

Findings from the sector

Human Services
Workforce Forum report

MARCH 2022



Foreword

The Human Services Skills Organisation (HSSO) Workforce Forums were designed as an opportunity to bring employers and training organisations together to identify their most crucial pain points and workforce challenges.

Since the 1990s the human services sector has been the single biggest contributor to Australian labour growth. Our ageing population and commitment to the National Disability Insurance Scheme will see the sector grow at almost double the rate of any other industry with an additional 250,000 jobs needed to meet the escalating demand for these services by 2025.

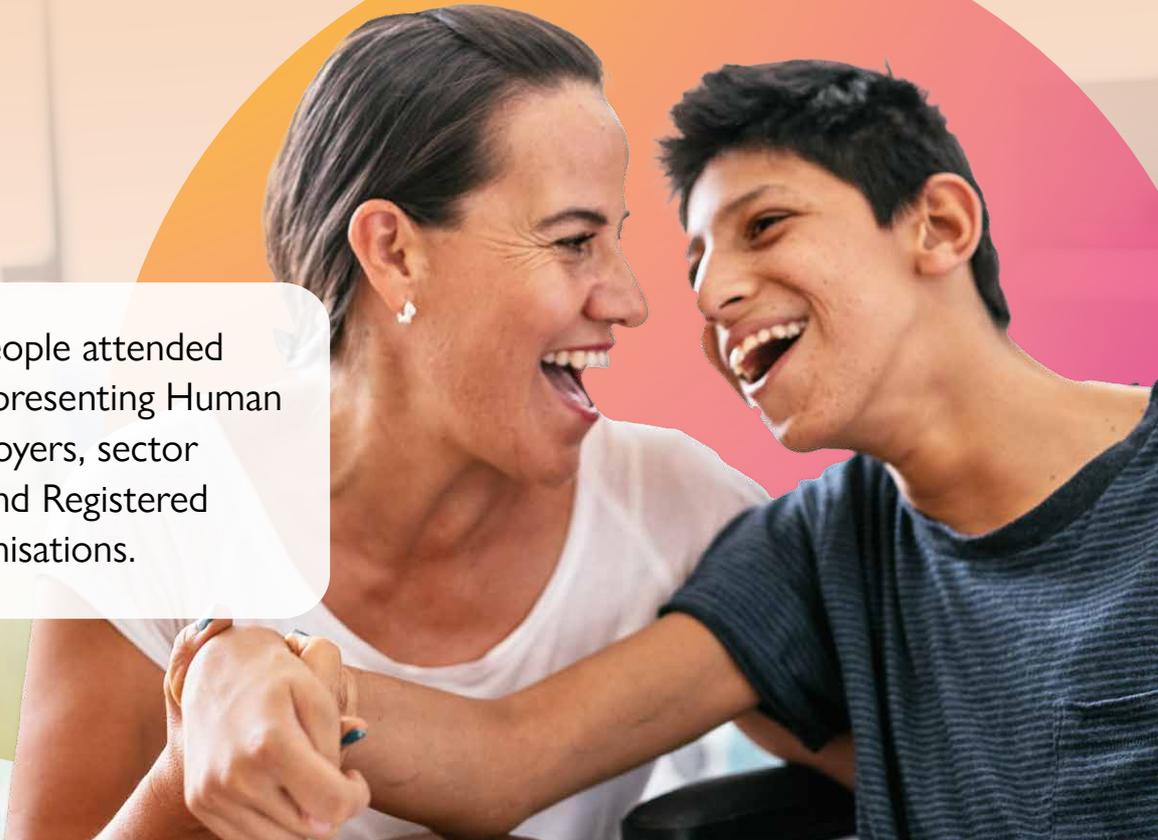
The HSSO mandate is to find sector solutions to attracting and skilling a pipeline of potential employees to meet the needs of the nation's employers as and when they need it. Effective and future-oriented workforce development strategies, and increased industry engagement, are critical to building a skilled workforce that can meet future challenges.

In 2021 we coordinated workforce forums to hear from industry. Almost 500 people attended the workforce forums nationally, representing employers, sector peak bodies and registered training organisations.

These forums gave industry the opportunity to talk openly about workforce concerns, shining a light on the real issues and helping us collectively identify where we can effectively make our start. The discussions unearthed nuanced complexities of a sector under pressure from long term and dynamic conditions.

