



## Community Services Training Package Review - Response to the Discussion Paper

The review of the Community Services Training Package provides an opportunity for the Community Services and Health Industry Skills Council to enhance skills acquisition within the sector and to build new opportunities for career development.

The ANF considers that some of these opportunities can and should be met by greater integration between the Community Services Package and the new Health Training Package. There is great potential for example to build pathways between some of the direct care qualifications (eg. aged care and disability) with qualifications in the Health Package, including enrolled nursing. Formal articulation between these programs would address some of the ad hoc arrangements which have developed over time.

The ANF is concerned by two matters in particular which were raised in the discussion paper:

1. The discussion about 'care work' within the paper is unhelpful without sector/industry context as many occupations and professions such as allied health, medicine and nursing, encompass caring. Caring is a human response to a situation and without an occupational context is not a useful title or function in a skills development environment.
2. The notion of skills clusters is one that is not supported by the ANF unless they are within the context of the provision of whole qualifications.

Brief comments are provided below in relation to other aspects of the discussion paper.

### Discussion Box 1 (page 6)

- The ANF agrees with the proposed areas for consideration.
- The ANF strongly agrees with greater linkage and integration between the Community Services and Health Training Packages and articulation between qualifications (also at Discussion Box 2). The ANF position is that there should be no qualifications created in this package which mirror the scope of roles already included in the Health Training Package eg enrolled nursing.
- Skills clusters should not be incorporated in a manner which is inconsistent with the transferability of skills or in a way which operates against the attainment of full qualifications.

### Discussion Box 2 (page 7)

- The ANF agrees with the need to improve skills recognition and increase portability. However a counter-veiling issue is the need to provide for appropriately contextualised training and assessment. This may require expansion of course specific electives in a cluster and the removal of area specific content from the core of currently separate programs.

#### Discussion Box 3 (page 9)

- One of the key issues around flexibility is the effective and continuing delivery of skills recognition processes. It would be helpful if consideration is given to these issues when developing and writing the package.

#### Discussion Box 2 (page 7)

- The ANF agrees with the need for flexibility and a number of the factors detailed. However, there is a need to ensure that:
  - courses are not under-taught as well as training programs not unnecessarily extended;
  - modes of delivery appropriately support the students; and
  - assessments are valid and consistent.
- There needs to be some greater advice and resources from the ISC to support the implementation of the Training Package after it is developed (eg core assessment tools).
- The ANF is unsure what is meant by the last point regarding registration/entry based on competence and not qualifications when we are dealing with a competency based training system?

#### Discussion Box 5 (page 10)

- The ANF supports the move toward broader qualifications provided that elective clusters are developed which appropriately meet the needs of workers and employers.
- Any moves toward multi-skilling must be appropriate and balanced against the need for specific skills, knowledge and competence in particular areas.

#### Discussion Box 6 (page 11)

- The ANF agrees with the need to provide greater training in information technology however it is a significant area of teaching if workers enter without any background knowledge and needs to be treated as such.

#### Discussion Box 7 (page 12)

- No comment.

#### Discussion Box 8 (page 13)

- The ANF supports the proposed areas of content on health and safety however the package also needs to provide for client safety.
- The package should also potentially focus on the training needs of workers who have representative roles in the workplace (eg OHS representatives, manual handling trainers etc).

#### Discussion Box 9 (page 13)

- Supported.

#### Discussion Box 10 (page 14)

- Supported.

#### Discussion Boxes 11-12

- No comment.

#### Discussion Box 13 (page 17)

- See comments above.

#### Discussion Boxes 14-18

- No comment.

#### Discussion Box 19 (page 19)

- The ANF rejects the concept of the Health Training Package being underpinned by a 'medical model' given that most health education, particularly nursing is based on wellness/primary health care models and has been for some time.

#### Discussion Box 20 (page 21)

- No comment.

#### Discussion Box 21 (page 22)

- Please see the discussion above about 'care work'. Using 'care work' as a descriptor is not particularly helpful without context as many occupations and professions encompass caring.
- The ANF agrees that the Training Package development needs to consider the relationship with family carers.

#### Discussion Boxes 22-23

- No comment.

#### Discussion Box 24 (page 28)

- See earlier comments re occupational health and safety.
- The ANF agrees with the need to better integrate/merge HACC and aged care qualifications.
- There is also a need to articulate Certificate III and Certificate IV in these areas with enrolled nurse programs and competencies.

#### Discussion Box 25 (page 29)

- The core units need to be re-examined in terms of meeting the physical care needs of clients in the community which are not adequately met at present.

#### Discussion Boxes 26-29

- No comment.

#### Discussion Box 30 (page 31)

- The ANF agrees with the need to better develop competencies and qualifications in these areas.
- Development should focus on psychiatric disability/community support roles rather than clinical service delivery.
- Development should provide for entry level and more advanced roles.
- Development must deal with co-morbidity/dual diagnosis related issues including substance abuse.

#### Discussion Boxes 31-35

- No comment.