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On-the-job training supports for people with intellectual disability employed in aged care

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ABSTRACT

Background: Traineeships have been proven to be beneficial vocational pathways for people with intellectual disability however to date the on-the-job training provision associated with traineeships has not been well documented.

Method: This study describes components of on-the-job training provided to eight people, most with intellectual disability undergoing traineeships for 12 months in four aged care services. Sheri et al.'s (2019) framework for mentors during training was used to examine the findings.

Results: Challenges in the traineeships were common to most new staff, such as developing confidence, recognising the urgency of some tasks, and time to learn how to support aged-care residents. The findings highlighted on-the-job training that was individualised, incorporating a variety of approaches was most beneficial to the trainees.

Conclusions: Traineeships for people with intellectual disability require support from both the trainee and mentors. This support is essential to develop skills and ensure positive workplace attitudes.

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KEYWORDS

Employment; training; aged care; on-the-job; mentoring; intellectual disability

Employment is an important avenue for a person to experience material wellbeing, social connections, and participation. Underemployment and unemployment constitute a serious social problem for people with disability in Australia (Australian Government, 2020). Working age people with disability (25–65 years) are twice as likely to be unemployed (10%) as people without disabilities (4.6%). Moreover, the employment rate of people with intellectual disability in Australia is lower than that of people with sensory, speech, or physical disability (Australian Bureau of Statistics, 2020). Finding and maintaining employment that provides skill development and social connectedness remains a particularly significant challenge for people with intellectual disability (McVilly et al., 2022). However, evidence demonstrates that with the right attitudes, supports, roles, and funding, people with intellectual disability can successfully work in a range of occupations and contribute to their workplace in various ways (Lindsay et al., 2018; Meltzer et al., 2020). Hence new approaches to address employment of people with disability have been called for (Australian Government, 2021; Australian Human Rights Commission, 2022; Smith et al., 2018). Furthermore, studies have highlighted the high turnover and low retention of workers as

key challenges for sustainability and quality care in the aged care sector (Leahy, 2022). In addition, the pandemic emphasised the urgency to retrain experienced staff and support the workforce (Leahy, 2022).

One-way organisations and employers can assist with diversifying the workplace is to offer on-the-job training. It has the potential to significantly change the experience, competencies, and job readiness of employees with intellectual disability, simultaneously building the capacity of employers and the existing workforce. On-the-job training contributes to an employee's job competence and is divided into two main categories, structured and unstructured training (De Jong, 1996). Structured training includes external workshops, lectures, and tutorials, often delivered by Registered Training Organisations. Unstructured on-the-job training is delivered by existing staff in the physical work environment and is seen as both an effective method for employees to learn about the job and a cost-effective way for the employer to provide training (Chao, 2014). Unstructured on-the-job training has the advantage of being set in the workplace and therefore does not require a transfer of learning, which is highly advantageous for employees with cognitive disability (Wehman et al., 2020). However, evidence suggests that

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trainers in unstructured on-the-job training often become “accidental trainers” and may not know how to effectively deliver learning outcomes and train employees (Bartlett, 2003; Sheri et al., 2019). Additionally, doubts about the training capabilities of aged care staff have resulted in calls for improved staff training competence (Lawrence, 2019).

Background

Benefits of hiring people with intellectual disability include employing staff who are reliable, punctual, and conscientious (Lindsay et al., 2018). Furthermore, staff retention can be improved, resulting in an increase in productivity and company profitability (Lindsay et al., 2018). Employers continue to recognise that a diverse workforce is critical to their organisation (Henry et al., 2014). The role of employment and training as a successful pathway to social inclusion is also gaining traction (Cocks et al., 2015). Traineeships, combining employment and formal training, were introduced in Australia in 1985 as part of a Federal Government program to address unemployment and training in personal care industries (Noonan & Pilcher, 2017).

