# Contents

Overview .............................................................................................................................................. 2
Feedback and contributions .................................................................................................................. 3

Aboriginal and Torres Strait Islander Primary Health Care .............................................................. 4
Primary Health Care for Aboriginal and/or Torres Strait Islander clients and communities .......... 4
The role of Aboriginal and/or Torres Strait Islander Health Workers .............................................. 4
Qualifications and competencies ........................................................................................................ 7

Learners and learning strategies .......................................................................................................... 9
Establishing and meeting learner needs .............................................................................................. 9
Who are the qualifications for? ........................................................................................................... 9
Language, literacy and numeracy ......................................................................................................... 13
Learners with a disability ...................................................................................................................... 14
A learning or training strategy ............................................................................................................ 17
Training program ............................................................................................................................... 18
Delivering training ............................................................................................................................... 22
Simulated learning environments ....................................................................................................... 24

Working with industry .......................................................................................................................... 25
Consultation with industry .................................................................................................................. 25
Practical or clinical work placements ................................................................................................. 25
Trainer’s skills ..................................................................................................................................... 28
Validating learning materials ............................................................................................................ 28

Evaluation ............................................................................................................................................ 29
The 4 step approach ........................................................................................................................... 29
<table>
<thead>
<tr>
<th>Release number</th>
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Overview

Background to Companion Volumes

In 2010 the National Quality Council accepted recommendations in the VET Training Products for the 21st Century report. Two of those recommendations were specifically to do with the design of training packages. These are summarised below:

*Simplify and streamline the content of Training Packages by separating the performance standards in units of competence from guidance and supporting information for RTOs ....*

*Restructure and streamline training package content by:*
  - Simplifying the endorsed components
  - Expanding the non endorsed components
  - Eliminating unnecessary information and consolidating repetitive material.

In November 2012, the National Skills Standards Council (NSSC) endorsed new Standards for Training Packages which set out new requirements in full.

Endorsed and non-endorsed components

There are four endorsed components of Training Packages, all of which can be found on the national register www.training.gov.au.

In addition, the non-endorsed components have been expanded to include Companion Volumes, including the following:
The **Companion Volume Implementation Guide** is a mandatory requirement for the CS&HISC to produce and is available at [www.cshisc.com.au](http://www.cshisc.com.au). It contains overview information about the entire Training Package, including a list of all units, skills sets and qualifications in the training package. It also contains key implementation advice for use by RTOs.

The **Learning Strategies Guide** (this guide) describes potential strategies for working with a diversity of learners in this industry and possible learning strategies.

The **Knowledge Strategies Guide** identifies knowledge requirements of the units of competency, a glossary of terms and provides information about potential resources as well as links to useful information.

The **Assessment Strategies Guide** provides guidance on implementation of the Assessment Requirements as well as general advice about assessment in this industry.

**Feedback and contributions**

In time, these Companion Volumes will provide an opportunity to showcase best practice from RTOs and provide a forum for sharing information and resources. If you have any ideas, resources, case studies or feedback to contribute to the Companion Volumes, please forward these to [http://www.cshisc.com.au/connect/continuous-improvement-register/](http://www.cshisc.com.au/connect/continuous-improvement-register/).
Primary Health Care for Aboriginal and/or Torres Strait Islander clients and communities

Aboriginal and Torres Strait Islander peoples suffer a greater burden of ill health than the rest of the Australian population. They experience lower levels of access to health services than the general population, are more likely than non-Aboriginal and/or Torres Strait Islander people to be hospitalised for most diseases and conditions, to experience disability and reduced quality of life due to ill health, and to die at younger ages, than other Australians. Aboriginal and/or Torres Strait Islander Australians also suffer a higher burden of emotional distress and possible mental illness than that experienced by the wider community, health issues contributable to the impact of colonisation and racism, including Stolen Generation and other assimilation policies.

There are numerous social, political and economic factors that contribute to Aboriginal and/or Torres Strait Islander health. Actual physical access to health services can be compromised because of distance, access to transport and negative experiences people have had with health services before (e.g. being made to feel unwelcome, lack of translation services, racism towards clients and stereotyping in the provision of treatment).

The Coalition of Australian Governments’ National Indigenous Reform agreement to ‘Close the Gap’ (December 2008) set out six targets for Australian governments to meet with specific timeframes to address inequalities in the life of Aboriginal and Torres Strait Islander peoples and communities. Three of these targets (increasing life expectancy, halving mortality rates in children under five, and increasing employment outcomes) relate directly to the work performed by Aboriginal and Torres Strait Islander Health Workers.

The role of Aboriginal and/or Torres Strait Islander Health Workers

"Primary health care is essential health care based on practical, scientifically sound and social acceptable methods and technology made universally accessible to individuals and families in the community through their full participation...in the spirit of self-reliance and self-determination. "

Aboriginal and/or Torres Strait Islander Health Workers play a crucial role in the provision and promotion of health treatment, strategies, and information. Their unique role reflects a number of important outcomes:

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2 Declaration VI, Declaration of Alma-Ata, International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.
• Provision of primary health care to Aboriginal and/or Torres Strait Islander individuals, families and community – this includes health assessments, treatment, administration of medication and social and emotional wellbeing and support.
• Promotion of health through education and screening practices.
• Encouraging Aboriginal and/or Torres Strait Islander clients and community to seek healthcare where they would not have normally done so through non-Aboriginal Community Controlled Health Organisations.
• Contributing to addressing cross-cultural barriers between non-Aboriginal and/or Torres Strait Islander health professionals and Aboriginal and/or Torres Strait Islander clients and community.
• Providing identified work positions for Aboriginal and/or Torres Strait Islander peoples and opening up career pathways into other areas of health, such as nursing and allied health professions.
• Community engagement and research to promote self-determination and responsibility of health.

All of these aspects contribute to the overall improvement of the health, life expectancy and living conditions of Aboriginal and/or Torres Strait Islander peoples.

Aboriginal and/or Torres Strait Islander Health Workers may perform their work roles in a range of settings:

• Health clinics, services and hospitals.
• Aboriginal Community Controlled Health Organisations (ACCHOs).
• Rural and remote locations, either through these services, or as visiting services.

Job roles of Aboriginal and/or Torres Strait Islander health workers vary greatly from the roles and responsibilities of other health care professionals in that there is a blurring between the professional and private. Strong links with the community and environment means that often Aboriginal and/or Torres Strait Islander health workers may also find themselves utilising specific skills and knowledge as Aboriginal and/or Torres Strait Islander people. This may include acting as communicators and interpreters on behalf of clients and other health care professionals, providing cultural education to people outside of the community and culture, and providing health education and treatment in terms of tradition healing. It is important for employers to acknowledge these additional roles, which can fall outside the realm of strict primary health care.

