



The value of ACE providers

A guide to the evidence base



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KEY MESSAGES/RECOMMENDATIONS

This paper aims to aid a better understanding of the value of community owned and managed, not-for-profit adult learning providers (commonly referred to as ACE providers). It discusses the contributions that ACE providers do and could make to the lives of the individuals who engage with them and the local communities and economies in which they reside.

Research evidence is presented that demonstrates that ACE providers perform several roles and make important contributions to local development. Collectively, they are identified to play at least six roles and to operate as:

- Platform builders- re-engaging adults with basic education and support services
- Bridge builders- providing pathways into formal tertiary education and paid work
- Work-skills developers- offering accredited vocational training in their own right
- Facilitators of adult health- improving mental, physical and emotional well-being
- Promoters of citizenship- achieving adults active in community activities, and
- Community capacity builders- facilitating local networks and community-led development at various levels, of suburb, neighbourhood, small town and district.

The author also presents some research evidence that indicates that ACE providers could grow further each of these six roles and make even greater contributions to Australia's development.

In July 2006 the Ministerial Council for Employment, Education, Training and Youth Affairs (MCEETYA) agreed to review the July 2002 Ministerial Declaration on ACE. ACE has also been included, as a late addition, on the list of areas for possible further reform from 2007 within the Human Capital Stream of the National Reform Agenda of the Council of Australian Governments (COAG) that aims to ensure all adults have the skills and qualifications to enjoy productive lives. This paper may serve to inform these undertakings.

Tables and figures

Table 1. Post-compulsory education: program type by provider type	P9
Table 2. The range of outcomes achieved by ACE providers across Australia	P14
Table 3 Literacy provision by VET provider type, enrolments & hours %	P16
Table 4 Key assumptions made under three scenarios for estimating the economic impacts of adult and community education	P20
Table 5 Estimated aggregate benefits, costs and net impacts of adult and community education under the three scenarios (\$m, rounded)	P21

Figure 1. ACE providers distribution of students from four regions in vocational and non-vocational ACE programs (2001-2005)	P10
Figure 2. Pathways in 2005 of Victorian ACE students first contacted in 2004	P22
Figure 3. Main fields of education in which VET was offered, by private provider type	P26
Figure 4. Numbers of VET organisations issuing qualifications, by private provider type	P27

EXECUTIVE SUMMARY

This paper presents key research evidence on the contribution that Adult and Community Education (ACE) providers make to key policy objectives of Australian governments. Some evidence is also presented that suggests ACE providers could make increased contributions to Australia's development. The aim is to raise discussion and achieve a better understanding of the activities of ACE providers and their value to individuals and their local communities and economies.

ACE providers are taken to be community- owned and -operated, not-for-profit organisations that provide organised learning opportunities for adults in community settings. Research on these providers in Australia reveals that they are a diverse group. They are heterogeneous with respect to what they call themselves, how big they are (both staff- and student-wise), the types of students they attract, the learning programs they offer, the funding sources that support their activities and the outcomes they achieve.

ACE providers present a challenge to promote because there is no common agreement on who precisely comprises the ACE provider sector. There is not a complete set of national data on ACE providers. There is a lack of consistency across the States and Territories of Australia, and among researchers, as to how ACE providers are perceived (see for example Golding et al, 2001 and Borthwick et al, 2001). Only some ACE providers are supported, and to varying degrees, by State and Territory governments. There is no national specific-funds support.

A recent estimate by Choy et al (2006) is that there are 1,027 ACE providers across Australia and most of them are small- only 13.6% were recorded to have government funding levels of over \$100,000 per annum. However, Choy et al have many unknowns in their tabulated data, and there are other 'surrogate' ACE providers beyond the scope of Choy's work, which are identified within the introduction section to this paper.

It is also not clear as to how many adults ACE providers serve collectively, but it seems that their annual "participant numbers" are in the same general ballpark as are those for the entire public vocational education and training (VET) provider sector (i.e. TAFE institutes), and for all other private VET providers combined. The overlap nowadays of the activities of ACE providers *vis a vis* other VET providers is why the participant numbers comparison was looked at, and also to reinforce the point that the focus of this paper is on ACE the *provider* type as opposed to ACE the *program* type (see the introduction to ACE providers).

In 2003 the first study was undertaken to document the full range of outcomes achieved by ACE *providers* across Australia. Clemens et al (2003) found that ACE providers contribute variously to an individual's personal health and well being, their social relationships and work-related needs. They also help build their community's capacity to work together to build assets and undertake a variety of local economic and community development projects, including natural environment projects in some instances. This broad range of outcomes is achieved because, although they are diverse, ACE providers have some defining features or commonalities.

ACE providers exist for the community in which they reside. They are community owned and managed, not-for-profits. They focus on meeting the needs of the members of their community and are proactive partnership builders for the benefit of their communities. They are flexible in their learning program offerings and have relaxed learning delivery approaches that many adults prefer. In line with shifts in community interests towards vocational outcomes, ACE providers have developed from being providers of personal interest and development programs, only, to also offering basic education programs in literacy and life skills and, more recently, to delivering recognised VET programs as well.

The available research provides evidence that ACE providers are becoming significant economic development players as well as known community development players. ACE providers are contributing to the national human capital reform agenda outlined by the Council of Australian Governments (COAG) in 2006 communiqués. The human capital reform agenda aims to achieve improvements in Australia's workforce skills and workforce participation rates. ACE providers are contributing to these goals in three main ways and could contribute more, according to research.

Firstly, regarding human capital formation, ACE providers are successfully re-engaging adults with learning, including members of welfare recipients groups who COAG wants assistance for to help raise workforce participation rates given our ageing population and therefore our shrinking workforce. Unemployed adults seeking to succeed in moving into employment often involves them re- engaging with learning, as a transition step. ACE providers often are providers of first choice for these second-chance learners because they offer relaxed learning environments in which a platform of basic skills in literacy and numeracy and other general "employability" skills can be developed. ACE providers also offer employment advocacy and career advice services. There is evidence that this role of ACE providers could be expanded. There are many more adult Australians who need to develop their basic skills, be better acquainted with the contemporary world of work and develop the skills to manage their careers and life pathways (Foster et al, 2005; Beddie et al, 2005).

Secondly, ACE providers are providing bridges into further, formal tertiary education study and paid work for their clients. The results of two longitudinal studies are presented that demonstrate the high capacity of the ACE provider to engage adults in learning and then connect them to further study at a higher level (in TAFEs and universities as well as ACE providers themselves) and/or paid employment, including adults that have been unemployed previously (Birch et al, 2003; Walstab et al 2005). Up-skilling has become a necessity in today's world of work situation, given the increasing degree to which higher level skills are needed across the economy.

Thirdly, ACE providers are contributing to the human capital development agenda through delivering accredited VET programs in their own right. Of those ACE providers who contribute data to the national VET provider data base, more than fifty per cent of their participants are enrolled in nationally accredited VET courses. Other data shows that ACE providers who are accredited to deliver VET programs collectively cover all the main fields of education and all VET qualification levels (Harris et al, 2006). They may not (yet) be a large player in VET, however they are assisting in identified skills shortages areas that are affecting the immediate growth of

the Australian economy (Choy et al, 2006) and at the higher VET skills levels (diplomas), where more effort needs to be focused in future, according to COAG.

ACE providers continue to be strong in their traditional roles as well, and contribute to the social and community welfare and development agenda in three key ways. Firstly, ACE providers are improving the health and wellbeing of adults by engaging them in various activities. Good health is a fundamental for all and is another of the pillars of COAG's new National Reform Agenda from 2006. Good health is also important if our ageing population are to stay active members of the workforce. COAG has included some health-related issues within the human capital pillar of the new reform agenda.

Evidence that ACE providers contribute to positive health and wellbeing comes in two forms: direct responses from participants in their programs, and more general research into the links between learning and education on the one hand and health and wellbeing on the other. Cross (2005) has profiled some of the recent research around health outcomes and learning to focus attention on these important non-vocational outcomes. Investment in activities that prolong health and wellness is more desirable than is overloading the current health system, argues Cross. He suggests actions for ACE providers to take to move the nexus between structured adult learning and better health to a more profound level.

Secondly, ACE providers contribute to community welfare by achieving active citizenship. They both engage adults as volunteers in their businesses (Birch et al, 2003) and there is evidence that their graduating students become volunteers within their communities (Walstab et al, 2005).

Thirdly, ACE providers are aiding the building of community capacity. ACE providers develop local networks of organisations or people and build community resources and local leadership skills. Some ACE providers are local learning and employment services coordinators, particularly in relation to youth, for example through the Victorian Learning Towns Initiative, funded through the Adult, Community and Further Education portfolio. Strengthening Australian communities through the facilitation of co-operation between groups or social capital development is a key goal of Australian governments. It has much in common with the notions of self-help and resilience that are the basis of regional development policies and programs across Australia.