Meaningful employment not only benefits a person financially but can contribute to people’s sense of security, wellbeing, participation, and feeling of being valued in society (Gormley, 2015; Murfitt et al., 2018). However, for many people with intellectual disability, the impact of stigma in workplaces is high, based on beliefs of incompetence and perceived costs of modifications and other misconceptions. Even though evidence abounds that people with intellectual disability can successfully work in a range of occupations, workplace integration remains low (Gormley, 2015; Lindsay et al., 2018). The various reasons for lower employment rates include stigmatisation and negative attitudes by employers and co-workers (Riesen & Oertle, 2019). For example, studies have demonstrated judgements about fairness related to perceived accommodations (with work tasks and responsibilities) or inaccurate perceptions about the performance and retention of co-workers with intellectual disability (Lindsay et al., 2019; Murfitt et al., 2018). Suggestions to improve attitudes and employment rates for people with intellectual disability include a multi factorial approach: building on developing management practices, providing workplace culture education, and skill development and training for people with disability (Khayatzadeh-Mahani et al., 2020).

Successful traineeships reflect the strength of relationships between the host organisation, training provider, and the trainee to align the skills required in the workplace and content delivered by the training organisation. Effective relationships hinge on the personal relationship

between the mentee and mentor, the development and quality of the relationship is strongly dependent upon the mentoring environment (Toh et al., 2018). Positive relationships also enable feedback between student, training provider, and the workplace. These elements can result in graduates learning on-the-job-training with skills that are immediately relevant to their job role (Coppel & Roberts, 2020). In the aged care setting, Trinkoff et al. (2017) found a ratio of twice the clinical hours to classroom teaching hours was optimal for quality care outcomes for staff in aged care facilities. However, hours did need to be adapted to the individual trainee, host, and training organisations (Coppel & Roberts, 2020). Work placements need to include trained staff to help support the aged care trainee’s learning. However, the reluctance in Australia to further train existing employees impacts on the quality of traineeships (Coppel & Roberts, 2020). Doubts about the training capabilities of aged care staff have resulted in calls for improved staff knowledge about training and competence in soft skills (Lawrence, 2019).

Traineeships are reported to provide positive work and income outcomes for people with intellectual disability (Wilson & Campain, 2020). In the Australian disability employment policy context, two organisation types are relevant to traineeships. Firstly, trainees can be supported by Disability Employment Service (DES) providers. DES is funded by the Australian Government to deliver assistance to people with disability to find and maintain work (DSS, 2021; Thoresen et al., 2015). Secondly, Registered Training Organisations (RTO) are registered providers that deliver Australia-wide recognised vocational education and training qualifications. An RTO can offer support to the trainees to complete a Certificate III in Individual Support (Ageing). A Certificate III is a recognised qualification under the Australian National Qualification Framework and is designed to provide entry-level information.

Vocational education and training (VET) is central to new recruits developing practical skills within the workplace, including for people with intellectual disability, as the approach focuses on practical skill building to engage in specific occupational activities (Cavanagh et al., 2019). Studies indicate that people with disability with a VET qualification are more likely to gain and remain employed for two to three years post completion (Cavanagh et al., 2019).

An important element of traineeships is the provision of on-the-job training. This type of training has been reported to positively affect workplace performance (Vasanthi & Basariya, 2019). The advantages of on-the-job training are numerous and include, being highly realistic and no transfer of learning is required (Grossman & Salas, 2011). These advantages apply particularly to

people with an intellectual disability (Cooper et al., 2019). Furthermore, a coworker's knowledge and expertise can be shared cost effectively with trainees via on-the-job training, instilling both culture and performance expectations to the trainee (Vasanthi & Basariya, 2019).

A disability employment job coach can provide on-the-job training and additionally motivate employers to both hire and retain employees with disability (Mellifont, 2019). DES support may help to minimise the concerns of businesses about the ability of a trainee and the potential additional workload for staff to provide training (Mellifont, 2019). Job consultants work with employees with disability to acquire vocational skills (Brock et al., 2016; Wenzel et al., 2021). Initial job site training is critical to the support of skill acquisition and eventual independence in carrying out vocational duties (Brock et al., 2016). The role of job consultants is to transition employees with disability into their work role by preparing them at the beginning, shadowing them at work to establish work routines, providing ongoing support as required, and working with the employer and trainee to discuss and resolve any issues (Callaghan, 2020).

Employers implementing traineeship programs with people with disability anticipate a range of obstacles, some of which are encountered while others remain unsubstantiated (Lindsay et al., 2018; Riesen & Oertle, 2019). Common concerns include uncertainty about risks, fears about the impact on staff, industry constraints, competing priorities, limited disability confidence, additional support requirements, potential costs, changes to recruitment practices, policies, and organisational formal and informal practices (Lindsay et al., 2019; Riesen & Oertle, 2019). The concerns raised by the participants of the aged care traineeship pilot in this article reflect this literature from similar industries. Research indicates organisations are reluctant to offer traineeships for people with intellectual disability therefore there is a need to better understand the way training and job support can reduce any perceived and real challenges (Murfitt et al., 2018; Riesen & Oertle, 2019).

