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AUTHOR   Wyse, Linda; Casarotto, Nadia
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                  Nathan. Queensland Centre.
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ABSTRACT
          Australia's Aged Care Act of 1997 mandates a number of key
reforms aimed at ensuring consistency in the quality of care and well-being
for all residents of aged care facilities. The law required residential aged
care facilities to provide high-quality care within a framework of continuous
improvement which requires aged care workers to perform the following tasks:
collect data from residents; analyze data; record data; develop strategies
for meeting residents' needs and solving problems; implement interventions
through a care plan; and interact with other members of the health care team
and residents' families. This task list translates into the need for personal
carers to demonstrate a broad range of language and literacy skills and
practices as part of their daily work. These new literacy practices have
changed the dynamics of relations between frontline workers and management.
Employees are now expected to apply these new literacy practices in new
situations and for new purposes. These changes in the requirements regarding
accreditation of Australia's aged care facilities and the functional literacy
tasks expected of aged care facilities have necessitated that policymakers
consider the issue of support for such workers in developing the language and
literacy skills required of employees in residential aged care facilities.
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Paper Title Literacy in the World of the Aged Care Worker

Author Linda Wyse and Nadia Casarotto: Linda Wyse and Associates

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Abstract

Linda and Nadia's paper is divided into three sections. The first section of the paper looks at the way that the education and training sector has responded to imperatives generated by changes in the global economy. The second section examines policy changes associated with residential aged care and the changing literacy tasks required as a result of these changes. Finally the paper identifies issues that have arisen as a result of these key policy imperatives indicating possible areas requiring further work.

Introduction

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The world economy has undergone significant changes that have impacted on the way that single nation states interact and engage both as individual entities and as part of larger economic units. Companies, whether operating as sole traders in niche markets or as part of large multinational corporations, have implemented a range of industrial reforms that have resulted in a process of continuously changing work practices. Some of the key features of the reorganised and reorganising workplaces include downsizing where middle management has largely borne the brunt of this slash and burn policy. This has put greater responsibilities on shop floor level workers so they now take on some of the tasks previously maintained by middle managers. These can include the need for them to take on tasks relating to planning, quality assurance, customer service, reporting and accountability. These broader job roles may impact on the types of technical skills required. They certainly impact on the range of communicative skills workers need, including the use of spoken and written language in a range of complex situations. Understanding the changing role of literacy in the workplace involves an examination not only of the literacy practices required by workers but also how these literacy practices are used in the service of the restructured workplace.

This paper will explore the implications of these changes as they affect the working life of personal care employees working in the field of residential Aged Care. The first section of the paper will look at the way that the education and training sector has responded to imperatives generated by changes in the global economy. The second section will examine policy changes associated with residential aged care and the changing literacy tasks required as a result of these changes. Finally the paper will identify issues that have arisen as a result of these key policy imperatives indicating possible areas requiring further work.

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The Changing VET Environment

In the push to secure and maintain a place for Australia in this changing global economy, the role of education and training has increasingly come under the spotlight. Education and training are seen as key planks in the drive to increase the range of workers' skills in response to the demand for greater flexibility, productivity, efficiency and profitability.

"Countries in almost every part of the world have undertaken substantial reforms of their vocational education and training (VET) systems – most of them designed to link learning and work. Commonly, these have included the development of occupational and employment –related competency standards" (Gonczi, A 1999 p.180). The federal government through the Australian National Training Authority has similarly implemented a number of reforms in vocational education and training. To ensure consistency in the vocational education and training field, a national approach has been adopted. Industry has identified the competencies required by workers undertaking different roles and jobs and these national competency standards form part of the national approach to training which is to be achieved through the implementation of Training Packages. Competency within the national VET system is defined as the specification of knowledge and skill and the application of that knowledge and skill to the standards of performance required in the workplace. Training Packages have been developed for a range of industries and each Training Package contains industry specific competency standards, assessment guidelines and qualifications. Training undertaken by workers (as well as pre-entry and entry level workers) is recognised through the awarding of qualifications.

