvantaged people.
- conduct a cost-benefit analysis to assess whether the program is worth continuing
- recommend improvements.

Background of STEP residential care

STEP

STEP is a Group Training Organisation (GTO), which is part of BSL's employment services. GTOs are incorporated not-for-profit entities, established to support and to employ new apprentices and then place them with 'host employers'. Every GTO has a different approach to serving their clients, but what they have in common is that each must ensure that their clients are matched-up with an employer, monitor the clients' development and take responsibility for all paperwork. STEP focuses on serving people from disadvantaged backgrounds who face barriers to securing satisfactory employment and therefore provides further services.

An essential element of STEP's further services is providing intensive personal support to the trainee as well as the employer. This support involves a personal support worker, a training coordinator and facilitating peer group support. The personal support worker develops a close relationship with trainees to assist them with personal issues throughout the project. The training coordinator helps the trainee develop generic skills required to complete assignments and maintain employment, such as motivation, communication and punctuality. Peer group support involves informal meetings among trainees and encouraging friendships between trainees, so that trainees have a wider support network.

BSL residential care facilities

BSL operates four residential care facilities: a 40-bed low care facility in Fitzroy (Sumner House), a 43-bed low care facility in Clifton Hill (Sambell Lodge), a 50-bed low care facility in Carrum (Cox/Collins Court) and a 30-bed high care facility in Frankston (Broughton). BSL residential facilities cater particularly for disadvantaged people, many of whom have multiple disabilities and exhibit challenging behaviours. However, Sumner House and Sambell Lodge, in particular, have difficulty obtaining and then retaining quality Personal Care Attendants (PCAs). This adds to costs, increases strain on existing staff and jeopardises the quality of service.

The STEP residential care program

The STEP residential care program offers people an opportunity for paid work experience and employment, via a traineeship which enables them to gain a Certificate III in Community Services (residential care), which will allow them to work as a PCA. The program, which began in 2001, is a partnership between STEP and BSL residential care facilities. Four BSL facilities have participated: Sumner House from its inception until 2005, Sambell Lodge until 2004, Cox/Collins Court participated in 2001 and 2002 and Broughton in 2001.

Objectives of the STEP residential care program

The key objectives of the program are:

- To provide opportunities for people from disadvantaged backgrounds (especially long-term unemployed people) to gain work experience and a nationally recognised qualification and then sustainable employment.
- To provide qualified staff for BSL residential care facilities.
- To provide qualified staff for the residential care industry in general.

It should be noted that since the program's commencement the objectives from the perspective of facility managers have evolved. Originally, residential care facilities expected that all trainees who completed the program would be retained as staff. This was seen as a desirable outcome because BSL facilities have difficulty obtaining and retaining quality staff. However, for reasons explained the managers no longer think it is desirable that all graduates from the program become permanent staff. Instead, a successful outcome from the perspective of BSL residential care entails graduates remaining in the residential care industry.

In addition, STEP has always had broader criteria of program success than the residential care facilities. For STEP, the program would still be considered moderately successful if the traineeship has a positive influence on the person's life, for example building their self-confidence and motivation so that they go on to study something else, or find employment in another field.

Operation of the STEP residential care program

A larger number of people receive pre-vocational training than actually commence a traineeship. The pre-vocational training, which includes a combination of class room teaching and work experience, aims to introduce modules from Certificate II and some Certificate III modules. Topics include orientation to residential care, Occupational Health and Safety (OH&S), first aide, duty of care and generic employment skills like communication.

The pre-vocational training funded under the New Apprenticeships Access Programme (NAAP) model extends over four weeks, with at least one day a week spent at a residential facility. In 2004, however, 15 weeks of paid pre-vocational training was provided, with three weeks spent at a facility. This was made possible due to additional funding through the Victorian Government's Community Jobs Program (CJP). However, because CJP does not provide recurrent funding, in 2005 STEP reverted to the NAAP model. Future programs can also be expected to involve about four weeks of pre-vocational training.

The most suitable trainees from the pre-vocational training are chosen to take up 12-month traineeships in places offered by the residential facilities. Upon placement at a facility, each trainee is 'buddied' with a staff member. The trainee accompanies the staff member, who demonstrates and explains how to do tasks until the trainee can work independently. During this period, the trainee attends training run by a registered training organisation, such as a TAFE, on a weekly basis during the teaching term. Another distinctive aspect of the traineeship is the peer support program, involving meetings between the trainees to foster supportive relationships.

Literature review

No reports were identified which referred to other programs that trained disadvantaged people to become residential carers. However, earlier research has been conducted on Australian training programs and about personal care workers in general.