This article contributes to this knowledge gap by addressing the research question: How does on-the-job training contribute to the success of traineeships for people with intellectual disability working in an aged care setting?

Methods

Design

This study used a qualitative research design method in which thematic analysis of data was utilised (Nowell, Norris, White & Moules, 2017).

We applied the framework developed by Sheri et al. (2019) regarding mentor-training programs, the mentoring environment, and the relationships that develop within it to examine the factors that facilitate and hinder success in these mentor-mentee training environments. We changed the order of the three domains to emphasise the focus on trainee outcomes, while situating their experience in the context and organisational structures responsible for their employment: (1) trainees and their characteristics (motivations, goals, and abilities), (2) the host organisations, their goals, and curriculum, (3) mentors and their characteristics (availability, skills and competencies, interest).

Setting

This study was conducted as a collaboration between a nongovernment organisation and university researchers. Road to Employment is a 3-year government funded project (2020–2023) led by JFA Purple Orange, a social profit organisation based in South Australia, dedicated to ensuring people with disability have opportunities to be active citizens of the wider community. The project works with people with disability, employers, school communities, and parents to change employment expectations and create employment opportunities. The employer part of the project works with select industries that were not sectors that had traditionally been seen as employment options for people with disability, including the aged care sector. The project examined in this article is the aged care traineeship pilot. The pilot aimed to build capacity of employees with intellectual disability and employers and mentors in the aged care sector. The traineeships were started by a community of practice (COP) that included a group of aged care providers to pursue their inclusion goals through a traineeship model to attract new staff.

Ethics

Ethics approval was from UNSW HC200741 and Flinders University HREC 2740.

Participants were provided with written information and consent forms at the beginning of the research process and consented to researchers observing meetings and reviewing traineeship documentation. To ensure the privacy and confidentiality of the trainees, mentors, and aged care providers, pseudonyms are used in the findings. Any identifiable comments or reflections were summarised as high-level findings to protect stakeholders in the traineeship model.

Participants

COP participants included Purple Orange staff, managers of aged care providers, and a university researcher. The COP included people with disability. Nine aged care providers were invited to participate, five commenced the program with one provider withdrawing after commencement. In total four aged care providers participated in the traineeships.

Study participants also included eight trainees with disability. Most employees ($n = 6$) had intellectual disability, one had autism and one had a physical disability and Tourette syndrome. Three trainees were female and five males, ages ranged from 19 to 35 years. Traineeships were for a 12-month duration.

Procedures

The data were collected during the JFA Purple Orange Road to Employment project. During the preparation and establishment of the traineeships (October 2020 to August 2021) and the implementation of the traineeships (August 2021 to November 2022). The quotes in this article are data from the meeting documents and the website. In using this design, the qualitative data were collected by the university researchers, or the Purple Orange project team involved in the traineeships. Four types of data were collected: 1. Researchers' observations of monthly meetings to establish and implement the aged care traineeships (from October 2020), 2. Planning meeting minutes, 3. Traineeship documents developed as part of the traineeship, 4. Process reflections by the Purple Orange leader and facilitator of the aged care traineeship program, 5. Trainee information posted on the Purple Orange website, 6. Minutes from training offered to aged care staff.

Data analysis

Thematic analysis coding and analysis were initially undertaken by the lead author. Early drafts were discussed and further refined in an iterative analysis process with the entire research team (Srivastava & Hopwood, 2009). The co-authors critically discussed the draft analysis, offering researcher triangulation (Guba & Lincoln, 1989).

Findings

Trainees

The first part of the research framework describes the trainees' on-the-job training and their needs,

motivations, goals, abilities, experiences, commitment, and desired characteristics of a mentor.

Traineeships and trainees changing through experience

The trainees were employed as personal carers in residential and day care programs. Early on both the trainees and mentors said this work did not suit all trainees. Several said they wanted "to work in areas such as lifestyle activities because it is more enjoyable." Customising the traineeship placements to the individual trainees' interests, goals, and learning styles became a core part of the traineeship model. Six continued to be employed in personal care or lifestyle, and two with customised roles. One had decided aged care was not a good fit and one had been offered a volunteer role with another employer in the group.