The creation of specific national qualifications for Aboriginal and/or Torres Strait Islander Health Workers, establishment of national networks to support the profession\(^3\), and now national registration have all contributed to the professionalism of the role and recognition as a legitimate profession within the health industry.

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\(^3\) The history of the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) can be found on their website at [www.natshwa.org.au](http://www.natshwa.org.au)
### Useful resource:

‘Start Stronger, Live Longer: Resource Manual Guide for Aboriginal Health Workers’. This useful resource provides information for Aboriginal and/or Torres Strait Islander Health Workers in terms of expectations of the workplace, responsibilities and opportunities. It is the result of research and collaboration with Aboriginal people, community members and health workers. Available at [http://www.healthinfonet.ecu.edu.au/key-resources/promotion-resources?lid=20141](http://www.healthinfonet.ecu.edu.au/key-resources/promotion-resources?lid=20141)

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**Aboriginal and Torres Strait Islander Health Practice Board of Australia**

From 1 July 2012, Aboriginal and Torres Strait Islander health practitioners had to be registered under the national registration and accreditation scheme with the Aboriginal and Torres Strait Islander Health Practice Board of Australia and meet the Board's Registration Standards in order to practise in Australia. The qualification required for registration currently is the HLT43907 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Practice) – the equivalent qualification under the new HLT Health Training Package is the HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice. Previously, only Aboriginal Health Workers in the Northern Territory were registered to practise - those practitioners are automatically registered under the new national scheme.

At December 2012, there were 298 registered Aboriginal and/or Torres Strait Islander health practitioners. Figures for each state vary greatly but can be represented as follows:

<table>
<thead>
<tr>
<th>State/ Territory</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIC</td>
<td>3</td>
</tr>
<tr>
<td>NSW</td>
<td>10</td>
</tr>
<tr>
<td>TAS</td>
<td>1</td>
</tr>
<tr>
<td>ACT</td>
<td>1</td>
</tr>
<tr>
<td>WA</td>
<td>6</td>
</tr>
<tr>
<td>NT</td>
<td>254</td>
</tr>
<tr>
<td>SA</td>
<td>2</td>
</tr>
<tr>
<td>QLD</td>
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</tr>
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The high number is the Northern Territory can be contributed to recognition of the territory’s registration program under the current national registration program. However, this will most likely grow in other states as recognition grows across the country of the benefits of registration for Aboriginal and/or Torres Strait Islander Health Workers.

Almost 75% of the workforce is female and approximately 67% of all Aboriginal and/or Torres Strait Islander health practitioners are aged 36 – 55.  

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5 Ibid., p 2.

6 Ibid., p 3-4.
However, data from 2011 reveals that there are still a large number of vacancies (74) for Aboriginal and/or Torres Strait Islander health practitioners. In June 2011, these vacancies were reported as the highest in the health sector, followed by nursing (53) and allied health workers (50).7

**Tip:** Learners benefit from seeing where their learning can take them and the opportunities their learning opens up. There are a number of websites and publications that can demonstrate the pathways Aboriginal and/or Torres Strait Islander learners may be interested in, specifically as an identified health worker or in other health roles.

*The Department of Health and Ageing has an interactive section featuring Aboriginal and/or Torres Strait Islander Health Workers and Practitioners. Encourage learners new to primary health care to view different stories and experiences at [http://healthheroes.health.gov.au/](http://healthheroes.health.gov.au/)*


### Qualifications and competencies

There are seven qualifications for Aboriginal and/or Torres Strait Islander Health Workers:

- HLT20113 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- HLT50113 Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT50213 Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care Practice
- HLT60113 Advanced Diploma in Aboriginal and/or Torres Strait Islander Primary Health Care

Those familiar with the old qualifications will note the removal of the term ‘community care’ from certain qualifications. This is to emphasise that all Aboriginal and/or Torres Strait Islander Health Workers perform their work in the context of primary health care and receive skills and knowledge specifically in primary health care. The addition of the word ‘practice’ in certain qualifications reflects the clinical aspects of primary health care, such as medication and more technical health treatment procedures.

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These qualifications include a number of competencies that occur across other qualifications in the HLT Health Training Package Release and the HLT07. These relate to the specific skills related to the health industry and cover:

- Infection control processes and practices.
- Occupational health and safety processes and procedures.
- Factors affecting work in the industry (including social, legislative, statutory, political, economic and cultural factors).
- Philosophy and accepted practices of a particular work area.
- Strategies for addressing individual differences (including those related to cultural, physical, economic, developmental, social and health issues).
- Legal and organisational requirements relating to duty of care, confidentiality and ethical practices.
- Principles and practices of a client centred approach.
- Continuous improvement of client service delivery.

Specifically relevant to the Aboriginal and/or Torres Strait Islander Health Worker roles are competencies which focus on:

- Understanding social determinants of Aboriginal and/or Torres Strait Islander health.
- Working with Aboriginal and/or Torres Strait Islander clients.
- Using traditional medicines where available and sought by the client.
- Advocating and facilitating for the community and individuals.
**Learners and learning strategies**

**Establishing and meeting learner needs**

All RTOs must have a strategy in place that outlines how it will establish learners’ needs. Gathering information to determine a learner’s needs can be done in a number of ways – an informal or formal interview, a questionnaire, and casual conversations with the learner or others who know the learner. Interviews allow for learners to be asked directly as to any additional needs they may have. Other times, the needs of the learner may be self-evident, for example a learner with a mobility aid will need access to lifts and ramps to access rooms and other facilities. RTOs should cater for learners with additional needs wherever possible in order to allow these learners to participate in training.

Understandably, discretion should be used when discussing a learner’s additional needs or current skill levels as there will be learners who may feel embarrassed or self-conscious. Many learners will be adept at masking their additional needs, especially in relation to low levels of language, literacy and numeracy skills; this can be a challenge for trainers and will require thorough observation of learners’ progress. It is important to be tactful when discussing additional needs with learners – showing discretion will avoid causing the learner any unnecessary embarrassment, stress, fear or anger.

**Who are the qualifications for?**

The majority of students undertaking the Aboriginal and/or Torres Strait Islander Health Worker qualifications are Aboriginal and/or Torres Strait Islander people. The job outcomes of these qualifications are targeted to Aboriginal and/or Torres Strait Islander people. Many workplaces will have identified positions where an essential requirement is to be an Aboriginal and/or Torres Strait Islander person. The roles of these health workers are seen as integral to not only community health, but also as education and employment pathways, and a way towards self-determination and empowerment. The exception is largely around the undertaking of Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care, which is available for VET in schools delivery (see below).