Richardson and Martin (2004) provided the first in-depth statistical data about the profile and size of the residential care workforce: there were 67,000 personal carers in the residential care industry in 2004 and two-thirds of them were permanent part-time staff (p.2). In addition, a disproportionate 94% of the workforce were women. Also, the average age of a residential carer was older than the average age of the general Australian worker, with 57% of the residential carers over the age of 45, compared with 33% of all workers. (p.3)

Two important pieces of research investigated traineeships. Booth et al. (2005) illustrated the barriers to cost-effective workplace training, and explained successful workplace training strategies. Staff interviewed from residential care facilities across four Australian states and territories disclosed that there was a 'need for training to be ... an integral part of the organisation's business' (p.5). The researchers concluded that 'accessible, targeted, workplace-delivered training needs ... to be offered ... to the large numbers of new workers who will be recruited into the industry to meet the demands of the ageing population' (p.32).

Harris et al. (2001) explored the levels of retention in apprenticeships and traineeships in Australia across industries and identify the factors that influence this retention. They argued that retention is not solely based on the personal qualities of the trainee. Rather it is an outcome of an effective partnership between the trainee, the employer and the registered training organisations. Further, 'retention is enhanced by institutional processes which are responsive, learner-centred and acknowledge the unique needs and circumstances of ... trainees and the contexts in which they live and work' (Harris et al. 2001, p.6). In regard to the trainee's qualities, they argue that a person is more likely to complete a traineeship if they have a high level of maturity, have medium and long-term goals for themselves in the occupation and have seriously considered the demands that the traineeship will make on their time and effort (p.5).

In regard specifically to the community care sector, Angley and Newman (2002) investigated strategies implemented by community care organisations to improve both the recruitment and retention of community care workers.' (p.vii). They found that employers seeking to improve recruitment and retention should consider the recognition they provide to their staff, the degree that staff can influence rosters, opportunities that are provided for career development and how well the staff are supported to cope with emotional stresses.

There have been two previous short reports written about the STEP in residential care program. Temby (2004) chiefly reviewed the STEP Community Jobs Program and found that that it was largely effective in achieving its goals. Gruner (2005) described how the STEP residential care program operated.

2 Methodology

The method of research used is mainly a qualitative analysis of survey responses and interviews with trainees and staff, a method chosen because of the small sample. In addition, the cost benefit analysis required the examination of financial expenditure and savings, as well as scrutinising payroll records.

Interviews were conducted with seven people who participated in the STEP residential care program; this is 35% of the total. Five of the seven completed the program and were still working as PCAs with BSL. One was still completing the program and one did not complete it. Five surveys were conducted with regular residential care staff, all of them involved in training STEP trainees, to investigate their opinions and experiences of the STEP program, and also to compare their responses about working in residential care with the responses of trainees. Interviews were also conducted with the managers of three BSL residential facilities. Lastly, four STEP staff members who were involved in program coordination were interviewed.

It would have been desirable if more trainees who were no longer with BSL could have been interviewed. Contact details of nine such people were obtained, but eight of these people proved to be uncontactable, largely due to disconnected phone services.

3 Findings

Demographics of trainees and regular staff

There were several demographic distinctions between trainees and regular staff, in the small sample interviewed. These distinctions verify that the STEP program was successful in assisting people from disadvantaged backgrounds. Learning about the demographics of the trainees and regular staff also gives some indication of which people are likely to be residential carers, which can therefore assist in the selection process of trainees in future programs.

Firstly, all trainees were unemployed (three for more than a year) before commencing the program, whereas none of the regular staff had been unemployed prior to training. This was because of STEP's focus on assisting unemployed and disadvantaged people, and referrals from Centrelink of people who they required to take part in such a program as part of the federal government's mutual obligation scheme.

Secondly, six of the seven trainees said they faced barriers to finding employment, in contrast to only one regular PCA. Barriers included having suffered mental illness, lack of child-care and lack of English.

Thirdly, three trainees lived in public housing, compared with none of the regular staff. This was because the CJP version of the STEP program, in particular, targeted people living in the Fitzroy and Collingwood public housing estates.

The above three distinctions are not surprising as each relates to STEP's core clientele. A possible explanation for the surprising result that STEP trainees were more likely to have completed secondary school is that many regular PCAs are also from disadvantaged backgrounds. A second possible explanation is that STEP trainees who were able to complete the traineeship may have suffered less disadvantage or personal problems than those who did not complete the program. The proportion of step trainees not fluent in English is a little more than regular staff: people from non-English speaking backgrounds are a significant group among the unemployed whom this program targets.

Table 3.1 STEP trainees & regular staff demographics

	STEP trainees N = 7	Regular staff N = 5
Moved home more than 3 times in 5 years	3	2
Not born in Australia	2	2
Completed secondary school	5	2
Over 40 years old	3	3
Not fluent in English	2	1
Unemployed prior to commencing training as a PCA	7	0
Felt that they faced barriers to gaining employment	6	1
Lived in public housing	3	0

The aims of the STEP residential care program

The facility managers initially thought that trainees would become permanent staff at the facilities where they trained; however, based on the experience of the first few programs, this view altered. The present position of the residential care managers is that although some trainees can be retained on completion, it should not be assumed that they will all be retained. If all graduates were retained the facility would not have sufficient experienced staff to support the new graduates and also take on further trainees, so the program could not continue. However, the issue is generally one of having too many inexperienced staff, regardless whether they are STEP trainees or not.