Learning within the workplace was facilitated through interactive opportunities aimed at the trainees, mentors, and co-workers learning about each other. Barry, a trainee, gave a presentation to staff. The presentation focused on "how to work with me" and "bringing the best out in me." Benjamin explained how he liked to learn, what prompts helped him to recall information easily, the importance of giving positive feedback and reassurance. Benjamin said he felt his presentation had a positive impact and changed how staff interacted with him. Trainees and mentors acknowledged that "people learn in different ways." Finding the strategy that worked well for each trainee, through experimenting with a variety of mentoring and learning styles appeared to work best. Trainees and mentors noted that establishing routines, repetition of tasks, and introducing one task at a time were other helpful strategies they used to tailor the on-the-job training. Trainees also felt it was crucial that staff ask what the trainee is doing before requesting they do something else.

Giving and receiving feedback and consistent information emerged as important. Peter a trainee said:

When I first took a resident to the toilet by myself. I talked to her, she was crying, and I gave her a hug. A staff member came and said, "You did a really good job." It wasn't expected, it felt good hearing that feedback!

Trainees explained how they wanted to receive balanced feedback i.e., some positive feedback along with any negative feedback. They helped their co-workers and mentors to understand the impact of negative feedback, asking them to provide "positive constructive feedback." Roger [trainee with autism] pointed out that "Different staff give me different instructions on how to do something, it is overwhelming and hard to know what to do."

Mentors noted that some trainees required support to become “more assertive” and speak up to address issues about confusion or instructions, navigate workplace relationships, and what to do when they were given only menial tasks to complete.

Similarly, the importance of communication was expressed when trainees revealed the value of talking to staff about their disability. Trainees expressed they do need accommodations and understanding of what is harder for them and were willing to provide advice on what staff could do to support trainees. Sam [trainee] found when staff “dismissed his disability” this placed excess pressure on outcomes he delivered on shift and led to a “toxic environment” that was unsupportive of his learning.

Importance of reassurance

Feelings of being included in the team, valued and respected for one’s contributions and initiative were central to the trainee’s experiences of growth. They said that as time went on and they became more familiar with the tasks, the trainees felt more appreciated by staff. Jeremy recalled:

I felt really proud being given kudos for thinking on my feet and showing initiative. Before I’ve not been very good at that and now, I don’t need to be asked. I know what needs to be done; I just do it. When I finish my tasks, I go to help the rest of the team.

Thomas, another trainee, told of his growing confidence working with people with dementia, “I get patients to do as much as they can, rather than take over. I know when to give them space if they are stressed; it is scary at first.”

Trainees progress

Over time and with growing familiarity, staff and co-workers who had initially expressed concerns, recognised growth in trainees’ capacity – attitudes, self-expression, confidence, and skills. They also acknowledged the benefits of working in diverse teams. A manager commented, “Taking initiative was an issue for some trainees but that has developed now.” Other staff observed trainees’ growing confidence to interact with each other, as well as changes in the teams’ attitude towards the new recruits. A manager shared a story of collegiality, where a permanent staff assisted a trainee to complete their tasks, so the team could have morning tea together. Several managers observed significant shifts in culture and attitude among staff:

Employing people with disability has brought a positive culture and energy to the whole team. People with intellectual disability want the job, they love the environment, that reflects on the other staff ... I see improved

relationships with residents and increased goodwill and camaraderie in the workplace.

Similar, positive and unexpected changes in workplace culture were observed in another aged care organisation. A staff member said, “The trainees are more in the moment with the client, they are so passionate and thrive in their role! It’s a powerful thing to watch. I wouldn’t have thought this a few years ago!”

Host organisations

The second component of the framework is about the aged care host organisations, their goals, curriculum, mentoring approach, support of the program and its mentoring guidelines, professional standards, and codes of conduct. The contribution of the RTO responsible for the training certification is also relevant to this component.

The four aged care providers in this study said they were motivated to develop the traineeships for people with disability, first, to enhance their potential recruitment pool, “to find new sources of dedicated employees” in a sector struggling to attract and retain staff. Secondly, these organisations had formed clear inclusion objectives. They noted they were “committed to enacting social change” through the traineeships. At the start of the pilot, they held differing opinions about the likelihood of success of the traineeships. Common attitudes held by leaders and staff were concerns about the capacity of existing staff to train, staff attitudes and organisational culture towards people with disability, experience and skills of DES providers to give on-the-job training and support, and capacity of trainees to learn the required tasks and fit with their teams.