Registration as an Aboriginal and/or Torres Strait Islander Health Practitioner is dependent on the individual identifying as, and being recognised as, an Aboriginal and/or Torres Strait Islander Health Practitioner. To be eligible to apply for registration as an Aboriginal and Torres Strait Islander health practitioner a person must be:

(a) an Aboriginal and/or Torres Strait Islander person; and
(b) identify as an Aboriginal and/or Torres Strait Islander person; and
(c) be accepted as an Aboriginal and/or Torres Strait Islander person in the community in which he or she lives or did live.

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8 Standards for NVR Registered Training Organisations and the National Skills Standards Council (NSSC)
9 Aboriginal and Torres Strait Islander Health Practice Board of Australia, Aboriginal and/or Torres Strait Islander registration standard, commencing 1 July 2012, accessed May 2013 from http://www.atsihealthpracticeboard.gov.au/Registration-Standards.aspx
As an RTO, you will need to determine:

- How you approach the determination of an individual’s identity as an Aboriginal and/or Torres Strait Islander person, and
- If you allow non-Aboriginal and/or Torres Strait Islander learners to undertake these qualifications, knowing that the job outcomes for those students are limited.

**Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care – VET in schools delivery**

VET in schools programs can prepare younger learners for the reality of the workplace and give them a taste of what career path they are interested in. The Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care is available for delivery through VET in schools. The qualification has two outcomes:

1) to introduce secondary students to the area of primary health care, and the specific delivery to Aboriginal and/or Torres Strait Islander people, and act as a stepping stone into the Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (although it is not a prerequisite to do the qualification before the Certificate III)

2) to provide specific job outcomes, which may include administrative support, transport or other roles which assist in the provision of primary health care.

The qualification also encourages the individual learner to reflect on their strengths and interests for future direction and study, and also identify challenges they may need assistance with.

VET in schools may be delivered in a number of ways:

- the school may be an RTO and may itself deliver VET in school programs
- an auspicing type partnership, where the school delivers the training and assessment, and the RTO (private or TAFE) signs off and provides certification to the students
- fee for service, where the school pays for the RTO to deliver training and assess students – training will take place at the RTO, the school or a workplace
- a combination of trainers and assessors from both the RTO and the school delivering and assessing VET in schools programs.

Each state and territory has its own information about VET in schools programs – visit your state or territory’s training, education or workforce development departments.

**Aboriginal and/or Torres Strait Islander adults as learners**

There is a lot of information and resources around how to involve children and young people from Aboriginal and/or Torres Strait Islander communities. There has also been a lot of work put into how adults learn in general. However, where our learner group is Aboriginal and/or Torres Strait Islander adults, strategies for children are sometimes inappropriately used for adults, despite the best intentions.
It’s essential to treat all learners as individuals. Each learner is different and unique, and may need particular assistance or guidance where others don’t, or conversely, may take to certain areas of learning.

With respect specifically to Aboriginal and/or Torres Strait Islander learners, research by Narelle McGlusky and Lenora Thaker\(^\text{10}\) offers the following advice for trainers:

- Understand cultural protocols and attitudes to family, time and community.
- Be aware that Indigenous students may not always ask for help or seek clarification; offer explanations in plain English and frequently ask if students understand.
- Be aware that, for many Indigenous students, English is their second, third or fourth language; employ English-as-a-second-language strategies.
- Undertake cultural awareness and cross-cultural competency training. Start with a cultural awareness course but ensure the process is ongoing by seeking out Indigenous advisors and mentors.

### Useful resources

The project ‘Indigenous Voices’ provides perspectives of both Aboriginal and/or Torres Strait Islander learners and the trainers working with them (Aboriginal and/or Torres Strait Islander, and non-Aboriginal and/or Torres Strait Islander trainers). Their experiences are captured in video and provide invaluable insight into different strategies. It’s available at [http://indigenousvoices.cdu.edu.au](http://indigenousvoices.cdu.edu.au)

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### Learning ‘both’ or ‘two’ ways

The idea of learning and knowledge being reciprocated and held by both the ‘learner’ and the ‘teacher’ is integral to adult Aboriginal and Torres Strait Islander learning. Batchelor Institute, an RTO that has delivered Aboriginal and Torres Strait Islander Health Worker qualifications for many years, expresses the journey of Aboriginal and Torres Strait Islander learners:

> Indigenous students come to Batchelor as part of their life’s journey. They bring with them their own knowledge, language/s and culture and come as adults with previous life and education experience. They journey with Batchelor and continue to journey with their home community and family, at the same time.\(^\text{11}\)

Both ways learning reflects that not only are the learners learning from the trainer, but learning is done by the trainer. This is particularly relevant to cross cultural training and understanding about specific aspects of Aboriginal and/or Torres Strait Islander culture.

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\(^{11}\) Visit Batchelor Institute’s website at [www.batchelor.edu/au](http://www.batchelor.edu/au), and specifically for both ways learning, [www.batchelor.edu/au/both-ways-learning/](http://www.batchelor.edu/au/both-ways-learning/)
including communications, kin, medicines and traditional healing. In this sense, the relationship between the learner and the trainer is much more equal and reciprocated.

**Tip:** Australian Indigenous HealthInfoNet is a great online resource for Aboriginal and/or Torres Strait Islander Health Workers and those working in Aboriginal and/or Torres Strait Islander health. Its section ‘Cultural Ways’ has useful information and resources – [http://www.healthinfonet.ecu.edu.au/cultural-ways-home](http://www.healthinfonet.ecu.edu.au/cultural-ways-home)

### 8 ways of learning

This approach to learning for Aboriginal and/or Torres Strait Islander learners is a starting point for talking about how trainers can approach learning. It can be represented in the following diagram:

![Diagram](http://8ways.wikispaces.com/)

Thinking about adult learning principles, there are many similarities in how 8 ways learning works:

- **Story sharing** – allows the individual to share their experiences, and learning is two directional between the learner and the teacher.
- **Learning maps** – Aboriginal and Torres Strait Islander learners incorporate their learning into the larger ‘map’ of learning e.g. through life, their culture, from Elders, from community and the land.
- **Non-verbal** – recognising that learning can take place through other mediums, not only talking and listening, but through touching, smelling, seeing, doing and feeling.
- **Symbols and images** – using symbolism and images that are important and carry significance for Aboriginal and Torres Strait Islander learners.
- **Community links** – especially with health and wellbeing, how is the community’s health going? How does the learner who is training to become an Aboriginal Health

Worker reflect on their community’s health, and how does this contribute to their learning?