One residential care manager remarked that graduates would cope better at other non-BSL facilities that have a lower proportion of residents with special needs.

Commencing the program

Most trainees began the program because they saw it as a pathway to secure employment. Five of the trainees interviewed chose to work in residential care over alternatives because they thought it would be satisfying to help people. All but one person's expectations at the time of commencement were later satisfied. The person whose expectations were unsatisfied did not receive the Certificate III. She had to withdraw for personal reasons.

Training and support

All STEP trainees thought that the support provided by both STEP and the supervisors at the facilities was very helpful. From a choice of excellent, good, fair and poor, three judged the support in general as excellent and four judged it as good. Trainees found that both STEP and facility supervisors were highly available and approachable and that they seriously considered matters raised.

However, the personal support worker role provided by STEP did not appear to be active in the two most recent programs. This is mainly due to the quite small number of trainees. Nonetheless, two people who were unaware of a personal support worker were still able to get adequate support when they requested it from other STEP staff.

Also stemming from the small number of trainees in the later two programs was a lack of peer support. Although no trainees complained about this lack, trainees from earlier programs commented that they found the peer support very beneficial.

Most trainees remarked that they were encouraged by facility managers to ask questions during their training and that supervisors were quick to respond to issues that were raised.

However, two people mentioned that sometimes it felt as though supervisors were too busy and did not have enough time for the trainees. One said that at times they 'felt at a loss' and that others felt similarly. Although it is emphasised that the trainees are able to get support whenever they need it, from the questionnaire and interviews it is clear that currently the monitoring and support are ad hoc. Problems are addressed as they arise and the monitoring of trainees' progress is up to the discretion of coordinators.

All trainees believed the program provided adequate training, with five judging it as excellent and two as good. All felt able to work fairly independently in the job within six months, with three feeling able to work independently in less than two months.

All of the regular staff said that employing trainees increased their own work load. This is because it takes longer to explain something to someone than merely doing it oneself; and to show someone how to do something may require doing it more slowly. Two staff pointed out that they had no training in how to train others.

Three staff mentioned that it was particularly frustrating to train people who were not very motivated, like some of the trainees especially in earlier, larger intakes. One staff member said 'you can tell the difference between the ones that really want to be there and others who are only there because they were pressured [by Centrelink] to be there'. It should be emphasised, however, that these comments also apply to work experience trainees. Staff reported that most people chosen to commence the traineeship were quite motivated.

Facility managers reported that STEP graduates required no more support than any other newly trained person. Furthermore, some training, where the duration is as little as one month, is much

poorer quality than the 12-month STEP program. One manager remarked that ‘I wouldn’t hire people who have only completed such a small amount of training.’ (Incidentally, three of the regular staff interviewed had a Certificate III that took between 6 and 12 months to complete, and the other two were registered nurses, which requires additional training to what is necessary to gain a Certificate III).

STEP staff said that the inner Melbourne facilities were especially well equipped to meet the needs of trainees, because there are senior staff members qualified to train others and experienced in taking trainees from other accredited training courses. STEP staff felt that regular staff often make good teachers; because the patience and understanding required are also important in being a good PCA.

Particular positive aspects of participating in the program

A commonly raised positive aspect of the program raised by trainees was that the staff members were welcoming and the supervisors in particular were supportive. One person liked ‘working for a place that is understanding’:

There have been a lot of people here who are very supportive. You feel appreciated here by the supervisors.’

Several trainees also said that the smooth transition from training to employment, which removed the difficulty of searching for a job, was a positive of the program. However, it should be noted that this was not guaranteed for trainees, although it did happen for those who were able to be retained at BSL.

In addition, even the trainee who did not complete the program said that the program helped develop her life skills. She said that ‘it improved my self-confidence, I learnt how to better relate to people and it enabled me to reconsider my career options.

The three facility managers reported that the main advantage of the STEP program was for the trainees. It helped them find meaningful and stable employment. In doing this it contributed to achieving BSL’s vision and mission, because the participants had suffered barriers to employment.

Two managers mentioned that one benefit to their facilities was that once the trainees went through the orientation but were not yet ready to work independently, they had time to spend with the individual residents. Many of the residents liked having another person around to talk to. However, not as much free time was created as was hoped.

One facility manager reported that the traineeship acted as an extended trial period, where if a person proved diligent and reliable during their training they could then be employed as a permanent staff member.

