Building the capacity of professionals through post-qualification development and training

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The professionals who work with children (0–12 years) and families in Australia are extremely diverse. They come from a wide range of professional backgrounds including: early childhood, social work, allied health, education and community development. They work in a range of different workplace contexts including: child and family support services, health care services (e.g., hospitals, maternal and child health services), early childhood education and care settings, and primary schools.

Working with children and families can be challenging and demanding. Research suggests that the field is becoming more complex and, as a result, Moore (2005) argued that: "services no longer meet the needs of young children and families as effectively as they once did" (p. 1).

One of the key reasons for the increasing complexity of this work is the increasing complexity of family life itself. In comparison to previous generations, 21st century Australian families are more diverse in their structure (e.g., single parent families, same-sex parent families, step-families, blended families) and more diverse in their cultural background (de Vaus, 2004; Wise, 2003). Adding to this complexity are the demands of the modern workforce upon Australian parents, many of whom struggle to maintain a healthy work–life balance (Centre for Community Child Health, 2006).

In addition to these general changes to family life there is also evidence to suggest that, although most families are doing better economically than previous generations, some families are not benefiting to the same extent from increased economic prosperity (Bray, 2003; Gregory & Hunter, 1995; Chesters & Western, 2010).[1] An entrenched pattern of disadvantage has been identified that has left some families excluded from the opportunities available to the majority, what the Department of Education, Employment and Workplace Relations (2009) termed a "web of disadvantage".

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[1] The extent to which the rich have been getting richer and the poor poorer in Australia since the 1970s is the subject of considerable debate. Chesters and Western (2010) noted that: "assessing inequality in Australia is a complex process due to both its multidimensional nature and the paucity of comprehensive data" (p. 3). Gregory and Hunter's (1995) work suggests that the income of those living in the highest SES locations increased between 1976 and 1991 whilst the income of those living in the lowest SES locations decreased. Bray (2003) stated that the findings from this work are a "stark illustration of 'the rich getting richer and the poor poorer'". While some measures indicate that disparities in wealth and disposable income have not changed significantly since the 1980s, others suggest that there is an increasing disparity in incomes (Chesters & Western, 2010).

Many families are presenting to child and family services with multiple and complex problems that require intensive, multi-faceted support (Katz, Spooner, & valentine, 2006; Moore, 2005). Professionals who work with children and families, such as early childhood educators, increasingly require an extensive knowledge of a broad range of issues (e.g., disadvantage, poverty, disability, child development) and an extensive knowledge of the services available to support vulnerable children and their families (Sheridan, Edwards, Marvin, & Knoche, 2009).

The challenges and demands of working with children and families in contemporary Australia highlight the importance of post-qualification development and training for professionals. Professionals who work with children and families will benefit from keeping their skills current and keeping up to date with the latest findings regarding what is effective practice. Post-qualification development and training has benefits not only for the professionals themselves, but may also have a positive impact on the children and families who interact with those professionals.[2]

This Practice Sheet explores the methods for developing the capacity of professionals through post qualification development and training. It is likely to be of most use to organisations, services, agencies and program/project managers who are considering the best methods for building the capacity of their staff.

PRACTICE CONSIDERATIONS

Practice considerations are general principles based upon lessons from research and practice designed to provide additional guidance to service providers about building the capacity of professionals who work with children and families through post-qualification training and development.

What methods of post-qualification training and development are available for professionals working with children and families?

Many professionals working with children and families will already be working effectively with children and families. However, as previously discussed, it can be a challenging, demanding task—especially given the changing and diverse nature of Australian society and family life. An effective ongoing process of professional development and support will help professionals deal with these demands and potentially improve outcomes for children and families.

The most common methods of post-qualification training and development for professionals in this field are outlined in Table 1. This table provides examples of these methods and a summary of what the literature on this topic identifies as the advantages and disadvantages of each.[3]

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2 It is important to note however that there is a complex relationship between practitioner skills and knowledge and outcomes for children and families. For example, whilst some professional development techniques may bring about a change in knowledge they may not bring about a change in practice (Zaslow, 2009, p. 529). Furthermore, research in the field of early childhood suggests that not all professional development will lead to an improvement in child outcomes (Zaslow, 2009, p. 530).

3 Literature from a broad range of fields is included in this table to reflect the diverse workplace contexts of the professionals who work with children and families. Those fields include: early childhood education and care, education, community development, social work and statutory child protection.

What are the training needs of professionals working with young children and their families?

In a review of relevant literature, Moore (2005) found that the different types of professionals working with young children and families have different training requirements.