In the publication A Bridge for the Future, ANTA expects that Training Packages will, amongst other things, enable:

- people to develop the specific skills needed by enterprises and industries
- training programs to assist people acquire the key competencies, providing them with the ability to adapt to changing industry requirements and to develop creative and innovative solutions to industry needs
- employers and their employees to understand and compare qualifications and value them as being an accurate representation of a person's skills and knowledge (ANTA 1998 p5)

Alongside the push for greater credentialling of the workforce, has come the expectation that some form of post-secondary education will be undertaken and that participation in further education/training will be an on-going process to ensure that employees meet the needs of current and future employers. The encouraging of individuals to adopt and even internalise this view of learning as a lifelong need raises a number of issues. To what extent are learners and/or potential learners, particularly those with English language, literacy & numeracy (L,L&N) needs or negative images of themselves as learners, included in this vision? In reality, whose interests does this process actually serve? To what extent does the actual process empower and enrich learners in the complexity of their lives? These issues impact on the social and emotional wellbeing of individuals particularly as "employees are asked to bring more of themselves to work: to bring cognitive, social and emotional skills. They have to be smarter with more abstract knowledge, with greater ability to negotiate and cooperate, and with the capacity to trust." (Levett, As.2000:p.35). How are these changing views of the role of education and training played out in the field of vocational education and training particularly with respect of L,L&N?

If education and training in the vocational education sector is primarily to be through the use of Training Packages, how are L,L&N addressed in these Training Packages? ANTA is certainly aware of the fundamental role that L,L&N plays when it states that "English L,L&N skills are important in all aspects of Australian life, including education, training and work (ANTA 1998 p.14). Furthermore, it terms of the centrality of English L,L&N skills in the workplace, it is claimed that "often the successful performance of an industry competency will depend on specific L,L or N skills. The requisite L,L or N

skills need to be explicit in the standard to ensure that assessment of the competency is fair and valid"(ANTA 2000 p.8).

As this paper is investigating the role of L,L&N in the changing work environment of personal care workers in the residential aged care sector, it would be useful here to look at how L,L&N is addressed in the units of competency that can be packaged to form a qualification at Certificate 111 level within the community Services Training Package - Aged Care sector.

The unit of competency *CHCCOM2A Communicate appropriately with clients and colleagues* from the Community Services Training Package deals specifically with competence in communicating effectively in the workplace. This unit is a compulsory common competency in the Certificate III in Community Services (Aged Care Work).

This unit of competency describes in broad terms, in the range of variables, various types of reports that may be included such as notes, records, memos, letters, client records and verbal hand overs at the end of a shift. Significantly, the unit does not make reference to the specific reporting requirements as required in the aged care reforms, such as maintaining Resident Classification Scale (RCS) documentation. It is this documentation that is directly linked to the funding received by aged care facilities. Similarly, the unit *CHCAC5A Contribute to service delivery strategy,* includes reference to care plans and program plans although not to the RCS. The Underpinning skills do make some reference to the types of language and literacy skills required, for example *written communication skills required to fulfil organisational procedures. These may vary from writing a few sentences on a work topic to completing forms.* As these are not linked to the specific document requirements, a trainer without a background in adult literacy or ESL would almost certainly have difficulty in designing a program that addresses the language and literacy needs of many personal carers. However, it is important to note that the Training Package is currently under review and these issues may be addressed in the next version of the standards.

This lack of specificity results in a lack of clarity regarding the language, literacy and numeracy required by personal care workers to fulfil these reporting requirements. Reference is made in the unit of competency underpinning skills to standards of language, literacy and numeracy 'as specified by the organisation/service', but this does not take account of regulatory and accreditation requirements as specified by government policy. The unit of competency uses terminology such as 'reports are clear and accurate', but in the absence of more specific detail this gives minimal guidance to the workplace trainer and/or VET professional regarding the underpinning language, literacy and numeracy skills assumed for competency to be demonstrated. Not only does this have ramifications for the workplace trainer and/or VET professional, it potentially impacts seriously on the personal care workers themselves.

Overview of Aged Care Reforms

In 1997 the residential aged care sector experienced a number of key reforms aimed at ensuring consistency in quality of care and well being for all residents. These reforms were enshrined in the Aged Care Act 1997 within the context of a strengthened quality assurance framework which aligned regulatory compliance and accountability and provided recognition to providers who performed well against standards of quality care.