Weaknesses of the program

Fewer negative aspects of the program were raised than positives. Four people couldn’t think of any weaknesses. Two people mentioned that they had to converse with some people that ‘shouldn’t have been in the program’, were not well suited to the job and often seemed immature. These comments came from trainees in the earlier programs that had larger numbers and less refined screening, an issue which has been addressed.

Another criticism of earlier programs was that ‘no one knew what was going on’. This referred to the lack of communication between STEP and the facilities about the exact role of each, such as who was responsible for providing support with the training course homework.

One person who was part of a small intake felt that he was given too much responsibility, which at times made her consider quitting:

At times I felt that too soon in my training I was being utilised like a regular staff member, instead of being considered as a trainee who had a lot to learn.

All three facility managers said that the program's main disadvantage was the initial financial cost. They said that it took between three and six months before a trainee could substitute for regular staff, instead of being rostered as an additional staff member.

A second problem reported by facility managers was that often trainees had more personal issues, (such as mental illness) than regular staff. This required additional attention and energy from managers and other staff.

Facility managers also observed that some trainees (usually those who did not complete the training) did not appear to be well suited to the job: they lacked tolerance, patience and motivation.

One manager thought that communication needed to be improved between the different units of BSL, to eliminate conflicting information and directions. While being told to balance the budget, the manager was also being encouraged to participate in the STEP program, as part of achieving the BSL vision. The manager believed that there needed to be increased discussion to establish a cohesive BSL strategic approach.

Interaction between the facilities and STEP

Two facility managers said that STEP made a lot of contact with the facility, that they were 'very responsive' and 'always there'.

Another manager said that communication between STEP and the facility was poor. This facility had less experience with trainees. Staff believed they could be better informed about the training classes, in order to understand what the trainees were capable of, how much work to give them and exactly what they needed to be taught. Furthermore, the facility would like more guidance on how to train people.

The same facility manager felt that there could have been greater involvement by STEP staff in the program. For example in supporting the trainees with the homework set by the accredited training provider and in visiting more often (than 'once or twice') to check the trainees' progress.

A care coordinator reported that communication between STEP and the residential care facilities had varied between programs and facilities. For example, during the 2004 Community Jobs Program (CJP) communication was 'excellent' but in other years it 'was not as good as it could be'. This reflected the extra funding under the CJP model.

All STEP staff involved said that the residential care facilities were receptive to the program. Three responses to the question 'What else could the residential care facilities do to improve the success of the STEP program?' solely concerned the facilities' continued participation.

Appraising the program as a whole

Three of the seven trainees rated the program as excellent and the remaining four rated it as good. Four trainees thought that the commitment shown by supervisors to help the trainees complete their traineeship was also excellent, two thought it was good and one thought it was fair.

The person who thought it was fair did not complete the program. She qualified her remark by saying that she thought it was excellent until she had to leave due to personal reasons, and despite

promises, no one followed up on her case to help her return. She had completed more than 75% of the traineeship, and would have liked to complete it.

The two main reasons given why trainees continued with the traineeship was that they either liked it, or that they made a commitment to achieve the goal of getting the qualification.

Four of the five regular personal care attendants interviewed said that their overall experience of the program was good, and one person said it was fair. A regular staff member commented that 'when it works out it is excellent ... [but] the ones that don't work out are an absolute waste of time'. She said that the most time-consuming part of the training was the first week, which includes the orientation. However, most trainees started to 'give back' by the second week. Furthermore, another staff member was pointed out that the STEP trainees who have been there for a month are 'better than the agency staff, as at least they get to know the residents, which is important'.

Comparing the responses of regular staff and trainees about working in residential care

There was almost no difference between responses about working in residential care from regular staff and trainees. Both groups agreed that qualities necessary to be a good PCA included patience, tolerance, sympathy, empathy, understanding, being non-judgmental and optimism.

Both regular staff and trainees thought that the age-care facilities were a pleasant work place and that there was collegiality amongst staff. The most common responses were that it was gratifying to help needy people, that they felt their jobs were socially important and that they enjoyed getting to know residents. One STEP trainee said that 'the fact that all the residents like me was really nice. It meant I was having some positive impact'. Another said: 'The residents all have their own life stories, they're all heroes in their own way; I have a lot of respect for them and I love them.' A regular staff member said that 'I appreciate what the residents have to give me, I like hearing their stories'.

On the other hand, all those surveyed felt that the mental and physical ailments of patients could be difficult to cope with emotionally. In particular they mentioned dementia, the fact that residents could be ungrateful and grumpy, and dealing with deaths. However, all said that they were generally able to prevent this from interfering with their personal lives. Most carers mentioned that the job could be dirty, physically demanding and hectic. One person noted that there was 'not a lot of room for career development'. It was also mentioned that the shift work could disrupt one's life as it makes it difficult to get into a routine.