Response to challenging work environments

At the start, aged care staff were mostly concerned about trainees’ capabilities. In several organisations staff reported that “Trainees did not always recognise the urgency of some tasks,” or the risks connected to them. Managers reassured their teams that such issues were transitory, they were similar to any new graduate or trainee and less to do with disability than not having worked in an aged care setting. One aged care organisation delivered training to all staff about “soft skills,” such as positive communication and team building, which reportedly supported team cohesion, highlighting that not only people with intellectual disability need to develop these skills.

Managers who planned to host traineeships raised concerns about the risks to the trainees and aged care clients and working in a challenging work environment. They were concerned about potential risks and harms,

“What happens if a trainee drops someone?” “Will trainees with intellectual disability be able to notice and respond to subtle cues of someone with dementia?” “How will trainees manage emergency situations or behaviours of concerns?” The community of practice group had open discussions about these questions, which was important to address the potential risks, and to allow the facilitator and other members of the group to explain their experiences of managing the risks. Managers responses included:

Anytime we bring in a new person, risk exists, and that fear exists. We need to be careful not to exacerbate potential risks and get stuck in a mindset of “Can’t do.” Instead recognise that our staff work in teams, and every member brings their strengths and weaknesses to their team and their role.

The group acknowledged, “All of our staff learn on the job how to work with people with dementia or stressful situations.” Providing the trainees with intellectual disability with opportunities to grow into their role under supervision was seen as the most likely way for them to, “Learn how to manage and respond to risks ... one step at a time.” Other suggestions of how to teach skills to support people with dementia included developing the same training for all staff, debriefing circles, using educational DVDs and other resources, as well as on-going supervision.

RTO educators providing wrap-around support

The RTO was responsible for training plans and schedules for off-site training with flexible delivery of modules being adopted. The RTO offered a student-centred structure, a training plan wrapped around each individual trainee and the host organisation’s needs. The plans included reasonable adjustments to both learning and teaching. Modified training included extended simulation and practical training to reinforce theoretical learning and develop competencies, also using workplace forms and documentation where possible. Assessments were modified for some trainees, for example, written knowledge assessments were customised to include a stronger emphasis on skills-based demonstration in the workplace and answering questions verbally (not written) to assess knowledge.

The host organisations reported one of the success factors in delivery of the structured RTO training was having the same dedicated RTO educator who accompanied all trainees across their learning journeys. The RTO trainer needed to be skilled at accommodating different learning styles, and work with the DES consultant to ensure support for trainees from campus to work.

Trainees reported that attending the certificate training together helped them develop relationships and friendships and support each another. Some trainees felt that the study requirements were “too much.” For these trainees, additional learning support (tutorial assistance) was sought but had not been used at the time of writing. Availability of prevocational courses allowing people with disability to “test out aged care” before they made a commitment was also recommended to meet the needs of some future traineeships.

Mentors

The third part of the framework is about the mentors of the on-the-job training. In this study, mentors were aged care staff in the host organisations and DES job coaches, paired with a trainee to deliver a set number of hours of workplace training support.

Aged care staff

All managers from the four aged care organisations in this study recognised that the existing aged care staff were often under-resourced and time-poor, especially given traineeships were conducted during a heightened COVID-19 period. Some managers questioned whether the teams had the capacity to provide support for trainees who may require accommodations. Other managers argued that it would be “no different to having students on placement,” and that new recruits always need some on-the-job training, and the trainees had DES providers to support the training.

Each trainee was paired with a dedicated DES support worker who attended the workplace, often several times per week or as required to support trainees learning the required tasks. Managers had mixed views about the capacity of DES providers to support trainees. Some managers were concerned due to negative experiences with previous DES support that was too little or not tailored enough to the workplace. One manager reassured the group that, “Every day the DES attend and support the new trainee, this means the staff and supervisors are not being interrupted or need to demonstrate how things are done.” Another benefit of DES workers shadowing trainees was that they could provide on-the-job mentoring and address unexpected issues as they arose. One manager noted, “I wish we had that for all our employees when they first started!”