As part of this process, new accreditation standards were introduced from 1 October 1997. Accreditation is the "formal recognition provided to a residential aged care service where that service is considered to be:

- Operating in accordance with the legislative requirements of the Aged Care Act 1997
- Providing high quality care within a framework of continuous improvement

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To continue to receive Commonwealth Government funding, all aged care homes were required to meet accreditation requirements by January 2001. The four accreditation standards are:

- Standard 1: Management Systems, Staffing and Organisational Development
- Standard 2: Health and Personal Care
- Standard 3: Resident Lifestyle
- Standard 4: Physical Environment and Safe Systems

One of the main areas of focus of the accreditation auditing process which also underpins each of the standards is the principle of continuous improvement. The Aged Care Standards and Accreditation Agency which conducts the audits has identified six key principles which help to drive and support the process of continuous improvement. These principles are:

- Responsiveness to residents and their needs (customer focus)
- Organisational improvement that is leadership driven
- Process and systems focus
- The ongoing use of appropriate data
- Development and involvement of staff
- Quality improvement and self assessment as part of the culture

These principles imply that all staff, including personal carers, are required to take a greater participatory role to ensure continuous improvement and development across all areas.

Principle 4, the ongoing use of appropriate data, relates directly to workplace documentation requirements that allow quality and effectiveness to be evaluated and demonstrated in relation to the improvement of care systems and procedures in aged care facilities. Therefore, " a facility's standard of documentation will be critical to providing evidence of the care provided to residents and the outcomes of that care"(Documentation and Accountability Manual 1-2) Closely linked to this are the documentation requirements associated with the Resident Classification Scale (RCS) where resident care needs must be identified and documented to support and verify a subsidy claim.

The ability of personal care workers to meet these requirements as part of their facility's commitment to continuous improvement can therefore directly impact on accreditation decisions. Incomplete, inaccurate or incorrect RCS documentation can have grave repercussions for facilities in terms of the downgrading of financial subsidies received for residents. The requisite language and literacy skills that enable personal care workers to participate in the continuous improvement cycle in residential aged care facilities are critical. These language and literacy skills and how they are linked to this cycle will be discussed below.

Before making this link and discussing emerging issues, it is important to examine the process of accreditation, the changes it has brought to residential aged care facilities and their staff and the ongoing role all staff, but particularly personal carers, are expected to play within the process.

Accreditation

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Accreditation is a quality and accountability driven mechanism which aims to ensure that residential aged care facilities become high performance workplaces which are able to respond to customer expectations through the continuous improvement of standards and practices. It is similar to quality systems such as ISO which are used in other industry settings to measure performance and improvement.

Accreditation audits in residential aged care facilities are conducted by assessment teams which are

part of the Aged Care Standards Agency. The teams examine the policies and procedures which facilities have in place in relation to each of the standards. They also observe the practices and processes in place to ensure that these reflect policies and procedures and subsequent visits seek evidence of continuous improvement across all the standards. Part of this involves the assessment team speaking directly to a cross section of staff at the facility to gauge their understanding of quality care principles and procedures and the continuous improvement process.

Documentation of resident care has a critical role to play in the aged care accreditation process as well as validating Resident Classification Scale claims. The audit team uses the workplace documentation to assess the standard of care provided to residents and as evidence of a facility's continuous improvement efforts. The team validates the consistency of the documentation and ensures it matches actual care practices.

- Direct care documentation expected to be completed by personal care workers includes:
- Assessment of resident needs
- Care plans detailing identified needs and appropriate interventions
- Progress notes
- Evaluation of current care plans

Such documentation demands a range of language and literacy skills previously not required for employment as a personal carer. These demands and the implications for personal care workers and the broader VET arena are discussed in more detail later in this section.

The Changing Aged Care Facility

This inclusive approach to ensure quality through continuous improvement has brought changes in work practices and staff roles and relations which are also reflected in the broader industrial world.

Nancy Jackson identifies quality assurance and continuous improvement as two key elements which characterise the new "high performance" workplace. She argues that both of these elements are "document based initiatives and therefore generate the vast majority of increased literacy requirements for front line workers" (Jackson, N 2000 p 9).