However, a number of training needs were found to be common for all professionals working with young children and their families. They were:

- training in communication and counselling skills;
- family-centred practice;
- cross-cultural competence;
- inter-disciplinary teamwork;
- inter-agency collaboration;
- inclusive practices;[4] and
- how to use natural learning environments (i.e., make use of natural learning opportunities).[5]

There are a number of factors to take into account when considering the most appropriate method for building the capacity of professionals who work with children and families. Firstly, as professionals working with children and families in Australia come from diverse backgrounds, the first step is to consider the needs that existing staff have for training and skill development, mentoring, feedback, and opportunities for consolidating and enriching existing skills to develop "expertise". The needs of a new graduate who has had minimal experience applying their discipline specific knowledge and skills with children and families will differ considerably from the needs of an experienced practitioner who wants to learn how to implement a specific program.

In determining the most appropriate method for building professional capacity, careful consideration also needs to be given to the intended purpose of the learning and development and to the learning and development needs of individuals. For example, if you are attempting to implement significant practice change across an organisation you will need something tailored to the whole work group, with methods for supporting and reinforcing learning in the workplace. This may require a combination of methods. If you have an individual practitioner who would like to advance their skills and conceptual thinking and for whom qualifications offer some appeal, supporting them to undertake a higher degree may be appropriate.

Another important consideration is the context within which the professional is working. For example, some workplace contexts have the facilities to support e-learning; others may not.

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4   In Moore (2005), the definition of inclusive practices is not outlined. However, in an earlier related report (see Centre for Community Child Health, 2003), inclusion of the following groups is specified: Aboriginal and Torres Strait Islander children and families, children and families from culturally and linguistically diverse (CALD) backgrounds, children from refugee families who have experienced trauma or torture, and children with developmental disabilities and delay (pp. 39–44). A recent focus in the child and family services field has been father-inclusive practice (for more information, see Tehan & McDonald, 2010).

5   The Community Services Training Package lists the skill sets that are required for licensing or regulatory requirements or defined industry needs in Community Services in Australia. This training package is produced by the Community Services and Health Industry Skills Council; the recognised national advisory body on the skills and workforce development requirements of community services and the health industry. The training package can be downloaded at: <www.ntis.gov.au/Default.aspx?/trainingpackage/CHC08/download>. Note that these training packages are not static documents and are amended periodically to reflect industry changes, therefore it is important to check that the latest version is being used. For more information about the Community Services and Health Industry Skills Council see: <https://www.cshisc.com.au/index.php>. For further information and resources on the training needs described by Moore see Centre for Community Child Health (2003, pp. 60–63).

Table 1: Methods of post-qualification training and development for professionals who work with children and families[1]

	Type	Description	Style of delivery/relationship	Advantages	Disadvantages
FORMAL METHODS	Postgraduate university courses (e.g., graduate certificate, postgraduate diploma, Masters degree by coursework and/or research)	Generally for individuals who have already completed an undergraduate degree; most full-time courses range in duration from 1–2 years	Varies depending upon course/university. Coursework degrees (e.g., postgraduate diploma, Masters by coursework) are likely to include lectures and tutorials. Research degrees (e.g., Masters by research) are likely to include individual supervision.	■ Can assist organisations in meeting regulation and licensing requirements (NCVER, 2003; Misko, 2008) ■ May be of interest to staff members who are interested in enhancing their qualifications (NCVER, 2003)	■ May not be as feasible as short-course and informal methods because of time commitment involved (Watson, 2006) ■ May not be tailored to the employment context (Watson, 2006)[2]
	Vocational and Educational Training (VET) sector qualifications	The VET sector delivers a range of competency based training qualifications such as Graduate Diplomas and Graduate Certificates; these range in duration from 6 months to 2 years.	Varies widely. Training packages set out competencies but do not prescribe how training should be delivered. There has been an increased adoption of work-based training and development in the VET sector in Australia.	■ May provide more flexible options for study than university (NCVER, 2007)[3] ■ Can assist organisations in meeting regulation and licensing requirements (NCVER, 2003; Misko, 2008) ■ May be of interest to staff members who are interested in enhancing their qualifications (NCVER, 2003) ■ The focus on competency-based training in the VET sector means that the training is directly relevant to the workplace (Watson, 2006)	■ May not be as feasible as short-course and informal methods because of time commitment involved (Watson, 2006) ■ Subject content may lack the depth and detail that students want (Misko & Priest, 2009)
	Non-accredited short course training	Short term training delivered in the workplace or at an external venue; typically ranging in duration from less than one day to one week in duration	Typically led by an instructor who is considered an "expert" although style of delivery may vary	■ Less time intensive than university and VET sector qualifications (Sheridan et al., 2009)	■ May be disconnected from practice or misaligned from practice (Schlager & Fusco, 2003) ■ Limited uptake if learning is not applied and skills are not reinforced in the workplace setting (Sheridan et al., 2009)

1. The advantages and disadvantages listed here are those that have been identified in the literature. There may be other advantages and disadvantages that have not been documented or were not identified through the literature search for this Practice Sheet.