Future career plans

Four of the five people who completed their STEP traineeship said that they would like to stay working in the residential care sector. They would also like to stay at BSL, simply because they like their job and the people. However, one is currently studying to become a Registered Nurse Division Two nurse, so she is likely to transfer to a hospital. Two others said that they would like to do further study, such as nursing, but lack of time and money are the main obstacles. The fifth person was unsure whether she would stay in residential care: she said that 'The work can be stressful, so I might get burnt out'. One other trainee was unsure about future plans.

The person who did not complete her traineeship no longer wanted to work in the residential care sector, but had enrolled in health sciences at TAFE. She said that the traineeship helped her re-evaluate her career options and become more focused. Although this did not help the industry shortage of PCAs and the individual concerned had not yet gained stable employment, the program had achieved a partial success in helping her to find a path towards employment.

Regular staff had similar responses to trainees about their future plans. Four said that they would like to stay working in residential care, but two then qualified their response, noting that the job

'takes its toll on you' and that they would continually 'consider their options'. The fifth surveyed regular staff member was unsure about staying in residential care.

Retention rates

Since 2001, BSL has employed 62 Personal Care Workers, not including trainees in STEP. Forty of those people are no longer on the BSL payroll, but 22 remain (see Table 3.2). Thus over a five-year period there has been a 65% staff turnover. This might seem high but amounts to only 13% on average per annum—significantly lower than the industry annual turnover, which is 25% (Booth et al. 2005, p.16)

In comparison, of 15 STEP program graduates, 5 are no longer on the BSL payroll. Though the numbers are small, this is only a 33% turnover since 2001, or less than 7% annual turnover. Although it is too early to assess whether STEP graduates will stay with BSL over a longer period of time, to date their retention rates are considerably higher than non-STEP staff.

Table 3.2 Turnover rates of trainees & regular staff

Number of regular staff 2001–05	Number of regular staff 2005	Annual regular staff turnover	Number of trainees 2001–05	Number of trainees who completed	Percentage of trainees completed	Trainees retained by BSL 2005	Annual trainee turnover
62	22	13%	20	15	75%	10	7%

Continued participation

Two facility managers said that they would like to take on more trainees in the future. One took on no new trainees in 2006 because the project coordinator took long service leave and other programs such as a new computer system were initiated. The other took no trainees on because it was unable to achieve this without financial costs, and was advised by BSL management to balance the budget. From both of their perspectives the main reason to take on trainees was that it would be good for the trainees, rather than major benefits for the facilities. One manager said that they would only take on more trainees if more support was provided by STEP.

Cost benefit analysis

The outcomes from the program can be separated into quantitative and qualitative outcomes, which can either be positive or negative. Quantitative outcomes are outcomes that are measurable, such as financial costs, and whether a person is employed or unemployed. Qualitative outcomes are harder to gauge, and include changes to how people feel or to a culture.

Positive quantitative outcomes

Of 20 people who commenced the traineeship, 15 obtained a Certificate III – a 75% completion rate. This is a very high success rate compared with the general completion rate of traineeships, which is 40% (Harris et al. 2001, p.10). An earlier study of traineeships in the health and community sector came to a similar finding, with only 38.1% completing their traineeship (Grey 1999, p.24). Furthermore, non-completion is even higher amongst trainees who were previously unemployed, which is STEP's core clientele (Harris et al. 2001, P10).

Nine graduates are currently on the BSL payroll, eight as personal care attendants and one as an activities coordinator. Two people who are employed by BSL are currently on a casual bank at one of the BSL residential facilities, rather than being permanent. This was their choice as a suitable position had not become available. Another person was employed casually till July 2006, when she accepted a permanent position that became available. In total there have been seven STEP graduates on facilities' casual banks, four of whom are now permanent staff. Having STEP graduates on the casual bank has at least three advantages. It reduces reliance on agency staff to cover absences due to illness. Moreover, STEP graduates already know the practices specific to the facility, and know the residents, which is an important part of providing quality residential care.

Two people gained permanent employment as a PCA elsewhere: one moved to regional Victoria for personal reasons, while the other person found a position at another facility because there were no suitable permanent openings at BSL when he graduated.

In total, more than 73% of people who completed the traineeship have been identified as working as PCAs. Three of the STEP graduates employed at BSL facilities have been promoted to more senior roles.

Three graduates have been identified as working at non-BSL facilities. In addition, the benefits of the program to the industry are evident if one considers that for every STEP graduate that BSL employed, one qualified person is made available to work at other facilities.

Another two graduates, who did not come under any of the above post-STEP categories, had found employment of some type by 2005—a positive outcome for people who had experienced long-term unemployment. Also, one person is embarking on further study in the health sciences at TAFE.

Positive qualitative outcomes

The STEP program furthered the achievement of the BSL's vision and mission to address poverty and disadvantage by helping disadvantaged people gain a qualification, which allowed them to secure stable and meaningful employment.