Early in planning the traineeships it became evident the current aged care staff did not necessarily have the skills to train or the experience of disability to mentor the trainees. Some managers reported that in recent

years the organisational recruitment strategy had focussed on employing applicants with prior necessary skillsets. Consequently, they said that their workplace “learning and mentoring culture had been lost.” Management and staff were concerned that staff did not have the required skills and resources (time, experience, expertise) to mentor trainees to learn on the job. During one staff consultation staff said, “We want to support and help our trainees succeed.” Staff wanted dedicated times to, “Learn together and share ideas for support,” and have experts to teach them how to respond to the trainees. In response, the project NGO provided mentoring workshops for staff from the four organisations involved in the traineeships. The workshops addressed inclusion training, understanding of mental health and thinking flexibly to adjust supports in the workplace. The response from staff attending the training was overwhelmingly positive.

The workshops gave staff practical tools and information to better manage the traineeships, and provide consistency, supervision, and additional support when needed. Areas identified for future training were staff to be taught how to access training schedules (to know what modules a trainee had been taught and which were outstanding); prioritise key skills early (i.e., hygiene, showering, and bed making); how to contact DES consultants and seek additional support; design and communicate individual workplace adjustments to ensure consistent training, guidance, and expectations (i.e., allocation of different sets of tasks to a trainee and communicate these to all staff in a support role). With the suggestion that this training be provided at critical points i.e., 3, 6 and 9 months into the traineeships.

While staff reported the workshops helpful, some staff also reported frustrations, at times feeling like providing on-the-job training to trainees was an additional task in their busy work responsibilities. Throughout the traineeships, management reminded staff to be “patient and open-minded.” A supervisor commented, “All staff have shortcomings, I believe we need to accommodate, and this is no different for someone with a disability.” Over time, most staff no longer “considered trainees as an extra on shift.” This occurred once the trainees gained experience, confidence, and skills at which stage the trainee became a rostered staff member on shift.

Despite some of the real or perceived early challenges in providing on-the-job training and mentoring, staff acknowledge the new recruits had become “valued members of their teams.” They became valued for the strengths they brought to the workplace. One aged care staff remarked,

So often we must rush, rush but for this type of work, really, we need more staff who are “in the moment,” who ... deliver with empathy, respect and are caring like [name trainee]. I wish all staff were like [name]. He is punctual, dedicated, and enthusiastic about his role and work.

This supervisor commented that now that she had the opportunity to work and support a person with intellectual disability, she would hire more employees with disability, because of the strengths and attitude they brought to the workplace.

DES consultants

Throughout the traineeships two DES providers supported on-the-job training. Internal reviews by the aged care managers identified that the support offered by DES consultants were integral to the “success of the traineeship pilot overall.” Before the aged care organisations recruited the trainees, DES trained potential trainees about interview skills and trained the organisations about how to adapt their recruitment. All aged care organisations adjusted the recruitment to “provide a more relaxed environment” for candidates applying for the traineeship roles. Adjustments included going for a coffee, walking, and talking/interviewing instead of a formal “question and answer” type “more traditional, formal” interview setting. Both trainees and aged care managers reported that these adjustments had been useful.

In a community of practice meeting to review the traineeship pilot, aged care staff commented on aspects that had contributed to its success. Staff concluded the consistency of DES providers supporting trainees from recruitment to on-the-job support allowed mentors and trainees to build rapport and learn how to work together. There were instances when DES consultants were not available, and this impacted on trainee confidence, performance, and team cohesion. RTO educators and DES providers working well together were central to assisting trainees to learn about and deliver new tasks, as each task was introduced over the course of the traineeship. DES mentors being available and present onsite was important to build up skills throughout their aged care traineeship development – from learning the basics, to managing more complex dementia care, to learning communication skills and engaging with colleagues and supervisors. However, the DES consultant role was hampered by not being able to enter client’s room to assist with bathing, dressing, etc., training.

The staff said DES providers were key to identifying and problem solving from the start (e.g., adapting the interview environment) and throughout the entire traineeship pilot, for example, they made recommendations

for workplace adjustments, upskilling of supervisors and other staff, assisted trainees in completing administrative workplace-related tasks (filling in forms) and supported them to complete their training requirements online.