From the changing nature of individuals, and their demand for more personalised care and support, through to the shifting market forces of an aging population, the need for growing digital literacy, and the inherent challenges for a sector looking to redefine its employee value proposition, the Human Service sector is steeped in workforce development challenges. Layered over the top has been the rolling impact of COVID-19.

Qualitative analysis of the forums revealed seven main areas of concern for employers which included recruitment, working conditions, employee value proposition, workforce pipeline, ongoing training and development, career pathways and new worker training initiatives.

A photograph of a woman and a young man laughing together. The woman is on the left, wearing a white top, and the young man is on the right, wearing a dark blue striped shirt. They are both smiling broadly and looking at each other. The background is a soft-focus indoor setting with colorful balloons.

Nearly 500 people attended the events, representing Human Services employers, sector peak bodies and Registered Training Organisations.

This report provides detailed information on these discussions with documented verbatims and, importantly, ideas and solutions that could make a difference. In considering how we could create real change; stakeholders were vocal in the need to take a fundamentally different approach to the problems at hand. We must urgently get ahead of the curve to meet the challenges of the human services workforce demand that is nearly upon us. It is in our national interest to do so. Encouragingly, what we heard reflects a sector that is ready for evolution, and of a workforce that is innovative, solutions focused and passionate to make a difference.

It was overwhelmingly acknowledged that to make permanent change, greater societal recognition was required - and it would take more than the efforts of the sector alone. We need to encourage all Australians to advocate for quality care. We need to take greater responsibility and ownership of it. We need to make a choice and set the standard for all vulnerable Australians.

The growth in demand for the services provided by the workforce combined with the need to provide skilled workers in the right place at the right time is our most pressing challenge. There is recruitment potential in several groups including school leavers and career starters as well as career changers and people

transitioning to retirement in the 65-to-74-year age bracket. There was good discussion from our forum attendees about this topic, and within this report you will find ideas on how we might encourage individuals to engage with the sector.

The HSSO is giving a voice to employers who will guide our work into the future. We will stay true to what employers and training organisations have told us, and the intelligence gathered as a result of the workforce forums will directly inform the HSSO workplan in 2022. An opportunity also exists for you to use this report to inform your organisation's next steps.

This report provides an overview of the key themes emerging from these discussions around specific and systemic issues, as well as the business environment for human services providers and training organisations.



Jodi Schmidt
Chief Executive Officer

Human Services Skills
Organisation

FIGURE 1: WORKFORCE FORUM SUMMARY



DISCUSSED BARRIERS
AND OPPORTUNITIES TO
RECRUITING SKILLED EMPLOYEES
– NOW AND FOR THE FUTURE



HEARD ABOUT WORKFORCE
DEVELOPMENT STRATEGIES
AND HOW THEY CAN HELP



LEARNT ABOUT
THE DEMAND FOR
WORKERS AND SKILLS



ENGAGED WITH OTHER
EMPLOYERS AND TRAINING
ORGANISATIONS

Human Services Workforce Profile

Overview

Australia's Human Services sector needs diverse, skilled, values-driven and adaptable workers – now and in the future.

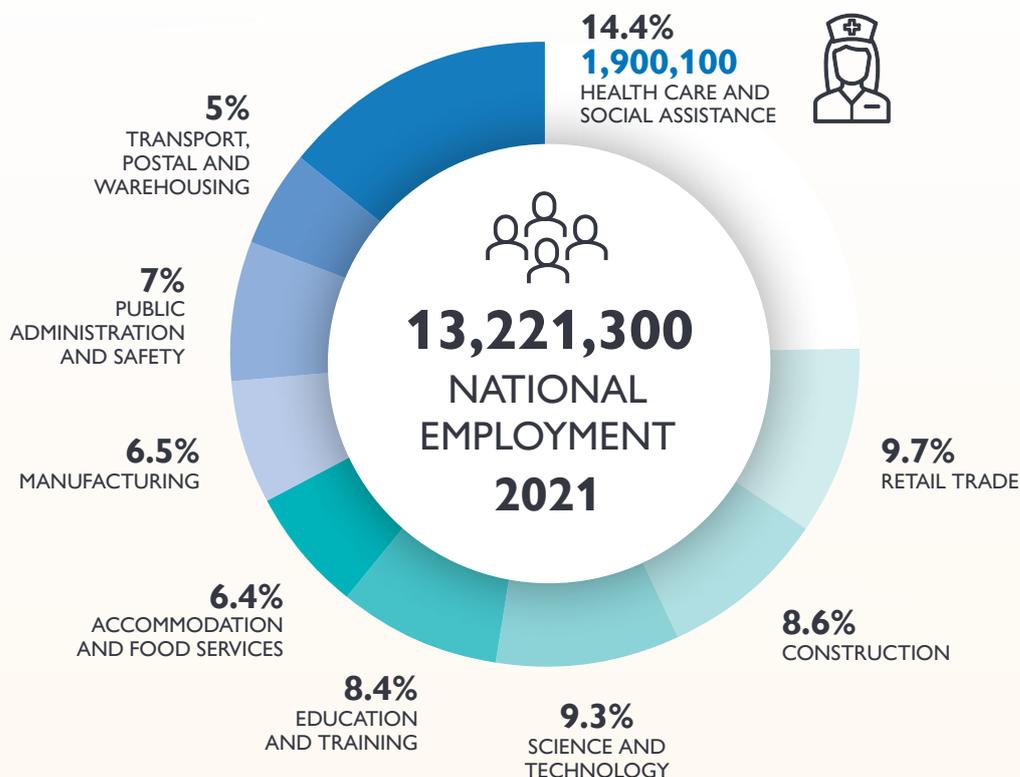
The various human services subsectors – aged care, disability care, veterans' care, early childhood education and care, allied health, and youth and community care – face increasing demand and scrutiny, and subsequently increased pressure on their efforts to support vulnerable Australians.