- **Deconstruct/reconstruct** – using existing knowledge to build on new knowledge e.g. scaffolding – starting with the familiar, and moving to the non-familiar
- **Non-linear** – the use of storytelling, and a narrative, to get information across, means information is in context and connected to other themes and ideas.
- **Land links** – for Aboriginal and Torres Strait Islander people who retain a strong connectedness with the land and traditional remedies and approaches to health and wellbeing, acknowledging and respecting that knowledge, and where appropriate, using it with respect to share with others.

8 ways of learning is not a prescribed method of training – it’s an approach to learning that has proven very useful for many Aboriginal and Torres Strait Islander learners.

**Language, literacy and numeracy**

**Foundation Skills**

Foundation skills encompass learning, reading, writing, oral communication and numeracy skills as detailed in the Australian Core Skills Framework (ACSF). Also included in the definition of ‘foundation skills’ are some of the employability skills, such as: teamwork, problem solving, initiative and enterprise, planning and organising, self-management, and technology.

In the current HLT Health Training Package, the units of competency now include a field titled *Foundation skills* which makes explicit the foundation skills implicit in the unit of competency.

**An example of foundation skills articulated in a unit of competency**

**HLTAHW004 Perform work role in Aboriginal and/or Torres Strait Islander primary health care context**

<table>
<thead>
<tr>
<th>Numeracy</th>
<th>in order to manage time and organise work tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reading</strong></td>
<td>in order to interpret key information in workplace forms and procedures relevant to job role</td>
</tr>
<tr>
<td><strong>Oral communication</strong></td>
<td>in order to listen to information and/or instructions from staff, clients and community members</td>
</tr>
<tr>
<td><strong>Learning</strong></td>
<td>in order to comprehend own role in the workplace in relation to the role of colleagues and team members</td>
</tr>
</tbody>
</table>

If no foundation skills are identified then they should be obvious in the unit of competency. For example, performance criteria that use words such as ‘measure’ or ‘calculate’ make it explicit that numeracy skills will need to be used to perform the competency.

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13 An internet search for the term ‘8 ways of learning’ will provide many resources, wikispaces and other forums for sharing ideas and uses of 8 ways of learning. One place to start is [http://8ways.wikispaces.com/](http://8ways.wikispaces.com/)
Other performance criteria might simply state ‘use medical equipment’ or ‘check schedules’ which also requires numeracy skills yet this information is embedded – this information will now be identified in the ‘Foundation Skills’ field to assist the trainer in knowing which skills needs to be developed for the job.

Learners with a disability

Under the Disability Discrimination Act 1992, the Disability Standards for Education were formed in August 2005. They specify the requirements of education and training providers in ensuring that learners with a disability have access to education and are able to actively participate in learning without experiencing discrimination.

What is a disability?

A disability presents some sort of impairment on a person's mental, sensory, or mobility functions and restricts their ability undertake or perform a task in the same way as a person who does not have a disability. This does not signify that the person with a disability is unable to perform all important job requirements or exceed the expectations of their employer; there are ways around a disability that allow for effective and efficient employment.

A disability may affect an individual’s mobility, stamina, lifting ability, memory, vision, hearing, speech, comprehension and mood. This may have been caused by an accident, trauma, genetics, birth or disease.

An individual’s disability is always specific to that individual. There is no ‘one method fits all’ approach that can be used to train and assess any learner with a disability. Strategies to accommodate learners with disabilities will need to be customised to meet the needs of that particular learner.

Adjustments in training

While adjustments can be made to training and assessment procedures, the integrity of the unit of competency and/or qualification must be upheld. Learners still need to achieve the standards that employers and training providers expect. A learner with a disability can have training and assessment that is fair depending on the RTO’s attitude, preparation and application of adjustments. This may include:

- using a range of ways to deliver information when training e.g. videos, presentations, slides, audio, face to face discussions, voice to text technology
- allowing additional time or the use of a computer in a written test to complete responses for a candidate who is physically impaired, and that impairment contributes to the time to complete the test
- asking a candidate to record responses on a video or audio tape where they have difficulty writing

More information on this topic can be found at the Department of Education, Employment and Workplace Relations’ (DEEWR) website. The paper Disability Standards for Education 2005 Guidance Notes is particularly informative and can be accessed via:
• providing written information before and after delivery to support learning
• allowing a note taker or audio recording of verbal delivery of learning for later reference by the student

**Tip:** The resource 'Reasonable Adjustment in teaching, learning and assessment for learners with a disability: A guide for VET practitioners' has practical ideas and processes to respond to the needs of learners.


**Attitude**

A study conducted by the Australian Human Resources Institute (AHRI) in 2011 revealed that attitudes towards disability in Australian workplaces still present a significant barrier to the employment of workers with disabilities. The response to the survey alone suggests a lack of awareness of issues facing workers with disabilities – out of 20,000 surveys sent, only 678 completed the questionnaire – an almost 50% decrease in the usual number of responses generated in AHRI research papers studies. Researchers attribute this fall to workplace interest (or lack thereof) in this area, a conclusion based on the fact that two out of three respondents had employed a person with a disability, despite AHRI making it clear that all responses were wanted.

This research is indicative of the obstacles and attitudes many people with disabilities have to face in their everyday lives. Creating or establishing an environment based on mutual respect and understanding is essential to overcoming prejudices and ignorance. The use of positive and inclusive language in learning and work resources and documentation can make a significant difference in how disabilities are perceived. For example, using language that refers to the ‘person’ instead of language that identifies people by their characteristics is one way of overcoming a common stumbling block, where the disability is seen as the major and only defining characteristic of a person. People should be identified by their abilities and job tasks, not by what they are unable to do or their physical characteristics.

**Preparation**

RTOs and workplaces need to be prepared to accommodate a learner with a disability. Therefore, it is important to identify any functional issues arising from the nature and extent of a learner’s disability. This can be achieved by holding a formal or informal conversation with the learner and identifying any reasonable adjustment requirements. In some cases, professional support or input from experienced personnel may be required.

**Application**

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16 Ibid., 2.

17 Ibid.
Reasonable adjustments that have been implemented into the training program need to undergo frequent monitoring and evaluation. This is to ensure that at all times the learner has access to the best environment for continuous learning. Some reasonable adjustments may need improving, reinforcing or may only need to be put in place temporarily. These types of adjustments can be deduced through an informal discussion with the learner. However, if adjustments are substantial or the learner is not acquiring the level of competence required for a unit, or part of a unit, a more formal process may be required. This can include:

- the use of performance indicators – the training provider, trainer, learner and workplace should have agreed performance indicators which can be quantified and monitored
- gaining independent support – the involvement of a third party, not connected to the workplace or training provider, may be required
- experimentation – trial and error can be used to find a strategy that works, if the current strategy is not producing required results
- continuing review – formal monitoring processes should be in place to check if adjustments need changing and the degree of change required.