In summary, the research evidence is suggestive that ACE providers are addressing key economic and social priorities of Australian communities and their governments, the latter as indicated by the Council of Australian Governments (COAG) National Reform Agenda for 2006 onwards. There is also research evidence that indicates there is a demand for more of what ACE providers have to offer. Thus the author suggests national government funding of ACE providers in ways that provide incentives to the States to maintain or improve their support for ACE providers is worthy of consideration within the Review of the Ministerial Declaration on ACE that was endorsed in July 2006 by the Ministerial Council for Employment, Education, Training and Youth Affairs (MCEETYA) and also within the next wave of reforms from 2007 associated with the COAG Human Capital Stream of the National Reform Agenda.

AN INTRODUCTION TO ACE PROVIDERS

All governments of Australia are generally aware that Adult and Community Education (ACE) providers make significant contributions to Australia's development and could make bigger contributions (Senate Employment, Workplace Relations, Small Business and Education Committee 1997, and MCEETYA, 2002). However, ACE providers continue to be not well resourced by governments, particularly in some States and Territories and at the national level. The challenge remains therefore to present information on the returns from investing in ACE providers in ways meaningful to and readily useable by government decision-makers. This challenge is taken up in this paper. It is not a straight forward one because there is no one complete set of data on ACE providers, as will become evident from reading this introduction.

This introduction to ACE providers covers who they are, what they do and for whom, how they are resourced and what general outcomes they achieve. It concludes with a section on how the rest of this paper is organised.

ACE providers –who are they?

ACE providers are taken to be community- owned and -operated, not-for-profit organisations that provide or facilitate organised adult learning opportunities in community settings. They have been operating throughout Australia- in rural, regional and urban areas- for over 100 years. Diversity is their most outstanding feature because they exist to address the learning needs of adults within their own communities, and each community has its own context and set of learning needs.

Diversity is a key strength of ACE providers but it is also a potential weakness.

The diversity and decentralisation of adult and community education is a strength, enabling it to provide the individualised learning sought after by people, enterprises and communities. However, a lack of consistency across the states and territories presents problems in how the sector is perceived, and may be a drawback when the sector needs co-ordination for self promotion and in competing for resources. (Birch et al, 2003, p16)

ACE providers go by various other names as well. Most agree that they include community colleges, community education centres, neighbourhood centres, community access or learning centres, workers' education associations, evening colleges, and universities of the third age. A collection of data on the number of ACE providers with these names (that included some schools in the Northern Territory who refer to themselves as community schools) has been assembled recently and it was estimated that there are 1027 ACE providers in Australia, and that most of them are small- only 13.6% were recorded to have government funding levels of over \$100,000 per annum (Choy et al, 2006). However, Choy et al have many unknowns in their tabulated data of numbers by jurisdiction by size. (Table 1 p18), and there are other alternative ACE providers beyond the scope of Choy's work that will be identified shortly.

TAFEs, meaning the public providers of vocational education and training (VET), are sometimes also included within a researcher's definition of ACE, but not here. This is because the focus of this paper is on ACE the *provider* type as opposed to ACE the *program* type. The overlap of activities between ACE providers and VET providers is what has complicated definitions of ACE, particularly as TAFEs also offer some personal enrichment type courses (on a fee for service basis) but within institutional settings (see the next section).

ACE as a provider type or sector is one of several ways that ACE has been defined. The other, overlapping ways ACE has been defined are: as a type of organisation—that is community owned or managed, as a type of course—short and for personal enrichment, and as an educational practice—exhibiting an adult learning ethos, flexibly provided in a community context. (Golding et al, 2001). ACE providers as spoken about herein exhibit all of these characteristics but some have expanded course offerings beyond for personal enrichment purposes and including for vocational purposes as well.

Some researchers observe that group training companies and not-for-profit job network providers could also fall within the scope of ACE providers. This author suggests that this would depend on whether adult learning in its various forms (formal, informal and non- informal) is the core business of these businesses as opposed to a secondary concern to their being respectively employers and employment agencies first and foremost. Including these providers within scope would bring the number of ACE providers in Australia to around 1250.

Alternative ACE providers that fit the definition above include the “men’s sheds” “discovered” by Golding (2006). Golding found that the reason why males do not appear in sizeable numbers in the available statistics on ACE participants is because many males perceive the conventional ACE centres to be the domain of women. Golding has gone on to discover more than 150 “men’s sheds” operating under the auspices of various organisations and mainly in the southern states of Australia, where men are engaged in community based learning.

Additionally there are Indigenous-controlled and managed organisations, that Boughton and Durnan argue should be recognised as adult and community education providers (cited in Golding et al, 2001) because ACE- type provision best suits Indigenous communities, in terms of it being community owned or managed, based on an educational practice that exhibits an adult learning ethos and is flexible, and focussed on local community activities and work opportunities. Recent research on Indigenous communities in the desert regions of Australia support this argument, the researchers reporting that *ACE-like*, as opposed to *TAFE-like*, general and vocational learning programs work best (Young et al 2005 and forthcoming).

ACE the provider type –what do they do?

ACE providers have developed new programs over the years in line with adults’ learning interests and needs. Walstab et al explain their evolution thus:

For many years, adult and community education [providers] primarily delivered courses for hobbies, and personal interest enrichment. This has changed in the past three decades. First came the introduction of adult basic education in ACE courses designed to provide basic

language and living skills to help people participate in and contribute to society. As it became apparent that students were applying adult and community education skills to employment, the sector began to offer specific vocational education and training courses, creating VET ACE [as opposed to non-VET- ACE programs, the label now often used for the traditional personal interest courses delivered by ACE providers]

(Walstab et al 2003 P 17) [author additions]

Considering ACE providers as forming an education sector distinct from the schools, vocational education and training (VET) and university sectors, Table 1 shows, in crude terms, the types of post-compulsory education programs each sector now provides. Schools, for example, now offer VET programs in response to the needs of the majority of Year 11 and 12 students for programs not focused on articulating into university degrees. Many universities run adult learning programs in response to our ageing population and the growing number of adults with time on their hands and personal interests they wish to pursue, in addition to their core degrees programs. ACE providers have moved into a similar range of programs to the public VET providers or TAFEs.

Table 1 Post-compulsory education: program type by provider type

Education Program type	Education Provider type			
	Schools	Public TAFEs	University	ACE
Year 12 certificates	X	X	X	X
General adult learning non-award-personal interest		X	X	X
Adult basic education literacy etc		X		X
Vocational AQF1- 11	X	X		X
AQF 111 &IV	X	X		X
Diplomas		X	X	X
Undergrad degrees		X	X	
Post grad degrees			X	

The relative size of ACE providers *vis a vis* the public VET providers or TAFE Institutes as a collective *vis a vis* all other private VET providers is not known. NCVET data provides an indication.

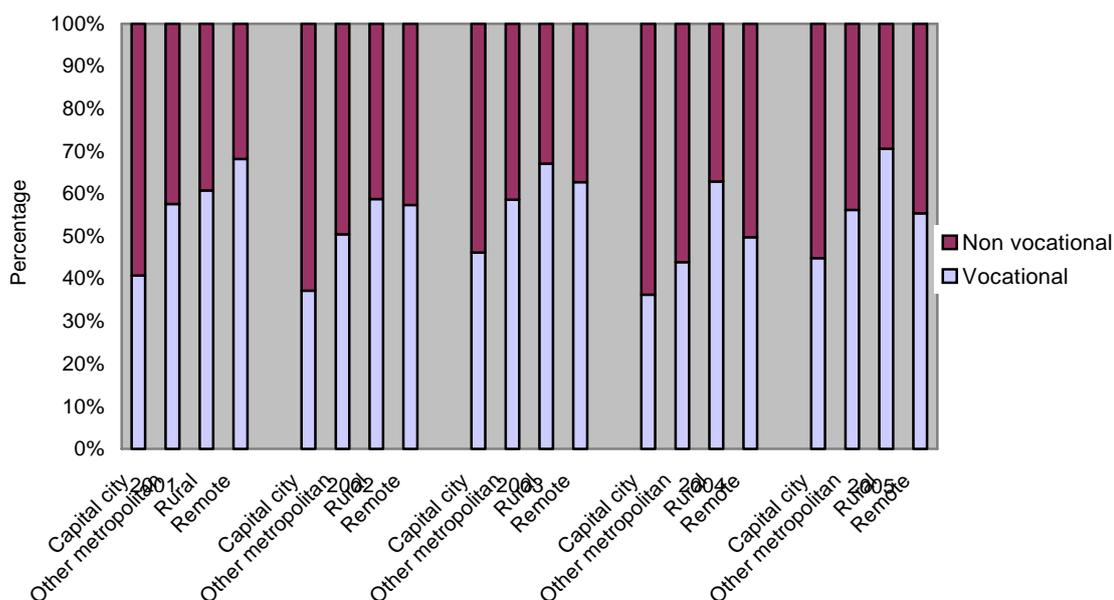
For the year 1998, Borthwick et al (2001) estimated that there were between 1.2 and 1.4 million ACE program participants (that is including all those in community colleges, education and neighbourhood centres, universities of the third age, local churches and some other organisations), plus students in ACE-type programs within public TAFEs. Roughly half of this estimated total was reported in the 2001 national VET collection maintained by the NCVET (582,000 students) of which Borthwick says 82% were enrolled with “ACE” providers. Thus, this author’s estimate of total students in ACE providers in 1998 is within the ball park of 1 million (that is, (1.3 million -582000 + (82% of 582000)).