Discussion

This article explored how on-the-job training contributes to the success of traineeships for people with intellectual disability working in aged care. Using an analytical lens framed by mentoring training (Sheri et al., 2019) helped to identify the facilitators and barriers to traineeships for people with intellectual disability in the sector. Several themes emerged from the data, these included: individualised training for trainees with disability provided by DES staff, RTO educators, and aged care staff working together was necessary to facilitate successful outcomes; negative attitudes towards trainees changed over time, and the trainees with intellectual disability become educators of staff, which also facilitated learning.

Personalised on-the-job training

In this study, the need for individualised on-the-job training was highlighted by mentors and the trainees with disability and was an element supporting successful outcomes. Understanding and adapting the traineeships to the interests and strengths of the trainees ensured that individual goals and motivations were prioritised where possible. This individualised training was provided mainly by DES job coaches and RTO educators.

The role of DES job coaches is to transition employees with disability into their work role by shadowing them at work and providing ongoing support as required (Callaghan, 2020). This study highlights the role of DES job coaches as integral in providing specific on-the-job supports such as prompts, a basket of questions, and visual supports. Research supports the use of on-the-job work-based training programs that include evidence based instructional training methods such as self-management, video modelling, audio-based prompts, picture or tactile cues, and use of technology (Gilson et al., 2017; Park et al., 2019). Job coaches working with employees with disability to acquire vocational skills is considered necessary for a successful job placement for employees with disability and is an essential element of customised employment, which has been proven to be an effective process supporting long-term employment (Riesen et al., 2023; Smith, 2023; Wenzel et al., 2021). While this study reports a strong and appropriate training skill set by job consultants this

may not be the case for all DES provider staff, with reports of DES staff not necessarily having the skills or knowledge for specific disability groups (Mellifont, 2019; Smith, 2018).

Traineeships are a combination of working on site and completing written modules. The RTO charged with overseeing Certificate III completion in this study also provided individualised training to trainees with disability, such as utilising individual organisation's forms and documents and providing verbal assessments opportunities.

Communication

Integrated practical placements such as traineeships provide a more effective way of people with disability gaining work skills and employment than Certificate-based instruction alone (Kiegaldie et al., 2022). In this study this meant three groups of staff were working together to provide individualised support to the trainees with disability. Aged care staff did request DES job consultants provide on-the-job assistance that incorporated immediate feedback and mentoring, and this has been reported as effective training support for people with disability (Schloemer-Jarvis et al., 2022). To best provide the personalised support, the importance of providing feedback between the RTO, DES provider, and aged care organisation was also emphasised in this study. Recommendations about the provision of timely feedback loops between employers and employment services to manage issues as they arise are recommended in the literature (Strindlund et al., 2019; Thies et al., 2021) and appear to be one of the facilitators of these traineeships.

Attitudes

Research has identified potential attitudinal obstacles encountered by employers implementing a traineeship program for people with disability (Lindsay et al., 2018; Riesen & Oertle, 2019). Although there is little evidence identifying the specific concerns within a training programme for people with an intellectual disability in the aged care sector, the fears identified by the participants of these aged care traineeships reflect those of similar industries in the literature (Lindsay et al., 2019; Riesen & Oertle, 2019). These included impact on current staff around trainee support requirements and trainee's inability to cope with work tasks. However, while hands-on staff initially raised many potential barriers to the traineeships for trainees with intellectual disability, managers in this study indicated throughout the project many concerns

were that of what typically occurs with any staff member. For example, issues about learning how to deal with people with dementia is an ongoing reflective and training process for all staff. Soft skill training in areas of confidence and assertiveness is sometimes provided to staff on an ongoing basis. In terms of not being able to initially recognise the urgency and prioritise some tasks, managers reported trainees' performance as typical to any new employee. With managers reiterating that all staff have short comings and often existing staff are preoccupied with familial issues that means all staff occasionally "drop the ball." While it initially appeared trainees with intellectual disability required extra time and support to learn necessary skills, often the learning needs of trainees with disability were reportedly not dissimilar to other new staff. Given learning requirements of employees with intellectual disability can be likened to ongoing training required by existing staff, it may be suggested a bias as opposed to a functional difference in capability exists (Draper et al., 2011).