Making adjustments to suit learners

Learners have different needs and often training needs to be adjusted to meet these needs. Adjustments can be made to resources, facilities, delivery style and structure of training sessions. RTOs are governed by legislation that allows for the use of ‘reasonable adjustment’ in all training and assessing practices.

‘Reasonable adjustment refers to measures or actions taken to provide a student with a disability the same educational opportunities as everyone else. To be reasonable, adjustments must be appropriate for that person, must not create undue hardship for a RTO and must be allowable within rules defined by the training package.’

In practice, this can translate into:

- adjusting equipment or the physical environment
- using personal support services such as Auslan interpreters, carers or readers
- providing specialised equipment
- changing the format and layout of training materials, for example using black and white slides instead of colour, using visuals instead of dense text or providing audio instead of visual information
- allowing breaks for fatigue, medication or toilet use
- changing assessment procedures and timing.

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A learning or training strategy

A learning or training strategy is an organising framework for the delivery and assessment of a set of units of competency or for an entire qualification. The National Council on Vocational Education Research (NCVER) defined a learning strategy in their glossary as:

‘a non-endorsed component of a training package which provides information on how training programs may be organised in workplaces and training institutions. This may include information on learning pathways, model training programs, and training materials.’

What this means is that trainers will need to develop a learning/training strategy that describes what will be taught to learners, in what order and with what resources. Similar to other VET resources, many learning strategies can be found online or in published texts. Industry Skills Council sites contain many support resources that can be freely accessed and downloaded.

The shape a learning/training strategy takes is influenced by the following factors:

- learner group and individual needs
- the selection of units of competency, including the packaging rules for each qualification
- existing and available/accessible resources
- adult learning principles
- assessment requirements
- delivery approaches (on the job, off the job, blended)
- staffing
- operational requirements and constraints

Choosing electives

The new qualifications for Aboriginal and/or Torres Strait Islander Health Workers provide a greater choice of electives. This allows:

- greater support for those learners with language, literacy and numeracy needs, particularly at Certificate II and Certificate III levels – electives could be chosen from other training packages, such as the Foundation Skills Training Package to support LLN development side by side with skills and knowledge development
- options for a student to choose electives that reflect past experiences or future interests
- at higher AQF levels, students can select electives which support their areas of expertise, such as social and emotional wellbeing or treatment of specific chronic diseases.

In every qualification in the HLT Health Training Package, learners are allowed to select electives to compliment the core units compulsory to the qualification. Whilst there are rules that accompany the selection of units – how many and from which training packages – the choice of electives is up to the individual.

Learners should be encouraged to select units of competency that:
• pique their interest
• relate to prospective job role and responsibilities
• will boost their chances of gaining meaningful employment
• can lead to specialisation or further study.

Learners tend to make their elective choices through negotiation at enrolment with the RTO. In other instances, where learners are in the workplace, the employer/supervisor may have a say in the decision making process, based on the learner’s job role and the needs of the organisation.

The learning/training strategy differs for learners who are enrolled in apprenticeships or traineeships (this only applies to the Certificate II and Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care qualifications). In these instances, electives are often included in a training plan, which forms part of the contract of training. The contract is a legal agreement and specifies the roles and responsibilities of all relevant parties, the apprentice or trainee, the employer and the RTO.

**Training program**

A training program puts into effect the learning/training strategy. The training program provides more detail and hones in on the specifics of what the learning/training strategy provided an overview on – the focus of the training program is on the individual units of competency and the actions or steps needed to be taken to address learner needs and training outcomes.

Information specified in training programs may include some of the following:

• its goals and objectives
• the target group, their needs and characteristics
• the content, methods and materials
• the structure of training and assessment, including timeframes
• training outcomes to be achieved
• monitoring and evaluation to determine successes
• training and assessment approaches, including any tools to be used.

General guidelines for planning the structure of the training and the content of the course material:

• Learners and their needs – it is essential that training meets the needs of learners. An understanding of where the learners are in terms of current skill and knowledge levels and where they have been in terms of past experiences, work and training. Also, there needs to be an awareness of any additional needs the learner may have such as LLN or, if the learner is in the workforce, their role and responsibilities.
• Content structure – it is often helpful to look at common competencies across units and then job role specific competencies. Sequencing of content is important, it needs to build on learner’s skills and knowledge levels and if learners are in the workforce, can tie in with job-related projects or events. Special attention should also be given to the availability of resources in keeping with the timing of training delivery.
- Resourcing – specific competencies that need to be addressed in the training will require the involvement of workplace resources. Consideration should be given to the equipment, documentation, personnel and time workplaces will need to provide to learners. The availability of these resources can impact delivery timing and content structure.

**Identifying activities and resources**

To develop an effective training program, RTOs need to work closely with industry to ensure that activities and resources used in training are as realistic and transferable to the work context as possible. Activities should meet actual industry conditions and address the standards of performance required by the organisation. It is important to note that every industry and individual workplace has its own set of guidelines, processes, methods and resources. These need to be taken into consideration when aligning on-the-job with off-the-job training.

**RESOURCES**

The resources required to deliver a training program consists of materials that enhance the learning focus, and supplementary materials that aid in skill and knowledge development. Particular attention should be given to organisational documents such as position descriptions, manuals, common workplace forms, policies and procedures. These resources should be included in the course learning material as it assists in consolidating the link between training and industry.

Issues to consider when determining resources required for the learning program include:

- Equipment – Is the required equipment accessible at all times or used in the organisation’s daily operations? Does equipment need to be modified to meet the additional needs of learners?
- Personnel – Who is available and suitably qualified to supervise the learner’s undertaking of workplace tasks? Do workplace schedules allow for the supervision and mentoring of learners, or do they have to be re-arranged?
- Documentation – Are workplace forms easily accessible? Are they written in a language that the learner understands? Are visual aids available? What forms does the RTO need to supply to the organisation to prepare them for training?

Some key principles to take into account when developing resources for Aboriginal and/or Torres Strait Islander learners include:

- Taking into account specific learning styles of Aboriginal and/or Torres Strait Islander people, including the use of graphics where possible instead of words
- Making the content relevant to the learner’s life and experiences, in particular, their understanding of health and well being
- Using case studies and scenarios about Aboriginal and/or Torres Strait Islander people.\(^\text{20}\)

\(^\text{20}\) For ideas specific to developing multimedia resources, read El Sayed, Freka, Soar, Jeffrey and Wang, Zoe, ‘Key Factors for the Development of a Culturally Appropriate Interactive Multimedia Informative Program for
Tip: the National Standards for Training Packages, endorsed by the National Skills Standards Council in 2012 bring a new structure to units of competency and introduce ‘assessment conditions’. Within these assessment conditions are often references to required resources for assessment. Think about incorporating these required resources in training and learning to ensure students are familiar with them before the assessment takes place. For more information about assessment, see the Assessment Strategies Guide.