For the year 2003, CREW/NCVET estimated that all private recognised VET providers (that is, ACE providers as well as several other categories of private providers) had a total of 2.2 million students (standard error around 10%). Public TAFE’s alone in 2003 had about 1.3 million students in VET programs.

Allowing for the overlaps in the scope of these various figures, it would appear that it is fair to say that each of the three groups- of ACE providers, public TAFE's and all other private VET providers- have roughly equal numbers of "students" per year. It must be noted as well that this does not mean they each provide equal amounts of learning effort. A relative measure of effort requires training hours delivered and/or level of education to be taken into account.

Some ACE providers have expanded their activities to include VET programs to such an extent that, of the total participants in ACE providers included within the NCVER data collection, about 50% now are VET -ACE students as opposed to non-VET-ACE students. A breakdown of these two groupings of students by region type in Australia is provided by Choy et al and reproduced in Figure 1 here to show national spread. The proportion of VET-ACE students is lowest in urban areas and highest in rural areas.

Figure 1 ACE providers distribution of students from four regions in vocational and non-vocational ACE programs (NCVER data 2001-2005) (Source: Choy et al, 2006, Fig. 7)



Another informative summary on what ACE providers do is that by Clemens;

“Agencies reflect community differences, but overall, they include participants from extremely diverse income levels and educational, social and cultural backgrounds. ACE is flexible and adaptive and caters for groups that no other sector provides for. Courses range from basic literacy and foundation education through to post-degree professional development. They include accredited and non-accredited activities; tutor-led and self-run groups; class-based, work-based and distance-based learning. Both accredited and non-accredited learning provides participants with work-related skills and understanding. But it is the close involvement with local communities that distinguishes ACE from other sectors of education, an involvement manifested in many different ways, through co-operative ventures, helping people make connections, fostering community development, supporting disadvantaged groups, sharing knowledge and expertise, and establishing and maintaining networks.” (Clemens et al 2003, p27)

To be noted is that the diversity of ACE clients is also by age-participants are from 15 to over 90 years old- but apparently not by gender. Women dominate according to all of the available surveys and statistical collections on clients of ACE providers. However, this is changing. ACE agencies noted an increasing number of men attending when Clemens asked whether there were any recent shifts in the types of participants using their services. The reason given was the introduction of activities which men like, such as computer classes and community working bees. The other reason is because many males perceive the conventional ACE centres to be the domain of women and can be found instead in over 150 “men’s sheds” engaged in community based learning as noted earlier.

ACE providers -How are they resourced?

ACE providers are resourced in various ways. Here we are limited to describing the situation for a subset only. Harris reports for his 2003 national sample of ACE providers, identified via the VET National Training Information Service database, that they receive a mix of fees-for-service from students, government funds and own funds. The actual combinations they receive of these sources of funds vary, but most are government only funded, followed, in order by self funded only, government and self funded, all three sources, government and non-government funded, and non-government funded (i.e. fees for services) only. Harris notes that the outstanding feature of ACE providers resourcing arrangements *vis a vis* other private VET providers is that many rely on volunteers and some heavily (Harris et al, 2006).

The States are the key providers of ACE specific government funds, albeit unevenly. Golding, Davies and Volkoff (2001) summarise the situation that existed in 2000. Borthwick et al provide more detail in 2001, that Kenyon et al built on in 2003. Choy et al (2006) provide an overview of ACE by jurisdiction in 2006 in descriptive terms.

The situation today regarding government funding arrangements for ACE providers is as follows:

- two states (NSW and VIC) fund a *sectoral* form, of ACE, comprising a network of community-owned and managed providers organised on a regional basis. (59 community colleges in NSW and over 500 agencies in VIC operating under various names). However NSW plans to reduce ACE funding in future years.
- two states (SA and ACT) fund a well developed, devolved network of community *providers* with minimal central co-ordination.
- two states (WA and TAS) have increased their commitments to building an ACE sector since 2001
- one state (QLD) does not encourage a distinguishable ACE sector but has many active ACE type providers
- one state (NT) provides no information but there are community owned and managed organisations serving indigenous communities in particular.

In comparison, nationally, there is no specific funding for ACE providers (excluding group training companies and not-for-profit job network providers). There are other-purpose funds only for which ACE providers can compete, for example, competitive VET funds. The development since 1994 of a national VET system involving competitive funding arrangements has enabled private providers, such as ACE providers, to become eligible to receive VET-specific government funds (if they meet

accreditation standards). It is through this mechanism that many ACE providers have been able to expand their national government support (see Anderson, 2005 for an account of the development of the competitive VET market). Some ACE providers also access specific purpose funds from other social services government portfolios.

ACE providers- what do they achieve?

Clemens et al (2003) set out to identify the full range of services Australia-wide of ACE providers and the full range of outcomes achieved for their clients. Their report presents an unfolding account of the work and contributions that ACE providers make. As a lead into their typology of ACE outcomes, an analysis is provided of the previous literature on ACE outcomes. They suggest two main groupings of outcomes have been used previously (see pp.1–13).

Researchers, whose work up to 2000 has been synthesised by Golding, Davies and Volkoff (2001), have tended to express ACE outcomes in four categories:

- Educational- basis skills including numeracy, literacy and learn to learn/
- Economic- skills and employment
- Social- participative social capital, well informed citizens, and
- Personal enrichment.

The Senate Employment, Education and Training References Committee of 1997 in their report *Beyond Cinderella: Towards a learning society* referred to a different set of four outcomes according to Clemens:

- cognitive development- eg literacy and language intellectual skills etc
- technical, vocational and professional skills
- enriched communities eg effective and inclusive citizenship skills and
- personal development-eg creativity, well being etc.

The typology of ACE outcomes that Clemens et al developed, after extensive consultations with representatives of national state and territory policy agencies and 40 ACE providers, involves three domains:

- changing people,
- changing communities,
- changing local economies.

For each domain, Clemens et al document key outcomes that have been tabulated in Table 2 below. For each key outcome, Clemens et al provide an array of examples in their report. They certainly capture the rich diversity of the value of ACE providers in descriptive terms.

Organisation of the rest of this paper

In the following sections of this paper, further research evidence is provided on the value of ACE providers. The role of ACE providers in developing Australia's human capital according to the new national reform agenda of the Council of Australian Governments has been considered by Choy et al (2006) in the form of a meta-analysis. The aim here is to add-value rather than go over the same ground, but using their framework. Human capital embodies the education, knowledge, skills and health of people in the community (COAG communique, February 2006).

Choy et al identify three main ways that ACE providers contribute to the human capital reform agenda, and namely by:

- Re-engaging adults with learning, and basic education and support services
- Providing pathways for adults into further formal education and/or paid work
- Providing recognised vocational skills in their own right.

In addition to human capital skills for earning and economic development, ACE providers provide many life skills for personal and community development. Indeed, this is their traditional focus-providing courses for hobbies and personal enrichment and supporting community members to work together to overcome common challenges.

As illustrated by Clemens et al (see table 2), ACE providers contribute to community and local development agendas by:

- Improving individual health and wellbeing
- Achieving active citizenship
- Building community capacity or social capital.

Social capital refers to the networks, shared norms, values and understanding that facilitate co-operation within and between groups.

The above six functions form the framework for the rest of this paper.

For each function the paper identifies national priorities and shows how ACE providers currently contribute to their achievement. Whether they might contribute further, according to research evidence, is also discussed. Naturally, these categories are not necessarily mutually exclusive; a single ACE program could fulfill various roles. Nor does this paper present all the available evidence. The aim is to provide a view of the work of ACE providers, according to recent key research, that readers can discuss towards developing a better understanding of the value of ACE providers.

Table 2. The range of outcomes achieved by ACE providers across Australia

Individual outcomes-changing people		
In the private domain of family, friends and personal interests	In the public domain of citizenship, community participation and debate	In work domain of both paid and unpaid.
<ul style="list-style-type: none"> • emotional wellbeing • physical wellbeing • spiritual peace and maturity & achieving a sense of belonging • cognitive development • communication skills • enhanced personal relationships • home sustainability • creative abilities • literacy and language • expanded personal choices and pathways • mastery of recreational skills 	<ul style="list-style-type: none"> • social connections • cross-cultural knowledge and sensitivity • contributions to organisational capacity • individual involvement in the community • knowledge of community and government services 	<ul style="list-style-type: none"> • skills towards and for employability • self-sufficiency • expanded pathways to work • income generation • professional development

Changing communities domain	Changing local economies domain
<ul style="list-style-type: none"> • connecting people to each other • harnessing existing and new skills towards community building • active citizenship in local communities • community activism • organisational synergies, connections and partnerships • cultural contributions • building and sharing community resources • generation of new community groups • enhanced community identity • empowerment of specific communities • community appreciation of and respect for diversity 	<ul style="list-style-type: none"> • productive enterprises • increased number and capacity of small businesses: • employment advocacy, referral and placement: • micro-economic development • manufacture and creation of goods and services for sale • savings in health costs • savings due to greater personal and organisational self-sufficiency:

Source: Clemens et al 2003, pp31-3.