Facility managers reported that the residents often enjoyed the presence of the trainees, as new faces and new people to talk to. In addition, many trainees were able to relate to the residents especially well, because they had similar disadvantaged backgrounds. At times trainees made the workplace refreshing and more interesting for regular staff.

All nine STEP graduates employed at BSL reported that they found their employment fulfilling. Also, STEP staff reported that the self-esteem of the trainees was often enhanced. In addition, the STEP program improved people's generic skills, like communication, and punctuality. At least four

trainees improved their English language skills, by learning on the job with the help of understanding colleagues.

Since none of the trainees had planned to embark on a different training program or career, there was a minimal opportunity cost.

Negative quantitative outcomes

These are outlined in the financial cost benefit analysis.

Negative qualitative outcomes

Although the employment of four graduates from the STEP program at one facility is not costing the facility any additional money than if they were all more experienced staff, the facility 'is not operating optimally.' However, it was also reported that with a shortage of qualified workers it is a near unobtainable luxury to only employ highly experienced staff and that STEP graduates are equally as competent as others with similar experience.

Employing inexperienced staff also puts additional strain on other staff, as they have to provide some support. For example, the accumulation of work and personal stresses may disrupt working patterns for trainees a little more than with regular staff. Then regular staff have to cover the lost productivity; and managers often need to provide personal support to the trainee.

Financial cost benefit analysis

There is a financial investment involved in this program. According to facility managers and trainees, it took on average six months before a trainee could substitute for regular staff, so their wages (plus on costs such as superannuation, sick pay, and organisational overheads) —a total of about \$8140—could be considered as a cost to the organisation².

However, over the next six months the trainees would typically be able to carry out most duties of a regular staff member. The trainee's costs would compare favourably with, for example, those of a PCA receiving a Skill Group 6 rate of pay (the lowest band for a residential PCA) who has three years experience (about \$10750). Hence, about \$2600 will be saved in the second six months of a traineeship.

The actual financial costs will differ depending on the trainees, how quickly they learn and how reliable they are. However, it is estimated that over the 12 months of the traineeship an individual trainee will cost between \$4000 and \$6000.

Impact on agency staff costs

It was hoped that further savings could also be achieved because of reduced reliance on agency staff to replace permanent staff who call in sick. This was particularly a consideration for Sumner House, where agency staff are frequently used, whereas Sambell Lodge and Cox/Collins Court can often rely on their casual banks. Initially Sumner House anticipated that trainees would replace sick staff 75% of the time, but 'they fell well short of this'. Some trainees were not ready to take on full duties; and trainees themselves called in sick at least as much as regular staff, which is unsurprising since they were under similar stresses and many had additional personal issues.

Graduates in casual bank

However, if graduates of the STEP program are placed on the casual bank, then they can reduce reliance on agency staff. Casual rates are much higher than training rates, yet still less than agency rates. The savings depend on how much STEP graduates are used as casual replacements, which differs across facilities.

² This figure was arrived at by adding 18% for add-on costs, plus a further 11.5% for shared services (which was recommended by BSL accounts) to their hourly rate and then multiplying it by the hours worked.

Nonetheless, to get an idea of the possible savings, the casual hourly rate is about \$19.00 for a person with less than a year experience, compared with \$26.33 (weekday or \$36.86 (weekend) for first year agency staff.. Thus on average agency staff cost about 33% more than someone from the casual bank. If agency staff are used to cover 50 eight-hour shifts, it will cost about \$8000 dollars more than if a casual is used. Hence, if a STEP graduate on the casual bank is employed instead, the residential facility will make a saving of about \$2500 over 50 shifts, even after allowing \$5500 for training that person. At this point it should be reiterated that currently there are two STEP graduate casuals and there have been seven.

If graduates are able to fill ongoing vacancies then the facility may be saved the cost of advertising for new applicants (typically \$1000 per week for a space advertisement in a city-wide newspaper).

When a suitable candidate is found, the new qualified staff member is buddied with another staff member for two or three days. The aim of this is to orientate the new staff member to the specific practices of the facility. Hence, during this buddied period, the new staff member is an additional cost that would not be incurred if a STEP graduate was employed. Depending on the level of the qualification the new staff member has, it will cost the facility a different amount. However, the cost for this initial training period is about \$410.

Thus, although participation in the program will cost a facility money during the 12 months of the traineeship, there are opportunities to recoup the money. Savings are even possible if STEP graduates are frequently utilised on the casual bank and advertising expenses are avoided. However, it should be reiterated that facilities do not think it is desirable to employ all graduates on a permanent basis, nor will all STEP graduates be willing to stay on the casual bank. Nonetheless, if these options are able to be implemented in some occasions, then the financial costs are reasonably meagre.