ACTIVITIES

Training activities need to serve three basic purposes:

1) Engage the learners.
2) Build on previous learning and prepare learner for actual work tasks.
3) Identify areas the learner needs to further develop.

A good training strategy uses a variety of activities to engage learners and facilitate their understanding. Some common activities to consider include:

- group activities
- role-plays or simulations
- case studies (delivered and discussed as a group or individually)
- written activities
- demonstrations
- brainstorming
- reflection
- workplace practice
- research
- individual projects

Observations of learners can be achieved both on the job and off the job. In the workplace, learners can be observed using equipment, performing work tasks and engaging with clients, colleagues and other relevant personnel. Off the job, learners can be observed participating in role plays, group activities and direct questioning.

To use activities successfully, in that they help the learner to gain knowledge, skills and practice, it is fundamental that learners are:

- given valid and timely feedback that they can use to improve performance
- given the chance to review and understand the evaluation and/or performance criteria, prior to undertaking activities and assessments
- allowed to ask questions and clarify activity and/or assessment instructions.

Contextualising units

Contextualisation of units of competency is about adapting units to suit specific workplace practices. The units of competency in the HLT Health Training Package that comprise Aboriginal and/or Torres Strait Islander health worker qualifications describe how a worker, at different levels of mastery, performs particular functions in the workplace. Whilst these descriptions are specific in the duties outlined, the workplace environments offered allow for flexibility or contextualisation. The unit of competency can be contextualised to reflect the conditions of individual organisations or workplaces where the unit is being delivered – be it in a metropolitan, rural or remote setting. The ultimate goal is to provide training and assessment that is specific to the needs of the organisation and individual learner.

To use units of competency exactly as they appear in the Training Package would do a disservice to the learner and industry. Contextualisation needs to occur so that equipment, facilities, terminology, performance standards and operating procedures unique to the industry are clearly expressed alongside the generic information contained in the units. This is perhaps most important for learners enrolled in on the job training – their learning, whilst aligned to the performance criteria in units of competency, is also directly relevant to their real life job roles. Learners will develop the skills and knowledge needed to perform their job tasks by learning with equipment, resources, clients and colleagues who actually form their real work environment.

Contextualisation can be achieved by modifying or substituting text within the unit of competency so that it is applicable to a particular workplace context. However any modifications made to units of competency 'must maintain the integrity of industry skill and portability requirements, including all legislative licensing and any other regulatory requirements.'

EXAMPLE OF A CONTEXTUALISED UNIT

HLTAW004 Perform work role in Aboriginal and/or Torres Strait Islander primary health care context

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>PERFORMANCE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Inform own role</td>
<td>1.1 Identify individual personnel in the organisation and their role</td>
</tr>
<tr>
<td></td>
<td>1.2 Identify and apply work policies and procedures</td>
</tr>
<tr>
<td></td>
<td>1.3 Consider how own role contributes to the organisation's work to provide primary health care in the Aboriginal and/or Torres Strait Islander community</td>
</tr>
</tbody>
</table>

Refer also to the Assessment Strategies Guide, which will provide information about how to assess this unit of competency, using a contextualised unit.

**Delivering training**

Formal training occurs outside of the workplace either in classrooms, online or in a simulated environment. Most tertiary education follows this type of learning, whereas vocational education and training often combines off-the-job and on-the-job training.

Delivery strategies for off-the-job training are varied and depend heavily on the educational setting, learners’ needs, qualification requirements and workforce sector. The key to effective off-the-job training is to establish, wherever possible, links to the real work role and work environment.

Similarly, simulated environments should reflect real life workplaces in terms of equipment, job tasks and common problems. The use of case studies and role-plays can also assist in replicating real workplace experiences.

**Structuring the delivery**

The structure of the delivery will be set by the pace and goals of your training program. It will also be dependent on whether training is blended, on the job or off the job. The following structures can be used and adapted to suit the training needs of learners, RTOs and workplaces:
Clustering

Clustering information, also known as integrated or holistic delivery, is used when the required skills and knowledge, or the underpinning knowledge in units, overlap across different units of competency. In these instances, units can be clustered together for delivery, and single activities can be used to train or assess learners for competency in the skills and knowledge common to the different units.

This structure of delivery is time and resource efficient and is more indicative of what really occurs in the workplace. Also, holistic delivery of learning aligns with the concept that Aboriginal and Torres Strait Islander health is itself viewed holistically with connectedness between the individual, the community, the land and culture.

Training programs need to show which units of competency, or parts of units, will be clustered together in the delivery so that employers and other relevant stakeholders are informed of the requirements of each unit and can accommodate or plan for this accordingly.

Chunking

To ‘chunk’ information is to break down the main information/knowledge block into smaller parts where each part is addressed separately. This makes information easier to follow and understand.

Ideally, no more than five chunks of information should be presented to learners at any given time, simply because the average learner will only retain five to nine different pieces of information in their short term memory at any one time. Time is also important in this regard – learners will retain more information if they are alert and awake. Retention of information also increases if learners are familiar with the concepts covered and terms used, and the information is logically sequenced and simple.

Sequencing

Sequencing information requires ordering the timing of when material will be delivered or presented to learners. The manner in which the information is sequenced will affect the level of learning achieved. Below are examples of approaches commonly used.

| From familiar to unfamiliar | Once learners’ knowledge and skill levels are establish, begin training by covering content that learners are already familiar with and then introduce new material. Learners will be more receptive to new information if it is connected to and based on familiar content. e.g. In groups, learners have to brainstorm what they know about healthy eating practices. Once the group shares their answers, the trainer provides more detail by filling in gaps and building on existing knowledge. |
| From macro to local | This involves starting with the ‘big picture’ or larger issue and moving towards more specific pieces of information. Learners will gain a better understanding of the specifics if they have an understanding of context and background which comes with examining the issue at a macro level. e.g. Learners are provided with information on nutrition. Once learners are comfortable with the terminology and content, the trainer can then discuss the functions of carbohydrates, fats, protein, nutritional guidelines for adults and children; diseases related to malnutrition etc. |
| From the middle, out | Learners are taught content by working with real or simulated examples from the workplace. Theory is taught alongside the |
It is also important to consider the structure of individual workshops, lessons or training sessions. Below are examples of commonly used session structures, each serving a different purpose with regards to content covered and learner needs.