ACE PROVIDERS AS PLATFORM BUILDERS-re-engaging adults with learning

The key policy objectives of Council of Australian Government's (COAG's) human capital reforms are to improve Australia's overall skills levels and participation rates in the workforce. Vocational education and training reforms feature strongly in the agenda and welfare recipients are singled out for assistance to help raise workforce participation rates given our ageing population and therefore our shrinking workforce. (see COAG communiqués, February and July, 2006)

For the unemployed, people with disabilities, single parents and other older learners, Indigenous people, and others from non-English speaking backgrounds to succeed in moving into employment often involves them re- engaging with learning, as a transition step.

Research confirms that ACE providers provide a platform for many adults to make the transition back into learning and attain basic skills for work- literacy, numeracy, communication, computing and other "employability" skills- and to get a job -through their employment advocacy and career advice services. The research also suggests that they could do more in this area.

ACE providers- providers of first choice for many adults

Many adults making a first step back into the world of organised learning choose ACE providers. After time away from study and/or unhappy formal learning experiences in the past, adults like the customary approach taken by adult and community education providers to learning provision -an informal, social, non-intimidating, at ease approach. Moreover these adults prefer to participate in learning programs and take a "second chance" at study, even when eligible for recognition of prior learning. RPL is a process whereby people are provided with an opportunity to have the skills and knowledge they possess assessed and valued against qualification frameworks. RPL is promoted in the COAG human capital reform agenda as a means of achieving accelerated progression within a training program and therefore towards a work outcome. Welfare recipient groups prefer training programs over RPL because they provide social interaction, a confidence boost and re-assurance that their work related skill levels are truly up-to-date (Hargreaves, 2006).

Basic education development

Skills in writing, reading and speaking English and communication skills, including computing skills, boost the independence, confidence, and self pride of previously educationally disadvantage adults and can motivate them to do other study (see Foster and Beddie, 2005, for an overview account of the researched benefits of literacy and numeracy).

VET providers are a key source of adult literacy programs. ACE providers record the highest numbers of VET literacy teaching hours after public TAFE providers who provide the bulk (89%), according to NCVET statistics (see Table 3). ACE providers make up between 5.6 and 6.5 % respectively of all adult literacy students and hours (that is, 295,000 students in 2005 and 46 million hours). Note, however, that this is an

under-estimate of the contribution of ACE providers to adult literacy for two reasons. The first being that only one group of ACE providers are included in the NCVER statistics.

Second, ACE providers offer adult language and literacy and numeracy provision beyond the scope of the NCVER collection. Darryl Dymock has received 125 eligible responses from ACE agencies nationwide to a survey he has just conducted to identify their unaccredited literacy provision, for the NCVER. (Dymock, 2006, forthcoming).

As well Australia integrates literacy provision within recognised VET courses that ACE providers also deliver, the amounts of which are not currently known.

Table 3 Standalone literacy and numeracy provision by VET provider type

A) course enrolments

Provider type	2002		2003		2004		2005	
	Number ('000)	%						
TAFE and other govt.	222.3	87.8	218.0	84.0	252.1	81.7	263.3	89.2
Community	26.1	10.3	31.1	12.0	20.7	7.3	16.5	5.6
Other VET registered	4.8	1.9	10.4	4.0	12.0	4.2	15.3	5.2
Total enrolments	253.2	100.0	259.4	100.0	284.8	100.0	295.2	100.0

B) total annual hours

Provider type	2002		2003		2004		2005	
	Number ('000)	%						
TAFE and other govt.	36 099	92.4	38 460	89.5	39 093	89.1	41 183	89.3
Community	2 340	6.0	2 770	6.4	2 864	6.5	3 094	6.7
Other VET registered	611	1.6	1754	4.1	1 913	4.4	1 817	3.9
Total hours	39 050	100.0	42 984	100.0	43 870	100.0	46 094	100.0

Source: NCVER 2006 data request.

Data quality note: In 2004 there was a large decrease in reported VET activity in the NSW ACE sector due to problems with software compatibility associated with the introduction of new systems by many of their providers. There were significant data reporting improvements in 2005, including positive changes in how some course were reported

Other “employability” skills development

Other “employability” skills that employers want their employees to possess but believe to be in deficit among many adult Australians include a willingness and ability to learn, problem-solve and work in teams (NCVER, 2004). These generic work skills are within the five skills clusters ACE providers develop as a result of their teaching methods. The identified skills clusters that ACE pedagogies foster are: self-mastery and direction, work-readiness and work habits, learning and thinking and adaptability skills, interpersonal skills and enterprise innovation and creativity skills (Sanguinetti et al, 2004).

Employment advocacy and career advice

Employment advocacy, referral and placement and careers advice is another area in which many Australian adults need assistance to make the transition into work and within work and ACE providers apparently excel.

Beddie et al (2005) find adults disengaged from the labour market or educational systems do not necessarily understand the contemporary world of work or have the skills to manage their careers and life pathways. When made aware of what career guidance services can offer, many of these adults recognised their value.

Harris et al (2006) provide evidence that ACE providers make available high proportions of student support services. They found that whilst all 330 registered private VET providers they surveyed offered a diverse range of services to their students, ACE providers stood out as providing the highest amounts of computing facilities, academic counseling, study spaces, library facilities and fee assistance. The full range of services recorded by Harris, and in order of prevalence were: career counseling and placement, computer facilities, personal, counseling, academic counseling, access to study space, study assistance, library facilities and assistance on fees concerns.

Could ACE providers contribute more in this area?

There is ongoing high demand among adult Australians for basic education skills. Many Australians (including relatively more within the welfare recipient groups) do not have these foundations or basic skills. For example, in 1996, 45% of Australian adults were found to lack levels of basic education sufficient to function well in today's world. If Australia follows the literacy trends found in Canada then we should not expect our figures to have changed much. Canada had similar results to Australia in 1996 and when re-surveyed last year. Canada recorded no change in average performances overall with many adults still having literacy and numeracy difficulties. Australian adults' literacy levels are being surveyed this year. The results will be available next year (see NCVET, 2006, Exhibits for Reading between the lines; summing up adult literacy and numeracy in Australia).

There is a need for many adults to receive employment advocacy and career development advice. Beddie et al identified potential demand for a local career guidance service that is conducted face-to-face in a community setting, affordable and run by people who are both familiar with local labour market conditions and the variety of formal and informal learning options available in the community and have appropriate qualifications in career guidance and adult learning. Preferably these people are also impartial; that is, one step removed from agencies offering other assistance such as welfare, job matching or training. ACE providers rank highly on all criteria, except, perhaps, impartiality. On the other hand, ACE providers are noted for their high customer focus and keenness to meet needs whatever it takes, including the referring of customers to other providers (see next section). The COAG human capital reform agenda identifies improvements in careers information provision as an area for action in the coming year. While the *Skilling Solutions* shop fronts operating in Queensland are a good example of an employment advocacy and career

development advisory service there is a need to confirm that adults making the transition back into learning perceive them to be user friendly and are using the service.

The available statistical profiles on ACE providers indicate that most disadvantaged social groups are under-represented in adult and community education, as indeed they are in all post-compulsory education providers. The difference between ACE providers and other adult education providers is that their levels of community engagement and client support are higher. These factors have been determined to be critical success factors when it comes to re-engaging adults with learning who are disengaged from the labour market or educational systems.

A systematic review of research has found that the type of learning or training program does matter in regard to mature aged adults and their gaining a return to the labour market. Carefully thought-through learning programs based on client needs analyses related to real job possibilities are required (Thompson et al, 2005).

Similarly, for successful education and employment outcomes with regard to Indigenous students, Miller et al (2005) have identified seven factors that must be present all of the time. These factors are: participant involvement and ownership, reflecting participants' cultures and values, flexible course design and delivery, quality staff and committed advocacy, extensive student support services, appropriate funding that allows sustainability and working in true partnerships with other services providers as required. This author argues these factors can be applied to all equity groups.

ACE PROVIDERS AS BRIDGE BUILDERS- to other educators and paid work

That ACE providers give many adults the confidence to launch into further formal education and/or paid work is illustrated well in two research reports, Birch et al (2003) and Walstab et al (2005). Another forthcoming research report on the costs and benefits of ACE providers is that by Applied Economics for the Board of ACE (BACE) in NSW.

An estimation of net economic returns to individuals through progression

Birch et al (2003) provide a best estimate of the net private economic benefit from moving on to further and formal education or paid work after participation in ACE provider programs to be around \$2.5 billion per year (in 2001 dollars). This of course depends on the assumptions that are made. This estimate is based on the most likely scenario according to Birch et al.

Birch and colleagues from the Institute for Research into International Competitiveness undertook a study to determine the social and economic impacts of the ACE sector in 2001. They surveyed 300 ACE providers from across the nation, including most of the larger ones, and 400 of their students. The surveys were designed to provide information to assist in calculating economic benefits, difficult as such things are to quantify and to identify other non-quantified benefits. The key scenarios and assumptions that Birch et al produced are in Table 4 below. The results are in Table 5.