2. A common criticism of university education is that it does not prepare graduates for the work environment (Watson, 2006). However, a number of university courses require students to undertake work-based placements as part of the requirements of a degree. For example, in Australia, accredited professional postgraduate courses in psychology include a practical placement component (Australian Psychological Society, 2010). Accredited social work courses in Australia also include a core component of "field education" (Australian Association of Social Workers, 2010).

INFORMAL METHODS

Type	Description	Style of delivery/relationship	Advantages	Disadvantages
Supervision[4]	Typically a formalised relationship between a senior and less senior staff member which involves directing staff to achieve the aims of the organisation in which they work	The supervisor is typically in a more senior position to the supervisee	■ Can play a crucial role in facilitating reflective practice by encouraging supervisee to explore their reactions and feelings towards their work (Gibbs, 2009)	■ The pressures of bureaucratised practice can result in a model of supervision that is skewed towards surveillance rather than support (Gibbs, 2009)
Mentoring	A supportive relationship between an experienced, knowledgeable practitioner and a less experienced, less knowledgeable practitioner.	The mentor is more experienced and knowledgeable than the mentee, but does not have a supervisory role	■ Evidence suggests that mentoring can improve staff retention and can contribute positively to staff's psychosocial development (Ellett, Ellis, Westbrook, & Dews, 2006; Strand & Bosco-Ruggiero, 2010)	■ The relationship can be time-intensive for the mentor (Kelly, 2001) ■ Mentees may find the scrutiny of some mentor/mentee relationships stressful (Kelly, 2001)
Coaching	A peer-to-peer relationship where one practitioner assists another to develop skills or develop their practice; typically short-term, involving frequent interactions over a short period of time	A collaborative partnership between colleagues	■ May improve collegial relationships (Trivette et al., 2009) ■ Coaching, combined with other methods of skill acquisition such as theoretical rationales and demonstrations can contribute to continued skill acquisition (Sheridan, 2009)	■ None identified in research. However, in theory coaching may be vulnerable to the same limitations as mentoring
Communities of Practice	Groups of individuals who come together because of a shared professional interest. Participants aspire to develop their practice in a specific area by sharing knowledge and experience. Typically an ongoing form of professional development.	A facilitator who has knowledge and experience in the area guides topics and provides resources.	■ By focusing on situations in the workplace, communities of practice allow for the experience to be relevant and applicable for participants (Sheridan, 2009) ■ May be more cost effective than other more formal types of professional development (Chalmers & Keown, 2006) ■ Influential in supporting sustained changes in practice (Wesley & Buysse, 2001)	■ Less experienced, less knowledgeable members of communities of practice can be intimidated by more experienced, more knowledgeable members (Chalmers & Keown, 2006) ■ May be more time consuming than other professional development methods (Chalmers & Keown, 2006)

3. The VET sector allows students to study one or two subjects to gain particular skills, without the need to complete a full qualification (NCVER, 2007).

4. For more information on the purpose of supervision see Centre for Community Child Health (2003, p. 70). The information provided here pertains to a generic model of supervision that is likely to differ from clinical supervision. Clinical supervision is practiced in certain professional contexts (e.g., psychology, social work, family therapy). Rather than focusing on organisational aims, clinical supervision focuses on the nature of the practitioner–client relationship, the specific interactions, the model of intervention being employed (e.g., cognitive behavioural therapy, development of a safety plan etc.) and reflections on the efficacy of the approach being taken.

What are the best practice principles for building the capacity of professionals who work with children and families?

In addition to considering some of the methods for post-qualification training and development it is also useful to consider some general principles that may also positively contribute to the development of professionals. Some principles commonly identified in literature are outlined below.

Developing a learning culture

A learning culture is defined by Johnston and Hawke (2002) as: "the existence of a set of attitudes, values and practices within an organisation which support and encourage a continuing process of learning for the organisation and/or its members" (p. 8).

- A workplace with a learning culture is one that supports and values learning and views workplace learning as an investment rather than a cost.
- A culture of learning will take different forms in different organisations depending upon the industry, the size of the organisation, organisational structure, and the nature of the learning culture that the organisation is trying to develop.
- Some examples of what a learning culture might look like include:
    - fostering an environment that enables people to talk to one another and play with ideas;
    - encouraging, rewarding and providing opportunities for learning; and
    - providing opportunities for staff to develop relationships with professionals in other organisations and services in order to facilitate "cross-fertilisation" of skills, knowledge and ideas.