<table>
<thead>
<tr>
<th>Session Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstration</td>
<td>Trainer or workplace supervisor demonstrates the skill or technique and allows time for learners to practice the skill. The trainer or supervisor monitors progress, provides support by answering questions and gives feedback on performance to guide improvement.</td>
</tr>
<tr>
<td>Discovery</td>
<td>Trainer introduces the topic and provides clear and unambiguous written instructions to learners. Learners can work independently or in groups and progress at a self-pace. Trainers can monitor progress and answer any queries.</td>
</tr>
<tr>
<td>Lecture</td>
<td>Trainer led discussion; especially useful when there is sufficient background information to get through. Learners can take notes to help recall information.</td>
</tr>
<tr>
<td>Guided search</td>
<td>The trainer or supervisor demonstrates the use of a particular piece of equipment/software/machinery etc. and learners follow on their own piece of equipment. As the trainer progresses to other functions, learners follow his or her actions. Learners are then given an exercise to undertake independently which serves to reinforce demonstrated techniques.</td>
</tr>
<tr>
<td>Workbook/ Online tutorial</td>
<td>Trainer or supervisor introduces topic and provides learners with a workbook (can be online) and learners read through questions and record their answers. This is a convenient way for learners to keep a record of information and knowledge learnt.</td>
</tr>
</tbody>
</table>

**Simulated learning environments**

Simulated learning environments (SLEs) are invaluable for creating learning situations which cannot be easily recreated in a classroom or, because of safety or resource issues, cannot be directly observed or practiced in the workplace. For this reason, they are particularly important for the health industry to allow learners to undertake activities that replicate real life situations.

SLEs may be organised into three levels or areas, depending on the degree to which the simulation reflects real life experiences:

1) **Low fidelity** – basic case studies, role plays and simulations.
2) **Medium fidelity** – more realistic simulations (e.g. you might be working with an actor or a still mannequin in a role play).
3) **High fidelity** – these are the most realistic simulations (e.g. the learner may be working with cadavers, animal tissue or computer operated mannequins that simulate bodily responses such as a heart beat or a chest rising and falling).
Working with industry

Consultation with industry

National Standards for Registration and relevant state standards require that RTOs consult effectively with industry for development and delivery of quality learning and training programs. The benefits of working collaboratively with industry include:

- training (and assessment) practices are up to date with current industry standards
- partnerships arrangements can allow students to experience the reality of working environments through work placements within businesses and industry
- trainers (and assessors) maintain their own vocational currency in their specific industry area
- industry and business gain greater understanding of VET training and assessment practices, and may develop their own staff as trainers and assessors.

Practical or clinical work placements

The CS&HISC recommends the following hours of work placements for candidates undertaking the Aboriginal and/or Torres Strait Islander Health Worker qualifications:

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Recommended hours for a work placement across the core of a qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate II in Aboriginal and/or Torres Strait</td>
<td>50 hours (VET in schools restrictions may impact on this)</td>
</tr>
<tr>
<td>Islander Primary Health Care</td>
<td></td>
</tr>
<tr>
<td>Certificate III in Aboriginal and/or Torres Strait</td>
<td>250 hours</td>
</tr>
<tr>
<td>Islander Primary Health Care</td>
<td></td>
</tr>
<tr>
<td>Certificate IV in Aboriginal and/or Torres Strait</td>
<td>500 hours</td>
</tr>
<tr>
<td>Islander Primary Health Care</td>
<td></td>
</tr>
<tr>
<td>Diploma of Aboriginal and/or Torres Strait</td>
<td>750 hours</td>
</tr>
<tr>
<td>Islander Primary Health Care</td>
<td></td>
</tr>
<tr>
<td>Diploma of Aboriginal and/or Torres Strait</td>
<td>750 hours</td>
</tr>
<tr>
<td>Islander Primary Health Care Practice</td>
<td></td>
</tr>
</tbody>
</table>

22 Standards for Initial Registration 4.2 and AQTF Essential Conditions and Standards for Initial Registration, Standard 1 and Standards for Continuing Registration SNR 15.2 and AQTF Essential Conditions and Standards for Continuing Registration, Standard 1
Qualification | Mandatory work placement
---|---
Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice | 800 hours
Recommended by the Aboriginal and Torres Strait Islander Health Practice Board of Australia for registration

Where an Aboriginal and/or Torres Strait Islander Health Worker has undertaken a qualification involving a work placement, those hours may be counted towards another qualification. This is because there is an overlap of core units with the qualifications at Certificate III, Certificate IV and Diploma level. However, a work placement of 50 hours for the Certificate II will not mean a decrease in the hours required for the Certificate III because there is no overlap of core units.

Training in the workplace gives learners the opportunity to learn hard skills on modern equipment and technologies and soft skills by engaging with colleagues in real-world contexts. Generally, learning is achieved through a combination of hands-on training, where the learner is supported by a mentor, experienced employee or trainers who come into the workplace, and formal learning.

Whether they’re referred to as practical, clinical, vocational work placements or by another name, these opportunities to learn specific skills in the work environment are important because:

- They allow the student to see how a workplace functions in real time
- Work activity is given more meaning when performed in the workplace, rather than in simulation
- Activities performed during the placement are directly relevant to the outcomes of the competencies of course of study
- Students can see how other skills impact on specific work activities e.g. communication, time management, team work, problem solving.

These placements represent a three way relationship between the RTO, the workplace and the learner. Health Workforce Australia had developed a National Clinical Supervision Support Framework\(^\text{23}\) to support all three partners in the relationship, including:

- Clarity – understanding the roles, responsibilities and expectations of everyone involved in the placement.
- Quality - a focus on patient care, knowledge and skills, and preparation before the learner enters the workplace

• Culture – the organisation’s attitudes towards learners in the workplace, relationships between learners and staff, and other contributing factors to the learner’s overall experience.

To successfully conduct training and assessment in the workplace, the RTO must provide the learner and workplace supervisor with an agreed, structured learning plan that indicates the purpose of the work placement and the minimum requirements for training and assessment in the specified units of competency. It should also clearly identify training, monitoring and assessment roles and responsibilities of both parties, as required by Standard 16.4 of the Standards for NVR Registered Training Organisations (Australian Skills Quality Authority, 2012) which states that employers and other parties who contribute to each learner’s training and assessment must be engaged in the development, delivery and monitoring of training and assessment.

Work placements should always involve the appropriate supervision and guidance from individuals in the workplace and trainers and assessors from the RTO. In sourcing an appropriate workplace, attention should also be paid to the availability of opportunities for the learner to observe, develop and practise required skills; and the availability of appropriately qualified workplace supervisors.