This has certainly been the effect of the policies and reforms driving the changing work practices in the residential aged care sector. Within this framework personal carers working in residential aged care facilities have become what Jackson calls 'collectors of data' where their own written words become data in a managerial and accountability process (Jackson N. 2000 p 6). These changing roles and the expectations associated with them were recently highlighted in a presentation to the Aged & Community Care Services Tri-State Conference where a case study of a facility undergoing cultural change was presented. The facility felt it needed to change its processes and encourage greater acceptance of responsibility by all staff given the approach of accreditation. In seeking to facilitate these changes, the following became the key areas of emphasis:

- Move away from the old form of management to a teamwork based approach
- Introduce minimum education standards to Certificate III level for all personal carers
- Establish a continuous improvement quality system
- Introduce new documentation procedures including new resident admission and assessment packs
- Introduce compulsory training days to lift awareness of policy and procedures
- Introduce compulsory RCS documentation training for all carers

These changes closely reflect the characteristics of what Jackson defines as the "high performance workplace" (Jackson 2000 p8). In this workplace every employee becomes an integral part of the

quality system and plays a pivotal role in assisting the workplace to achieve its shared vision and commitment to quality outcomes.

The Changing Role of the Personal Carer

Before discussing the impact of the new policy directions on the work of personal carers in residential aged care facilities, it is important to describe the profile of such workers.

Traditionally, most personal carers have been women who have worked part time. In its aged care industry profile, Aged and Community Services Australia states that "around three-quarters of paid aged care employees work part time and 90% are female" (Issues Pack 2001 pg 36). These care employees typically consist of the following groups of women:

- Women returning to the workforce, many from non-English speaking backgrounds, who have limited educational experiences and/or who have not studied for a long time
- Younger women who may be early school leavers and who enter the industry at the level of personal carer
- Older women, many from non-English speaking backgrounds, who have worked as personal carers for many years and who now find the skills required of them are changing

The changes in work practices at the grass roots level have had a significant impact on the role of and expectations imposed on this group of workers. To ensure that all personal care staff are appropriately skilled to meet industry needs, they are now expected to have or to be working towards obtaining qualifications in personal care at a certificate III level. The focus on quality outcomes and continuous improvement has placed added emphasis on training and learning. However Aged and Community Care Services Australia has argued that there are not enough training places in personal care to meet current demand. In addition to this, refresher and re-entry programs are not consistently available or targeted to aged care. The part time and casual nature of employment in this sector makes ongoing training and learning difficult to achieve(Issues Pack 2001 pg 21).

All personal carers are now responsible for formally documenting the care and services they provide during a resident's stay in a facility. They are expected to comply with the principles of good documentation. The Documentation and Accountability Manual provides a list of the principles of good documentation. Each of these principles assumes an understanding of the underlying mechanics, context, purpose and audience of language. (4-7). These responsibilities and expectations are now stated in individual position descriptions for personal carers. Personal carers need to adapt to the language and terminology used in the continuous improvement framework and in the Resident Classification Scale. Consultations with the aged care sector as part of the Two Year Review of Aged Care Reforms found that there have been substantial changes to forms and requirements since the introduction of the reforms. This is especially the case for residents where there appears to be a range of new forms to complete. (section 4.2 Paperwork p124).

Personal carers are now expected to:

- Collect data from residents
- Analyse data
- Record data
- Develop strategies of how resident needs can be met and problems solved
- Implement interventions through the care plan
- Interact with other members of the health care team and residents' families

This translates into the need for personal carers to demonstrate a broad range of language and literacy skills as part of their daily work. These may include, but are not limited to:

Using language to:

- Ask questions and gather information
- Participate in sustained discussion to acquire information, key points and specific detail
- Clarify information
- Explore problems and issues
- Participate in discussions
- Participate in meetings
- Negotiate actions, outcomes or solutions
- Explain information, processes or procedures
- Make suggestions
- Interpret opinions
- Relate information to a third party

Using literacy to:

- Scan texts for key points
- Read for detail
- Summarise information to take notes
- Fill in forms
- Write descriptive sentences, within the context of using the appropriate language according to the intended audience and purpose of the text
- Integrate pieces of information into paragraphs
- Understand and interpret a range of text types, such as reports, technical documents, forms, policies and procedures
- Use industry specific terminology and follow conventions of spelling and grammar
- Record information on a computer

In assessing compliance with the standard "Management Systems, Staffing and Organisational Development", the assessment team reports have documented various positive examples of staff participation and development as evidence of continuous improvement in this area.

