Abstract

Urban Disadvantage and Provider Equity Strategies

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This paper explores the underlying problem of the meaning of ‘disadvantage’ in equity research in the VET sector. Current policy discourses of ‘equity’ in VET gloss over the nature of the socio-economic disadvantage that underlies questions of the participation and achievement of the so-called ‘target equity groups’.

While SES Indexes are widely applied in education, and are currently at the centre of a political storm regarding Federal funding of private schools, their application to VET participation is as problematic. This is due to the fact that there is quite a strong participation and achievement by lower socio-economic groups that are identified by such indexes. Consequently, areas known to be ‘disadvantaged’ on a general SES index do have high rates of participation, and higher SES areas and groups to have lower VET participation. Historically, this has been the case, since TAFE has provided education and training for working people. However, a further question is whether these areas have similarly high rates of VET achievement, defined in terms of measures such as module completion.

The paper explores the implications for going beyond both the limitations of the target equity group approach, and the general application of indexes of socio-economic disadvantage to VET participation. It proposes a three-dimensional methodology for equity analysis that takes into account the nature of regional disadvantage, the ethos and programs of regional TAFE providers who respond to urban disadvantage (identified by SEIFA indexes) and the profiling of local clienteles that reside and participate in TAFE in the area.

The paper presents data from recent studies in urban disadvantaged areas of Sydney & Melbourne conducted as part of the NREC program and the RCVET’s work as an ANTA national key centre. These studies show, above all, that an important focus of equity research is the nature of the local clientele that takes advantage of the programs that public providers customise in their knowledge of local disadvantage and the need for ‘equity’.