Table 3.3 Financial costs and benefits for facilities participating in the STEP program

Costs	Benefits
Employing a trainee over the 12 month traineeship costs the facilities between \$4000 & \$6000.	For each STEP graduate permanently employed, the facility could save about \$1410 in advertising and orientation costs. For each STEP graduate put on the casual bank and performing 50 eight-hour shifts, the facility could save about \$2500.

4 The value of the program

Based on an analysis of surveys, interviews and reviewing literature, the STEP residential care program appears highly worthwhile. It has been successful in achieving most objectives. Not a single person among the facility managers, regular staff, trainees and STEP staff interviewed suggested that the program should be discontinued, or that it was ineffective. All seven trainees who were interviewed said that the program was good or excellent, with six of those people feeling as though they are employed in meaningful work and the remaining person believing it has helped him develop generic skills and find direction in life.

Employment opportunities

The program has been successful in helping disadvantaged people find meaningful employment. Furthermore, it has shown that when given a chance, such people can become diligent and reliable employees. As STEP reported, to make this transition from unemployment such people need a 'nurturing and supportive' environment. In one respect residential care facilities are well placed to provide such an environment, as support and care is their core activity. All good PCAs are required to be empathetic and understanding towards their clients; hence they should be able to transfer this approach to disadvantaged trainees. The results of the surveys, which reveal that most regular staff had a good experience with the program, confirm that this transfer occurred.

However, in another respect residential care facilities are not well equipped to provide the 'nurturing and supportive environment' that STEP trainees require. This is because the residential care industry faces staffing stresses. Anecdotal information suggests that there is high sick leave and as staff turnover is high (confirmed by BSL figures). So although facilities need more skilled workers, they are not necessarily well equipped to provide the environment that disadvantaged people require to complete traineeships. In fact, no facility took on trainees this year, due to limited financial and staff resources.

Investing in training

The cost of training a trainee could be approached as an investment, allowing future savings, but these savings are not guaranteed. Hence, residential facilities need to weigh up whether the many benefits that are likely to accrue justify the potential costs in their particular circumstance.

Two further qualifications should be noted:

- One residential care facility manager expressed the view that that the application of the program (rather than its structure) requires improvement.
- Only one trainee who did not complete the course was able to be interviewed. It can be expected that people who did not complete the course or were not retained at BSL would be less positive than those who had.

Despite these qualifications, as mentioned earlier, 25% of the industry PCA workforce needs to be replaced annually, so it is likely that 'new training programs will have to be provided on a continuous basis' (Booth et al. 2005, p.16). STEP and residential care managers suggested that responsible and forward-looking residential care facilities will invest in training workers that they so desperately need. If they do not, the industry of which they are a part, will suffer in the future. It was said that although no residential care facility alone can solve the problem of a shortage of quality staff, each facility should contribute their share. The STEP program is a model that works, with a higher completion rate than other traineeships, despite the barriers which its core clientele have to overcome. It would be a loss for the industry if the program were discontinued.

Replicability

There is no reason to believe that all the above positive outcomes are not repeatable and replicable. There were no unique qualities possessed by the trainees relevant to completing the traineeship, and the program did not depend on temporary financial grants, but rather on available core funds. Furthermore, the program has undergone fine-tuning since its inception. Two examples of finetuning are controlling trainee numbers so that trainees are only buddied with experienced staff; and secondly, improving the selection process by increasing the involvement of facility managers, which occurred during the Community Jobs Program stage. Consequently, there is reason to believe that the achievement of objectives can be improved. Improving the rate of completion whilst minimising pressure on existing staff will reduce costs and make the program even more worthwhile.

5 Recommendations

Improve communication between STEP and residential care facilities

It would be beneficial if strong communication channels were maintained throughout each program, over all programs and across facilities. In particular, it needs to be clear who is responsible for supporting and tracking trainees' progress in their accredited training course. Furthermore, it would be advantageous if information about the trainees' progress were continuously exchanged between STEP and the facilities.

Establish a shared commitment

Senior management needs to establish a common position across BSL regarding the value of residential care facilities' involvement in the STEP program. Facility managers are under pressure to balance their budgets. By reaching agreement on whether the financial investment is worthwhile and can be funded, clarity will be provided to individual managers on whether they can commit to participating in the program.

Limit the number of trainees according to number of experienced staff

The employment of too many trainees was an initial problem that had already been identified and to an extent addressed by the time of the evaluation. The appropriate number of trainees to employ depends on the number of experienced staff at a facility. It is important that inexperienced staff are not buddied with a trainee. Too many trainees for the existing staff to supervise was a problem during the prevocational work experience. However, during the actual 12-month traineeship, too few trainees might diminish the effectiveness of peer support, which is an important part of the STEP program. However, so long as more than one facility employs trainees and there is a commitment by STEP and the facilities to encourage meetings amongst trainees from different facilities, then peer support should be adequate. It should be acknowledged that due to geography it is unrealistic to expect much contact between trainees based in inner and outer Melbourne.