These have included examples of facilities encouraging staff to be actively involved in various committees that assess, monitor and continually improve all areas of care through corrective action request forms and incident reporting. Effective participation in such committees assumes good communication, oral, reading and writing skills. All staff are expected to identify opportunities for improvement through their facility's comments and feedback mechanisms such as completing improvement logs. Some reports refer to formal staff appraisals carried out by facilities annually as a way to identify areas for improvement as well as staff participation in training sessions to promote continuous improvement for the education and staff development outcome for the standard mentioned above.

A key theme running through these reports is that of staff input and participation and their role in continually refining systems and improving practice. It is at this level that we can apply Jackson's notion of changes in the "relations of literacy" as a result of changes in how literacy tasks are situated in the new residential aged care work environment (Jackson 2001 p5). These new literacy practices and their link to data collection have changed the dynamics of relations between front line workers and management. These new practices are embedded in and dependent on the new managerial relations they create(Jackson 2001 p 10). Employees are now expected to apply these new literacy practices in different situations and for different purposes than was previously the case. This raises the issue of whether these changes in the relations of literacy empower workers or impose greater restrictions on them and expose them to more widespread monitoring.

In contrast to this, in other reports which are not so favourable, the assessment team identifies problems with issues such as staff not being familiar with the quality system and the policies and procedures of their facility. In these situations staff also lack understanding of and involvement in the principles and process of continuous improvement. Staff do not participate in systematic training programs to obtain the skills they require to take their place in the continuous improvement cycle.

This raises the significant issue of training for personal carers in the context of developing the skills and knowledge to effectively participate in the workplace to the level of standard required and formal Certificate III training. Without the requisite language and literacy skills to engage with and effectively participate in training, personal care workers are further marginalised. This is compounded by the profile of many personal carers who may have limited or literacy skills in either English or other languages. However, support in the development of functional language and literacy skills without the accompanying opportunity and support to critically examine the purposes of these texts will not overcome the marginal status of these workers. While aged care workers may not be able to influence policy at government level, they need to be active stakeholders in the ways in which these policy decisions are played out in their workplaces.

It is clear that within the above context there have been significant changes at two main levels. The first of these levels concerns changes in the functional literacy skills required to perform tasks to a given level of performance. The reform and accreditation process has increased the complexity of literacy practices which personal carers are expected to master. The second of these changes moves away from a skills based analysis to looking at changes in the way literacy tasks are situated in work, producing changes in the "relations of literacy" in residential aged care facilities (Jackson 2001). If personal carers are unable or unwilling to meet the changing expectations of their work roles and effectively participate in and contribute to quality care and continuous improvement as required through the accreditation process, residential aged care facilities stand to experience severe consequences for their services. Government accreditation could be withheld resulting in a facility's ineligibility to obtain fiercely contested government funding. Subsidy claims to deliver resident care through the Resident Classification Scale could be severely downgraded resulting in the affected facility losing large amounts of money. Thus literacy practices have become critical in implementing management strategies and in achieving management objectives. Within this new context then, the local meanings of literacy tasks are being transformed resulting in increased pressure and anxiety for personal care workers to perform(Jackson 2001) or face becoming a liability to their facility and therefore face the possibility of being made redundant.

Further Research Areas

Jackson (2000 p160) posits that these new literate practices often serve to "...strip them [workers] of their own power by positioning them as accountable to levels of decision making from which they are excluded." Do workers either consciously or unconsciously adopt positions that enable to resist these new practices? If so, what are these strategies? How do training programs introduced as a result of changing work responsibilities and practices impact on workers' sense of empowerment?

Conclusion

This paper has demonstrated that the job roles of personal carers in aged care facilities have changed dramatically. It could be argued that the traditional prime focus of the 'caring' role of such workers has been diminished due to new or additional responsibility of the increased accountability requirements imposed by regulation and accreditation. Whilst such requirements are not being critisised, it is necessary to take a step back and look at how aged care facilities have transferred a large portion of this responsibility to these frontline workers.

In view of the typical profile of personal carers as described previously in this article, the issue of support for such workers in the development of the requisite language and literacy skills is critical.

For personal carers to be able to demonstrate the new range of skills and knowledge to meet both workplace and externally imposed 'continuous improvement' reporting requirements, the implementation of workplace training programs to support personal carers is essential. These programs need to assist workers not only to meet the language and literacy requirements of the workplace but also to empower them to feel they have some control over their role and responsibilities within the workplace.

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