For Aboriginal and/or Torres Strait Islander learners, culture will be a significant factor. In general, adult learners may be returning to the workplace after a lengthy absence or may be working in a completely new environment. Add to this that English may be a second or third language and that the learner may be required to travel away from community and therefore regular supports to undertake practical placement, and the experiences for Aboriginal and/or Torres Strait Islander learners becomes more dependent on good supports through the work placement.

RTOs participating in on-the-job training in the workplace need to consider:

• Whether the workplace undertakes the necessary range/type of work that will allow the learner to gain experience and develop skills across the full range of competencies as specified in units/qualifications. If not, alternative arrangements need to be made.
• Suitability and availability of a qualified supervisor or other experienced personnel to supervise the learner in the workplace. Supervisor needs to have expertise in the competency(ies) the learner is required to develop.
• Workplace facilities and equipment needed to undertake training.
• Alternative arrangements to be made regarding availability (or unavailability) of equipment, especially for assessment purposes.

RTOs need to give support to the workplace and the learner. Resources to be considered include:

• Learning materials that need to be supplied to the learner to assist their workplace training e.g. instructional information, log books, website links, manuals.
• Additional support materials the learner may require to meet special needs. This can include: language, literacy and numeracy support; one-on-one support for learners
with learning disabilities; or equipment adjustments for learners with vision or hearing impairment.

- Training material and documentation required by the workplace to support any on-site training.
- Assessment material and documentation required by the workplace to assist with evidence gathering of learners’ competencies.

Tip: if your RTO is setting up a practical placement with a local health service provider, or you already have placements up and running, it’s good to look at what other RTOs are doing for your continuous improvement. Here are a few examples of useful documents from other RTOs and how they approach placements:


Specifically for Aboriginal and/or Torres Strait Islander Health Workers, industry will include Aboriginal Community Controlled Health Organisations (ACCHOs). Aboriginal Community Controlled Health Services are:

- an incorporated Aboriginal organisation
- initiated by a local Aboriginal community
- based in a local Aboriginal community
- governed by an Aboriginal body which is elected by the local Aboriginal community
- delivering a holistic and culturally appropriate health service to the Community which controls it24.

By RTOs forming relationships with specific ACCHOs, students can get the opportunity to undertake work placements to cement their learning and contribute to the ‘job readiness’.

**Trainer’s skills**

Under the Standards for NVR Registered Training Organisations, trainers need to maintain currency and competency in the units they deliver. This can happen in a number of ways depending on the individual RTO:

- site visits – trainers regularly attend industry sites to supervise learners, consult with workplace supervisors and observe work operations and conditions, all actions that provide for informal learning opportunities
- industry placements – some RTOs encourage trainers to take up industry placements. This can be a difficult option as costs, time and personal leave can factor into the decision-making process.

**Validating learning materials**

Another requirement of the Standards for NVR Registered Training Organisations is that RTOs need to have learning materials validated by industry. This can be achieved through the arrangement of formal meetings often known as ‘validation sessions’, online forums, or simply asking for direct feedback during industry site visits.

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24 Definition from www.naccho.org.au
Evaluation

Best practice dictates that evaluations should be conducted, not only at the completion of a training program, but throughout the entirety of the program. As a reflective practitioner, trainers should be constantly monitoring their own and learners’ progress and identifying areas requiring further improvement. Evaluations can provide evidence that program inputs – cost, personnel, time, materials and facilities – are being used advantageously and effectively. Yet, there is more to evaluations then just determining accountability. Evaluations are about determining levels of satisfaction with the training program, if expectations were met, if training outcomes were achieved and what areas could be improved and how.

The 4 step approach

Donald Kirkpatrick developed the four level model for assessing training effectiveness. According to this model, evaluations should begin at level one and proceed to the following levels sequentially as time and budget allows. Information obtained at one level, feeds into the actions undertaken in the subsequent level. Thus, each subsequent level presents a more accurate and precise measure of the effectiveness of the training program; however, proceeding through levels three and four requires more time and places a higher demand on the trainer in terms of work involved.

Level One – Reaction

At this level, trainers measure how learners reacted to the training program. Questions that may be used at this stage include:

1. Did participants enjoy the training program?
2. Was content covered relevant to their respective job roles?
3. Was training material easy to understand?
4. Was the trainer engaging?

Whilst it is understood that a positive experience for the learner does not guarantee learning, a negative experience almost certainly reduces the likelihood of learning.

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Tip: look at the emotional reactions and body language of your learners. Are they engaged? Are you making a ‘connection’ with your learners? Also, what do you as a trainer feel works – are there certain activities that are more successful than others?

Level Two – Learning

This level attempts to shed light on ‘how much’ a learner has advanced. This can be achieved through various methods; most commonly used are the before-training and after-training testing where the two results are compared to deduce what skills and knowledge the learner has improved on. However, methods can range from formal to informal, group assessments to self-assessments.

Level Three – Behaviour

Training strategies and programs set out to change behaviour. By way of example, rather than learning how to operate medical and screening equipment more effectively, employers want to see that the individual operates the equipment safely and effectively to produce accurate results for clients. Those skills are transferrable across work practices. Rather than just recalling hygiene and infection control policies, employers want to see individuals apply these to all work processes. At this level, the trainer attempts to measure if the skills, knowledge (and attitude) of the learner is being used in their everyday environment and job tasks.

Many trainers see this level as representing the truest assessment of the effectiveness of the training program; however, it can be the most complicated to evaluate simply because it is difficult to predict when the learner’s behaviour will change. Important decisions have to be made at this level, and centre on:

- When to evaluate.
- How often to evaluate.
- How to evaluate.

Tip: The best way to evaluate behaviour is to look at the behaviour of the individual before the training, and then after. For example, if delivering training about the importance of hygiene, observe at the start of the training how individuals approach hygiene in general. It may be something they need to be constantly reminded of. At the end of training, see if individuals are incorporating hygiene into their lives as a regular habit (e.g. greater awareness at home, in observing what others around them are doing, etc.).

Level Four – Results

The final level attempts to measure training effectiveness in terms of business results. In other words, measurements at this level are expressed in terms managers and executives can understand – increased productivity, reduced resource wastage resulting in cost savings, and reduced time of work from a decrease in the frequency of accidents and injuries, or improvements in quality. These are really the measures for a return on investment in training, yet level four results are not typically addressed. Measuring results in
financial terms is problematic as measures are difficult to determine and linking training to specific results is hard to do. Essentially, organisations need to undertake a cost benefit analysis of their overall training approach and programs.