The estimates of the net economic benefits to individuals were restricted to measuring actual (work) income and projected income arising from transfers into vocational education and training or higher education first before proceeding on to work. Australian Bureau of Statistics data on the benefits that accrue to individuals, in terms of wage income premiums, for various types of education were used.

The graduating ACE students in Birch's sample included 60.8% who went on to work or further study including: 7.6% who went directly to work and another 53.2% who went on to further study-of whom 39% stayed with their ACE providers, 41% went to TAFE and 20% to university. The calculation of the total impact figure for the whole of the ACE sector was based on the results for the 60.8%, scaled up using a weighted average premium for the representative student factored up into a gross net benefit using the survey proportions applied to the known total adult and community education population.

The other 39.2 % of ACE provider students in the sample did their ACE program for personal or recreational reasons and their outcomes were not included in the calculations. However, it is widely acknowledged that non-vocational programs and intents may lead to unforeseen vocational outcomes as well.

Many of the students in the survey said that participation in their ACE program had given them the confidence to undertake further study. Over 25% said that they would not have been able to continue to their subsequent course without already having completed a course in the ACE sector. About this percentage applied to those continuing on into another ACE course, into a TAFE course and also into university

courses. This underlines the importance of the ACE sector in providing educational opportunities to those who otherwise might never think about undertaking further formal education.

Birch et al also make the point that for welfare recipients the marginal benefits from ACE performing a bridging role into further education and work are particularly significant:

Adult and community education can instill fundamental skills in disadvantaged sectors of the community, sometimes enabling participation in the workforce for the first time. An adult and community education course, or similarly a university postgraduate course, may add a few hundred dollars to a student's weekly income. However, if the student is from a disadvantaged background, this may be the difference between social security and a wage income, whereas the postgraduate student may be adding to an existing income. The value is far greater for the ACE student, even though the same aggregate increases in income prevail. Hence, the marginal benefit of each extra dollar earned by those learning fundamental skills through adult and community education is likely to be higher than for those undertaking more advanced training. (Birch et al 2003 p 29.)

An important aside, the net community economic benefit of ACE providers

Birch et al (2003) also estimated the net community economic benefit of ACE providers to exceed \$800m (in 2001 dollars), in the most likely scenario. The quantifiable community benefits covered included income to the ACE sector's suppliers, teachers' employment income, student expenditures and additional tax revenues (by far the biggest of the four factors). Quantifiable community costs taken into account included government subsidies, student fees and earnings foregone. The approach adopted was to ascribe costs and benefits on a per student basis and multiply by the number of students. Using a representative ACE provider approach to the calculations was ruled out because ACE providers are heterogeneous.

Table 4: Key assumptions made under three scenarios for estimating the economic impacts of adult and community education (Source: Birch et al, 2003 table 7)

Most likely	Lower bound	Upper bound
497 000 ACE students	447 000 (10% less)	788 000 (60% more)
Proportion of impacts of higher education attributable to ACE is 30% of total higher education premium.	Proportion attributable is 20% of total premium.	Proportion attributable is 40% of total premium.
ACE VET students proceeding directly to work increases wages by 'one level' in table 6 (education vs income).	ACE VET students proceeding directly to work increase wages by 'half a level'.	ACE VET students proceeding directly to work increase wages by 'one level'.
Discount rate on students' future earnings streams is 5% per annum.	Discount rate 7%.	Discount rate 3%.
All potential tax revenue increases accrue to government.	Half potential revenue increases accrue to government.	All potential revenue increases accrue to government.

Table 5: Estimated aggregate benefits, costs and net impacts of adult and community education under the three scenarios (\$m, rounded) (Source: Birch et al, 2003 table 8)

Benefits, costs, net impacts	Results under most likely scenario (\$m)	Results under lower bound scenario (\$m)	Results under upper bound scenario (\$m)
<i>Community benefits</i>	1586	811	2777
♦ Net income to ACE suppliers	100	90	159
♦ Teacher income from employment	400	360	635
♦ Student expenditures	24	21	37
♦ Additional taxation revenues	1063	340	1946
<i>Community costs</i>	758	683	1204
♦ Government subsidies	582	524	924
♦ Student fees	67	60	106
♦ Student earnings foregone	110	99	174
Net community impacts (benefits)¹	+ 828	+ 129	+ 1574
Private net vocational impacts (benefits)²	+ 2480	+ 1928	+ 4541
Net economic impacts (benefits)³	+ 3308	+ 2057	+ 6115
95% confidence interval ⁴	2441–4174	1451–2664	4374–7856

Notes: 1. Total of community benefits less total of community costs. 2. See appendix A for the human capital model underlying the calculations. 3. Net community impacts plus private net vocational benefits. 4. See appendix B for explanation and details of the confidence intervals.

Sources: Individual costs and benefits are as derived from the Institute for Research into International Competitiveness surveys of ACE providers and ACE students (2001), as explained in text. Aggregate costs and benefits assume 497 000 ACE students, including 18 % (88 000) ACE vocational students. The varying assumptions for the three scenarios are as explained in text.

Other evidence of ACE connecting individuals' to further education and work

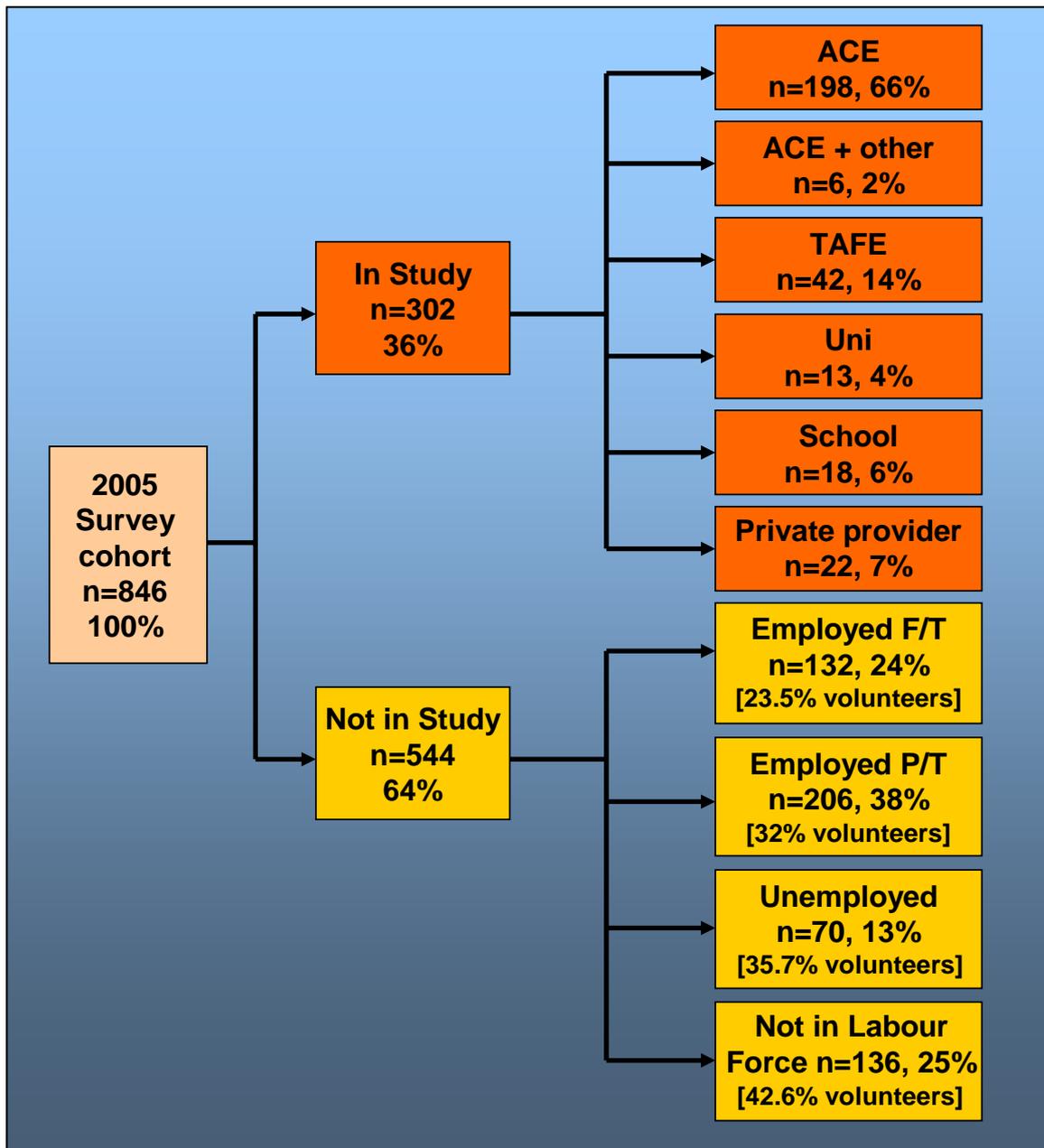
Walstab et al (2005) also provide evidence that ACE providers build pathways to further education and employment for their students. Their results are from the second stage of a three year longitudinal study of learners of ACE providers within Victoria. Figure 2 below summarises the study and work pathways taken by 846 students re-surveyed in 2005 after first contact was made with them in 2004. It was found that 60% went on to either further study (36%) or full-time employment (24%). Another large group went on to part-time work 38%. These are better results than in the Birch study discussed above.