Questions to consider:

- What lessons can be learnt from other services and industries about how to develop a reflective, learning culture?
- Do staff have the resources (time, appropriate venue) to talk to one another, play with ideas and problem solve together?

For more information on learning cultures see Johnston and Hawke (2002).

Developing a reflective culture

A workplace with a reflective culture is one that encourages reflective practice amongst staff. Reflective practice is defined by Wesley and Buysse (2001) as an: "ongoing process of critically examining past and current practice to facilitate the development of future action" (p. 115).

- Reflective cultures and learning cultures work hand in hand. Learning occurs when professionals are able to reflect upon the work they are doing.
- Reflective practice draws upon "practice wisdom", recognising that theory and research are not the only methods for developing more effective practice.
- Reflective practice is a critical aspect of work with children and families because of the way in which the nature of family life and societal contexts are changing and because of the constantly evolving nature of child and family work.
- The critical role that practitioners' values and attitudes can have on the effectiveness of the work they do with children and families would also seem to support the importance of reflective practice in this field.

- Some examples of what a reflective culture might look like include:

  – promoting and encouraging dialogue between staff for the purpose of problem solving;

  – critical thinking about the impact of one's actions on others; and

  – critical thinking about social, cultural and political contexts and how these impact upon clients.

Questions to consider

- Is a range of different options available for professional development?
- What options for informal support are available to staff (e.g., mentoring, coaching)?
- Are staff given opportunities to apply the skills they have learned in training?
- How are the skills that have been learnt supported and reinforced in the workplace?

For more information on reflective cultures see Centre for Community Child Health (2003, p. 71) and Wesley and Buysse (2001).

Varied options and multiple formats

- Effective workplace training and support programs provide a range of training and support methods.
- Training alone is unlikely to be sufficient for developing the capacity of staff. In addition to training there needs to be ongoing support for staff.
- Research in the field of early childhood suggests that, when seeking to build the knowledge of professionals who work with young children and families, information-giving alone is not as effective in developing knowledge as information combined with demonstrations, practice and feedback (Sheridan et al., 2009, p.13).

Applying the principles of adult learning

The principles of adult learning are important to consider when undertaking any form of capacity building with professionals. Research demonstrates that adult learning is most effective when:

- participants are free to direct themselves and are able to be active participants in the learning process;[6]
- the knowledge acquired is connected to participants' experiences as well as relevant and practical;
- the program is goal orientated; and
- there are opportunities for participants' voices to be heard and their opinions to be expressed.

Questions to consider:

- Do all professional development activities (including coaching and mentoring) incorporate the principles of adult learning?

For more information see the Center for Comprehensive School Reform and Improvement (2006) and Moore (2005)

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6   A research synthesis by Trivette et al. (2009) of four different adult learning methods demonstrated that "the most common element of adult learning methods that are most effective is active learner participation in the learning process" (p. 10).

What might capacity building of professionals through post-qualification development and training look like in practice?

There are a number of examples within CAFCA's Promising Practice Profiles database of promising and innovative methods that have been used by services and programs to build the capacity of professionals through post-qualification development and training.

For example, a team of speech pathologists in a metropolitan area worked in partnership with educators in kindergarten and pre-primary settings to support and empower teachers to address issues of language and literacy in their classrooms (Therapy Focus Inc, 2009).

Key components of the program included:

- *on-site staff-development workshops* to build the confidence, skills and knowledge of teachers, as well as build their networks with other educators;
- *teachers worked with speech pathologists* to develop a customised oral language program;
- *speech pathologists assisted teachers* to integrate the customised program within the classroom; and
- *ongoing consultation with speech pathologists* was provided to teachers to build existing strengths and develop long-term sustainability of skills.

In another example, a research consortium developed 72 learning hubs throughout Australia (including regional and rural areas), to provide practitioners with an opportunity to access information and participate in training about working with parents with learning difficulties (Australian Supported Parenting Consortium, 2009).

Key components of the program included:

- *key agencies were identified* to host the learning hubs and each learning hub then developed a Local Area Action Plan to identify available resources in the community and any resource gaps
- *several hubs had regular meetings* where information was shared between members and some hubs set up systems for *group telephone support*.
- *hub members were provided with training* in two programs to support parents with learning difficulties and other resources were distributed through a website.
- each hub had *cross-sectoral representation* so practitioners could increase their knowledge of local services and referral options.

For a full list of Promising Practice Profiles see: <www.aifs.gov.au/cafca/topics/>

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