Co-worker attitudes towards colleagues with disability can become barriers for employees with intellectual disability (Bartram & Cavanagh, 2019; Gormley, 2015; Lindsay et al., 2018; Murfitt et al., 2018). Staff lack of disability confidence can lead to a withdrawal of support and can increase exclusion, discrimination, and stigma within an organisation (Lindsay et al., 2019; Murfitt et al., 2018). Some of these attitudes were discussed during CoP meetings and supervisors' disability awareness workshops hosted by Purple Orange. Comments conveyed negative preconceived ideas and assumptions about people with intellectual disability. These included focusing on people's limitations instead of strengths, assuming all disabilities were the same and that, in the case of dementia care, families would not want their loved one being cared for by a person with an intellectual disability. However, these attitudes appeared to dissipate as the traineeships continued, indicating awareness training in disability, equal opportunity and diversity can increase disability confidence and reduce stereotypical biases (Bartram & Cavanagh, 2019; Lindsay et al., 2019; Wilson & Campain, 2020; Australian Human Rights Commission [AHRC], 2016). Furthermore, research indicates first-hand experience with people with disability is the best strategy to change embedded workplace cultural stereotypes (Murfitt et al., 2018). Attitudes were changed and towards the end of the traineeship, trainees were seen as valued members of the aged care team, bringing their own strengths such as demonstrating respect, care, and empathy for aged care residents and being more present than other aged care staff.

Trainees with disability as educators

At first the trainees required extra time and support to learn necessary skills, through experience and growth in confidence and skills. However, trainees also played a central role in interactive learning by co-educating staff and mentors about their own individual learning styles or how they liked to receive feedback. This input was made possible as mentors reassured trainees that their input was valuable, facilitating their voices to be heard. Trainees reported having to "teach and educate" aged care staff about how to work and bring the best out in trainees.

However, initially, aged care staff reported being busy and not having expertise in training generally nor training that might support a learner with intellectual disability. This lack of staff knowledge and time for training provision could impact negatively on instruction that trainees received. Suggestions that co-workers need to be better trained to work with people with disability and colleagues with previous contact with people with disability through family or work experience may be better able to support has been previously reported (Bartram & Cavanagh, 2019). Suggestions to improve workplace supports for people with disability include formalising the mentoring roles for staff to support people with disability and provide professional development for these roles (Thies et al., 2021). It is also suggested that employers show the value of these positions by including them in co-workers' performance appraisals and gaining feedback on strategies that work best for both trainees and mentors. Another suggestion to address the lack of staff skill in the supervision of trainees is for aged care providers to have a unit or program that can work alongside RTOs or training providers to ensure staff trainers have the right competencies to provide effective clinical supervision. This would also facilitate communication and planning between the aged care organisation and the RTO to increase the likelihood of quality placements (Coppel & Roberts, 2020).

Limitations

The analysis of the traineeship pilot focused on the emerging findings from the planning, establishment, and implementation stages of the traineeship program. The findings may be limited in scope and not applicable to similar programs in other locations or industries. The analysis relied on available research data at the time of the article, without additional interviews or data from stakeholders involved in the traineeships. Some aspects of the three domains of the traineeship model were missing (for example, insights into some motivations,

interests, and support needs of trainees or mentors in the program). However, further future data may be collected as the project plans to expand the traineeship model to more aged care organisations and those already involved are planning to employ more staff with disability.

Conclusion

The relational nature of work in aged care requires interpersonal skills to work well with people, but also interpersonal relationships in the teaching of those skills. On-the-job training for people with intellectual disability was very successful when provided through a context that ensured trainees were able to develop their confidence, had capacity-building opportunities, were provided with opportunities to communicate their learning needs, and were readily able to call on practical and personal assistance when needed.

It was clear that support for both people providing mentoring and those receiving it was needed for success. These core relationships were scaffolded by a set of practical facilitative factors and conditions – formal training, consultants and mentors for advice, and peer support.

There were systemic and structural limitations that made it difficult for people to invest time and resources in the traineeships. While attitudes changed in a positive direction over time, more investment in staff training may have assisted in reducing barriers to trainees both before and after commencement in their roles. The data in this study were not able to ascertain how much lack of aged care staff's own expertise in training impacted on trainees learning new skills, but it is reasonable to conclude that if aged care staff had improved their training skills, then trainees with intellectual disability would have correspondingly benefitted.

The use of resources to supplement on-the-job training with targeted skill development for both trainees, mentors, and other supervising staff resulted in strong outcomes and high levels of satisfaction in this project. The model has potential for scaling and future research can consider the application in other sectors and priorities of trainees for career development.

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