Other key findings about the 846 ACE graduates of 2004 from the tracking exercise in 2005 are as follows:

- highest previous levels of education prior to their 2004 ACE study was secondary schooling or less for 58% of them. Another 16.5% had a university degree. The rest (26%) had various levels of VET qualifications.
- 2004 course completion rates were high.

- impacts of their 2004 ACE course was very positive and had motivated many of them to proceed to their 2005 activities.
- the students who embarked on new study in 2005 generally showed progression in study level, including those that stayed on in ACE, and
- employment outcomes were strong, with increasing proportions in full-time work and their unemployment rate halving.

Figure 2. Pathways in 2005 of Victorian ACE students first contacted in 2004



Source: Walstab et al 2005, Figure 36 that summarizes the study and work pathways taken by the 2005 ACE student survey cohort from the first contact in 2004 to the second contact in 2005.

Could ACE providers contribute further in this area?

Some of the reported barriers to further study and/or work that ACE students reported to Walstab et al could be addressed by ACE providers. These barriers include: “not enough job experience” or “not feeling confident” and, as part of broader planning, “the course I want is not available” and “not enough jobs.”

A recently completed study has examined partnerships and collaborations between ACE and VET providers where the organisations come together to expedite delivery of courses for vocational students in local areas of Australia. Thirteen total partnerships agreed to be part of the research. The findings, combined with identified other recent research in the area, have been compiled into a definitive *Good Practice Guide* to aid organisations seeking to repeat successful collaborations elsewhere (Gelade et al, 2006).

ACE PROVIDERS AS RECOGNISED VOCATIONAL SKILLS PROVIDERS

The COAG human capital reform agenda includes a focus on vocational training and education and on occupations where skill shortages are affecting the immediate growth of the economy. Nowadays, the majority of ACE providers are registered to offer recognised vocational education and training. Of the estimated 1250 ACE providers (including group training companies and job network providers), 770 are estimated to have recognised VET provider status. Of the estimated 1027 ACE providers (excluding group training companies and job network providers), 565 are estimated to have recognised VET provider status (Choy et al, 2006).

Vocational program offerings of ACE providers

A key source of data on ACE providers who are registered to offer recognised vocational education and training is that assembled by Harris et al (2006). In order to learn more about the nature of all private VET provider activities Harris surveyed a national sample in 2003, stratified by provider type. About one quarter of the total 330 respondents were ACE providers (26%)-slightly more than their proportion of the total private VET providers that include also enterprise-based providers, industry organisations, commercial training organizations and other providers.

Treating ACE providers as a distinct group, Harris found that by 2003 ACE providers were delivering nationally accredited VET programs in all the main fields of education and at all VET qualification levels (see figures 3 and 4). Moreover the data showed that ACE providers stood out from other private VET providers for delivering relatively more in the areas of information technology and mixed field programs and less in relation to engineering and related technologies. With regard to level of VET, more ACE providers issue certificates 1 than any other group. A greater per cent of ACE providers also issue certificates 11 and 111s and 1V and diplomas than that do other private provider types, except for commercial providers which have the largest proportions issuing VET qualifications from certificate 11's upwards plus statements of attainments for part qualifications.

Meeting some identified vocational skills deficits or shortages

Choy et al provide examples of the vocational course provisions of ACE providers in the trades where many skill shortages now exist in Australia (see their appendix B).

Could ACE providers do more in this area?

ACE providers could extend their VET provisions using TAFE campuses- classrooms, equipment etc- by acting on the new third party access policy to TAFE institute facilities that has recently come into effect by agreement of the Ministerial Council for Vocational and Technical Education (MVTE). Having gained familiarity with TAFE, this might also be a means of encouraging their students to move on to TAFE upon completion of their ACE study, should this be their preference and their preferred areas of further VET study not be available from the ACE provider.

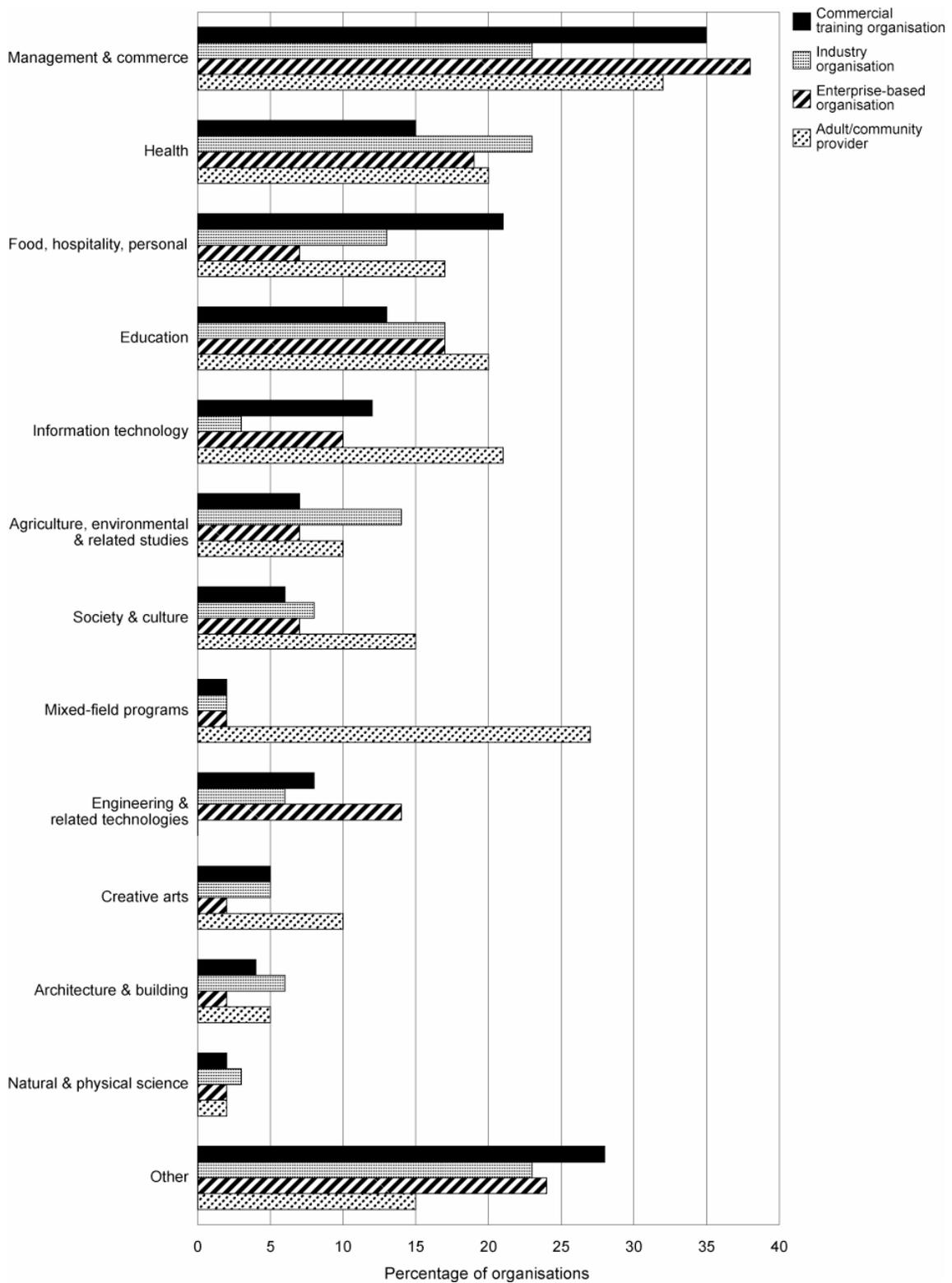
ACE providers could do more in relation to the identified skills needs of the future, at the high level diploma and advanced diploma levels, in order to increase Australia's

productivity, where they currently operate at very low levels. The COAG human capital reform agenda identifies the need for higher level skills development because the intensity of skills needed for the available jobs is growing as an area for action from next year.

To develop further their VET role, and as suggested by Choy et al (2006), ACE providers need access to VET practitioner professional development funds and programs, to facilitate quality delivery among those already offering VET, or assist the meeting of the requirements of registration among those who do not have VET status.