Refine selection process

There is an inherent tension in the program recruitment. The residential care facilities, like all employers, want the best staff available, yet STEP's clientele often have little employment experience. If the screening were too selective, then the program would no longer be achieving its aim of helping disadvantaged people. Hence, the selection process should not focus on excluding the disadvantaged, such as those who have not had stable employment, but rather on identifying people who are not suited to residential care. Similar qualities for being a good PCA were identified by all regular staff, trainees and facility managers. Applicants may not have an established desire to become a PCA, but they should possess the qualities that would make for a good PCA. Those with the appropriate qualities are far more likely to 'grow to love' the profession, as one trainee said she did. In the CJP stage and subsequent programs, residential care facility managers were heavily involved in the selection process. This should be continued with all future programs.

STEP is considering ways to widen the pool of applicants to find a larger number of appropriate people for future programs. However, because BSL age-care facilities have reduced the number of trainees they are willing to employ in a single intake, finding a larger number of applicants is not imperative, unless the program is extended to other non-BSL facilities.

Clarify objectives of program with trainees

It would be beneficial to make it clearer to potential trainees that the program does not guarantee permanent employment at the facility for all who complete their traineeship. However, it could be further emphasised to trainees that they will be well equipped to obtain a job elsewhere, and that they will receive assistance from STEP to find a job. Explaining this clearly to trainees would assist

facility managers who in the past have felt some pressure to hire STEP graduates because the graduates were so keen to gain employment. This can be detrimental to the program, because as facility managers reported, facilities are less able to participate in future programs if they have too many inexperienced staff.

Provide English tuition for non-native English speakers with poor English and provide further generic skills training of

STEP suggested that training could be improved if English as a second language was taught to those who required such tuition. Although only two of the trainees surveyed spoke less than fluent English, in all programs with participants from disadvantaged backgrounds, it is likely that some will be foreign-born and not fluent in English. Providing English tuition would widen the pool of suitable applicants. However, this tuition could not be squeezed into the already tight pre-vocational training. Hence, people who require such tuition will need to take preliminary training. STEP is currently investigating avenues to address this concern, as well as improving training in life skills and work readiness.

Train regular staff how to teach trainees

This recommendation is informed by the responses of both regular staff and trainees. Although financial and time constraints make it difficult to provide training to regular staff on teaching others, it should be possible to provide some basic information and guidance. This could take the form of a short session by training coordinators, where regular staff are informed about the program, what is expected of them, how to be mentors and general training tips.

Monitor trainees regularly

Trainees suggested there should be structured monitoring of traineeships. This could involve regular scheduled meetings with trainees by program coordinators, to discuss progress. Both parties can make it clear how they feel about how well the trainee is developing. It would be advantageous if there was communication between STEP and the facilities to allocate responsibility. Increased monitoring would enable the identification and management of problems in their infancy.

Take care in increasing trainees' responsibilities

For financial reasons it is tempting for facilities to get trainees to work independently as quickly as possible. However, some responses from trainees suggest this would reduce the rate of successful completions. Although some trainees are eager to be given more responsibility, any increase in trainee responsibilities should occur gradually and in dialogue with the trainees.

Track graduates to assess long-term impact

It would be highly beneficial for the continued improvement of the program if STEP graduates were tracked for up to five years after completing their traineeship. This would enable assessment of long term impact on employment outcomes, and could also assist in refining the program. Tracking trainees would involve identifying and recording whether they are employed, whether they are employed in residential care or whether they are studying. Five years is an adequate period of time to determine whether people 'stay' in the industry. At the selection stage, trainees could be informed of the intention to track their ongoing progress. On completion they could be formally requested to inform STEP when their contact details change, STEP is currently seeking to improve this process.

6 Conclusion

Trainees have gained greatly from the STEP residential care program. It has proven highly effective in assisting people from disadvantaged backgrounds to secure meaningful employment. This outcome allowed the participating BSL facilities to further contribute to achieving the BSL's vision and mission. The residential care industry has also benefited, this is in regards to addressing the skill shortage in the industry.

The initial financial outlay by the facilities can be largely be recouped and even turned into savings. Hence the costs can be transformed into an investment. This can be done by retaining STEP graduates either as permanent or as casual staff. Another benefit for the residential care facilities is that the trainees connect well with residents due to similar backgrounds.

Furthermore, it can be argued that residential care facilities have a responsibility to invest in the training of the workers that they desperately need. If an investment to train new workers is committed, then the STEP program is a wise choice. The program's effectiveness has been largely due to the commitment shown by senior staff. Furthermore, many people involved in the coordination of the program are confident that it can be even further enhanced. To quote one of the residential care facility managers, 'it would be a shame if we did not utilise our facilities to participate in such a valuable program'.

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