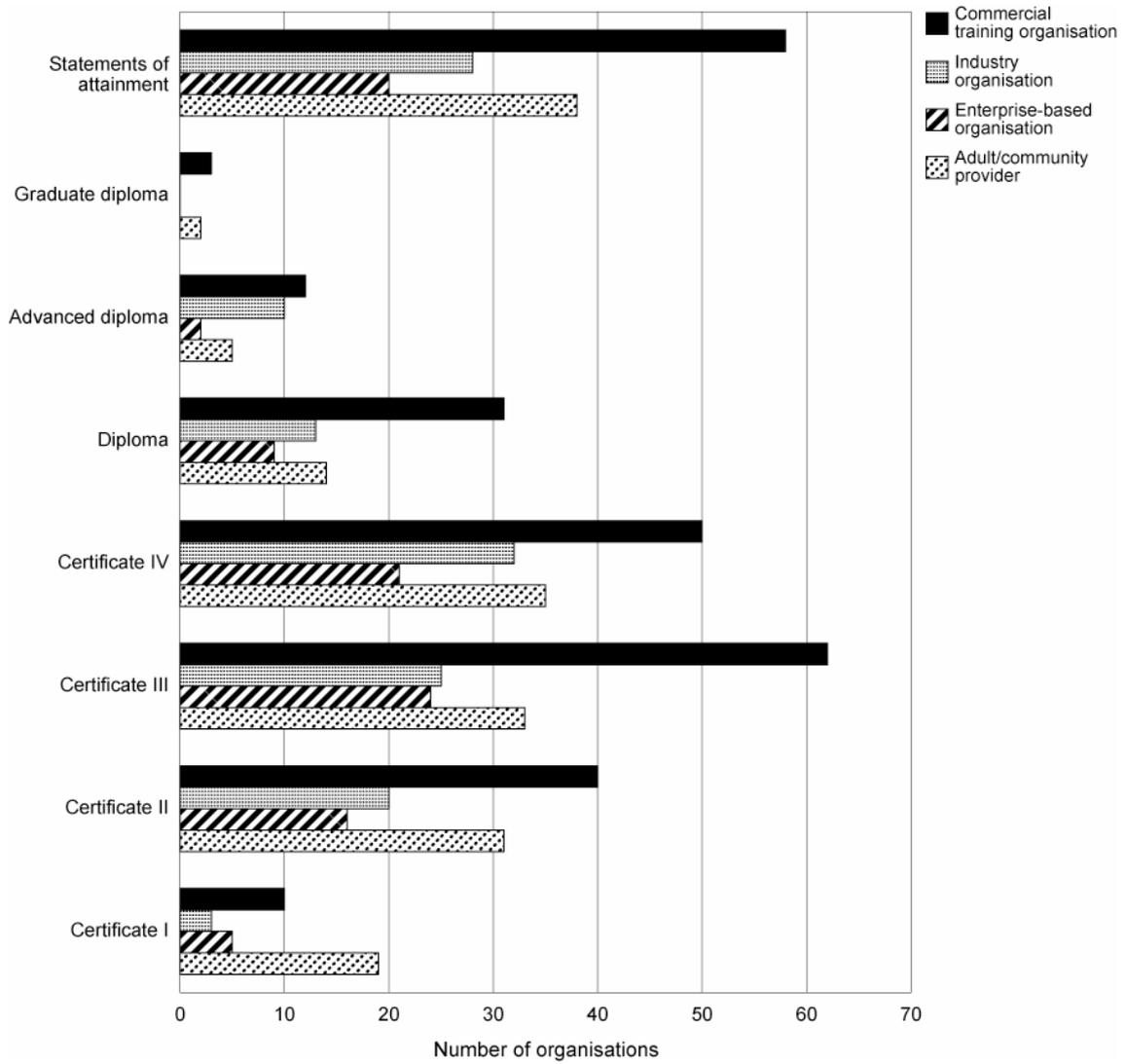
Small businesses also present challenges to education providers that ACE providers appear well placed to meet. ACE providers already play a role in the provision of business and administration programs (both accredited and non-accredited) to small businesses. They are well placed to do more because they offer what small business like- facilitated learning through business networks or one-on-one using an interactive, informal training style that is backed up by ongoing support (Billet et al 2003). Steps have been taken to identify what ACE providers are doing regarding small business and how they might further meet the needs of small business (Newton, 2005). A forthcoming systematic review of all existing research on what intervention strategies best achieve active participation of small businesses in learning programs that meet their needs may offer further insights (Dawe et al 2006).

Figure 3: Main fields of education in which VET was offered, by private provider type



Source: Harris et al, 2006, figure 13.

Figure 4: Numbers of VET organisations issuing qualifications, by private provider type



Source: Harris et al, 2006, figure 14

ACE PROVIDERS AS FACILITATORS OF ADULT HEALTH

COAG recognises the importance of good health for all Australians and has made health one of the pillars of the new national reform agenda from 2006. Good health is especially important if our ageing population are to stay active members of the workforce. COAG has included some health-related issues specifically within the human capital reform agenda as well, issues such as decreasing the effect of illness, injury or disability on the working age population (COAG Communique, July 2006).

As John Cross has explained,

The ACE sector already plays a considerable overt role in helping to keep Australians healthy. Among the standard programs offered by typical ACE providers, one will find exercise classes (for example yoga or Pilates), mental health classes (for example mediation and self-esteem classes) and nutrition as well as classes with clear health benefits, such as dancing (Cross, 2005 p15)

Evidence that ACE providers contribute to positive health and wellbeing comes in two forms: direct responses from their clients and more general research on the links between learning and education on the one hand and health and wellbeing on the other.

Client responses

Clients of ACE providers often report improved mental, physical and emotional wellbeing as outcomes they have achieved as a result of participation in ACE learning programs (see Table 1 in this paper). Walstab et al (2003) also identify such outcomes, for example, and to paraphrase just a few of the findings from their survey of 400 ACE students-

‘Adult and community education courses help long-term unemployed people to stay mentally active, build their skills and enable them to keep in touch with the local community.’

“For people with disabilities, opportunities to participate in the broader community, together with the accompanying sense of wellbeing, may be difficult to acquire. Learning in a formal setting is not always possible, and the adult and community education sector provides an alternative.”

“Through the universities of the third-age, elderly people are given an opportunity for learning and also for teaching, both of which assist in maintaining mental health. In addition, adult and community education provides elderly people with vital social interaction, adding to their wellbeing”.

“Improvement of English skills through adult and community education enables migrants to interact and integrate more satisfyingly with the local community”.

Research and analysis results

Stanwick and Ong and Karmel (2006, forthcoming) have reviewed the available research into the links between education, and health and wellbeing. From their literature review they find a variety of relationship issues have been examined covering different types of education, learner groups, and health and wellbeing outcomes. They note that some research has found evidence of positive links, for example of learning on measures of depression and obesity. Other studies have yielded some equivocal results. The researchers cite the example of a study that found

while undertaking vocationally accredited and leisure course reduced alcohol consumption, undertaking work related courses increased alcohol consumption. Overall they conclude from the literature that the relationship between education and health and wellbeing is complex and that the health and wellbeing outcomes do not necessarily arise immediately or directly from educational inputs. There are mediating variables between education and health, such as labour force status or income.

These researchers also undertook their own statistical analysis using Australian health (HILDA) data and Australian educational (highest qualification) levels data to see what links they could find. They found that the largest education effect on health is for people holding degrees, with the second largest for people with diplomas. In contrast, the size of the effects for people with certificates 1 to 1V and Year 12 are so small as to not be substantively different from the year 11 and below reference group. However they note that there are some indirect relationships that are very important including through the socialisation that accompanies the learning process in groups as well as income levels.

To explore sense of wellbeing benefits from education further, the researchers interviewed a few practitioners of adult learning who suggested two major types of wellbeing benefits - psychological wellbeing benefits, such as increased confidence and self-esteem, and socialisation benefits. The latter were considered to be related to the learning environment rather than the learning process itself and included concepts of a sense of belonging.

Could ACE providers do more in this area?

Cross (2005) has profiled some other of the recent research around health outcomes and learning to focus attention on these non-vocational outcomes which need to be recognised and actively enhanced given that Australia is experiencing a growth in its ageing population. Investment in activities that prolong health and wellness is more desirable than is overloading the current health system, argues Cross. He suggests actions for ACE providers, to take the nexus between structured adult learning and better health to a more profound level, including:

- making explicit in adult learning promotional material and events the mental and physical health benefits as part of a prevention as well as cure approach, especially to audiences for whom vocational outcomes hold no interest, and
- creating opportunities for the worlds of adult learning and health to collaborate by such things as inviting health professionals to ACE centres as a familiarisation process, offering to assist with health promotion strategies using adult learning principles and exploring opportunities to conducting classes in health centres and hospitals and hospices.

ACE PROVIDERS AS PROMOTERS OF ACTIVE CITIZENSHIP

Clear evidence reveals that ACE providers contribute to the goal of active citizenship in two ways. Providers have unpaid volunteers working for them. Many of the providers' students subsequently become volunteers within the wider community.

Volunteering within ACE providers

The providers of ACE programs in Birch's survey maintained a substantial component of volunteer labour. Although they had difficulty providing quantitative information on their workforces, both paid and unpaid, it was ascertained that paid staff appeared to be the norm in TAFE ACE programs and community colleges (the name of ACE providers in NSW) whereas all other ACE providers including community access or learning centres and health and aged care provider types appeared to be heavily reliant on volunteers. In regard to these staffing arrangements Walstab noted:

From a narrow economic perspective, unpaid workers do not generate flow on benefits to the economy, as they do not earn money to spend. However, from a social perspective, volunteer workers make a substantial contribution to local communities. p24

Volunteering among graduating students of ACE providers

There is evidence that graduating students of ACE providers become volunteers within their communities. The aforementioned tracking exercise of 846 students graduating from Victorian ACE providers in 2004 showed strong growth in community participation (volunteer work) among all learner groups. As shown in Figure 2, it was found that 24 % of those who had moved to become full time workers also were volunteering. For part-time workers the figure was 32%, the still unemployed 36%, and those not in the labour force, 42%. (Walstab et al 2005).

Could ACE providers do more in this area?

Volunteering no doubt will continue to be a key feature of ACE providers. They need to involve as many as they can in their work to get the results they want. There are a growing number of Australians looking for things to do that give back to the community and offer a sense of connectivity. The formation of the National Non-profit Roundtable in 2004 is an indication that this area will grow. The Roundtable is to advocate for this sector in the broad and develop a national strategy which will deliver important economic and social contributions. The Smith Family is one example of a large not-for-profit working more and more in the learning arena and participating with traditional ACE providers in information exchange forums on the topic of learning for community as well as workforce development.

ACE PROVIDERS AS BUILDERS OF COMMUNITY CAPACITY

Strengthening Australian communities is a key goal of Australian governments. Many of the social and community services portfolios (health, family and community and welfare services) now operate as purchasers of services from community-based organisations rather than as providers of services themselves. They work in new relationships with communities, known as social coalitions or partnership arrangements, towards achieving healthy and cohesive communities. Clemens et al, 2003 note that ACE providers contribute more than adult learning programs. They engage and build the community as well.

All the agencies we interviewed are community-driven to a greater or lesser extent, and all engage with their communities in a variety of ways. In the words of an ACE provider:

“It’s impossible to separate community learning from community development as they are integral to each other. We’re funded to work with all community groups and assist our community to be sustainable in its life and activity”. (Small rural organisation)

Source: Clemens et al, 2003 p23.

Some research evidence is presented below on the contributions that ACE providers make to community cohesiveness building and capacity building

Cohesiveness building

Cultural understanding is improved through participation in ACE provider programs. For example ACE hobby and language courses give Australian students a glimpse of foreign cultures which may increase their receptiveness to migrants from these cultures. Non-English-speaking background migrant students gain the ability to communicate effectively with their extended families and to do business with the wider community.

Another common reason some people undertake adult and community education courses, is to bridge the generation gap. Much of the knowledge necessary for full participation in today’s society, and for communicating across generations, is new. Different world-views permeate the generations who have, and have not grown up with computers and the internet. Outside adult and community education, it is hard for older students to acquire the skills and knowledge to bridge the divide. (Walstab et al, 2003)

Capacity building

Beyond specific programs and services, ACE providers also engage in the following.

Developing and strengthening networks. Most ACE organisations have well-established partnerships and working arrangements with other community groups, businesses, and industries. An example where ACE providers have been central to improved local co-ordination of services for the benefit of their clients is the Local Learning and Employment Networks (LENs) set up in Victoria through their ACE agency.

A review of this initiative in 2004 found the LLENs' had added value to effecting local change, improving the number and quality of education pathways and also the education and employment outcomes for young people. LLENs' were facilitating industry engagement with education and training, building greater vocational orientation and understanding for young people, and improving links between education and training provision and local employment opportunities and skill needs. The Review confirmed the strategic importance of the role of LLENs, and recommended strengthening their planning role in future. (Review of the Local Learning and Employment Networks, June 2004).

Building community resources. Some ACE providers adopt a very conscious community development role and use their programs and sometimes share their own organisational expertise to build community resources. Some examples of this include: training people to participate in community care, sharing and developing skills in communities to sustain them, providing access to, and support to use, technology and through the use of mentoring to sustain impoverished households.

Building or being local leaders. Others use their educational focus to build community identities and bond with their local communities. In some cases, they provide for training local community members to participate in the communication and promotion of their local environment (Clemens, 2003).

An example of ACE providers adopting a local development leadership role, again from Victoria, is the ACFE Learning Towns Initiative which aims to develop collaborative learning partnerships by linking ACE providers work with that of TAFE, local industry and local governments for lifelong learning.

Indeed, many ACE providers are the only post-compulsory education provider in a town, or even a remote region. Their role is intensified in these cases to help the area survive and grow. Learning is pivotal to change and development, a fact that many towns as well as regions are now acutely aware of as evidenced by the increasing numbers declaring themselves as learning communities.

Could they more in this area?

There is room for ACE providers to do more in terms of community capacity building or social capital development. Social capital means the ways people live together or the networks and norms, values and understandings that facilitate co-operation in and between groups. Social capital is considered a necessary prerequisite for building the capacity of communities to address local needs and issues of all kinds It has much in common with the notions of self-help and resilience.

As well as intra-community networks (based on geographic proximity), there is a need to build inter-community networks (ties across the borders of local communities). A study by Healy (2003), reported in Mission Australia, 2006, comparing social capital and capacity building in various geographic locations, confirms that networks across borders of local communities play a major role in facilitating access to resources and opportunities such as education and employment. Bringing in new knowledge and expertise from outside one's own community is also among the distinguishing

characteristics of towns that are innovative according to Plowman et al, 2003 in their study of why some towns thrive while others languish.

Some ACE providers have proven track records they could share regarding leading and/or contributing to new forms of institutional capital development that is in how the three main types of institutional structures and their assets work together to enhance outcomes for their communities - the public, private for-profit sector and non- government not- for- profit sectors. There are several new research reports on how learning and employment solutions can be linked by establishing partnerships between local players. They also suggest how such partnerships might best be formed, sustained and used (see *Insight* Issue 23 August NCVET 2006).

DISCUSSION AND CONCLUSION

Notwithstanding ACE providers present a challenge to promote. An attempt has been made to inform on their value using the growing, but still patchy body of research, both quantitative and qualitative. To shape the paper, six roles that ACE providers play were identified from the research and evidence of the returns from each of these roles reported. The aim was not to produce an extensive literature review but rather to raise awareness of the range of outcomes ACE providers are achieving.

The six, not necessarily mutually exclusive, roles that there is evidence that ACE providers are successfully fulfilling are as;

- Platform builders- re-engaging adults with learning who have limited previous education and giving them a new start at obtaining basic education skills, for life and work purposes,
- Bridge builders- providing pathways for learning-engaged adults into formal tertiary education and paid work and so helping to up-skill Australians to keep pace with the increasingly skills rich nature of much of the available work nowadays,
- Work-skills developers- offering vocational training in their own right and across the full spectrum of VET qualifications and fields of educational study, including in the trades areas and at diploma levels where there are identified skills shortages across the country,
- Facilitators of adult health- improving mental, physical and emotional well-being, that is a growing issue in Australia, given the ageing of our population among other reasons,
- Promoters of citizenship- achieving adults active as volunteers in community activities, and thereby contributing to social cohesion and unity, and
- Community capacity builders- facilitating local networks and community-led developments which is inline with current government policies that advocate self-help local development

The paper also speculates on whether ACE providers could do more in each of these areas. Some research evidence is presented that suggests there is unmet demand for more of what ACE providers have to offer. ACE providers have the potential to do more for adult Australians and their local communities and economies in accordance with identified priorities as set out in the new COAG National Reform Agenda.

While other providers of adult learning education and VET also produce outcomes such as those described for ACE providers, they are not community owned and managed as are ACE providers. This is the distinguishing feature of ACE providers. They exist because of, and for, the community in which they reside, to meet their members' learning needs. They readily facilitate partnerships and resources sharing for the benefit of their learners and communities. They are not-for-profits and exhibit the following features of all not-for- profits:

“Input includes the various sources of funds from different government agencies, corporate donations and sponsorship, plus retail or consumer donations, which are complex to manage. Combining professional and volunteer staff is also a fascinating exercise in complexity. A difference in output is the caring relationship between the client and the not-for-profit which transcends a normal commercial relationship; the not-for-profit wants to help and cannot equate the limits of help with simple commercial value” Peter Kronberg quote reported by Stuart D in *No profits but big returns* article in *Company Director* Vol. 22, No 07 August, 2006, AICD).

Expanding community-based ACE providers and their learning models builds community capacity. ACE providers have the capacity to contribute in relation to all five capitals- economic, human, social, institutional and natural - capitals that are required to develop functional resilient communities in Australia according to Mission Australia in their 2006 report, *Rural and Regional Australia: change challenge and capacity*.

There is an opportunity now for the Governments of Australia to increase support to ACE providers. ACE has been included, as a late addition, on the list of areas of possible further reform within the human capital agenda of COAG, from 2007. The Ministerial Statement on ACE of 2002 is also under review. This paper may inform these undertakings.

The author suggests national government funding of ACE providers is worthy of consideration for each of their various roles and to enhance unified data collection on their achievements. To provide incentives to the States to maintain or improve their support for ACE providers national funds would need to be administered as growth or matching funds to the current State ACE provider funding arrangements. A single National ACE Provider Support Fund is one option. The ACE provider would identify the component(s) of the fund that will best meets the needs of their community and the funding managers would make selection decisions on the basis of the providers’ ability to perform the tendered-for-functions and the value they would add. Another option is to ensure access to ACE providers of national funds for specific adult learning purposes through competitive arrangements that enable the adults themselves to choose their provider of choice.

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