Throughout this report, the term 'human services' refers to the several specialty areas of care covered by the various subsectors.

Various reviews, as well as recent Royal Commissions, have identified significant skills shortages and gaps in the human services workforce, and a disconnect between the training options available and the skills required for roles.

The impacts of the COVID-19 pandemic, the Australian Government's response to the Royal Commissions into Aged Care, Disability and Veterans Affairs along with national workforce plans in aged care, disability and early childhood education and care are just some of the issues that will affect capacity and capability issues in the human services sector. To address these challenges, Australia requires workforce development and training solutions that are high quality, relevant and responsive to industry needs.

FIGURE 2: AUSTRALIA'S LARGEST INDUSTRIES 2021



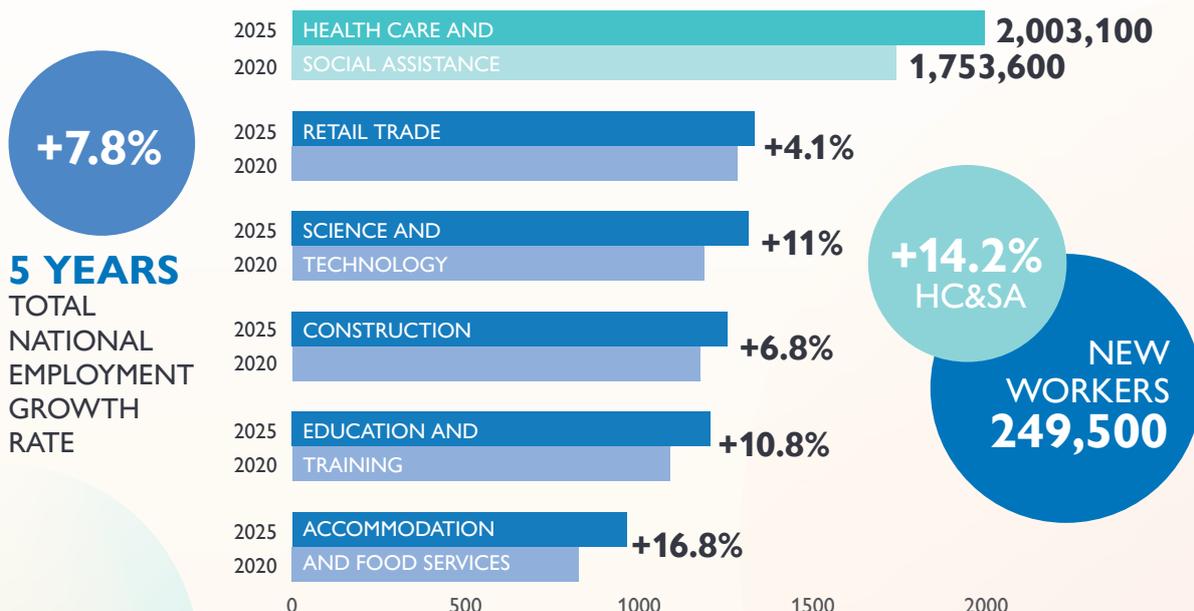
Source: ABS Labour Force Survey November 2021, ABS Trend Data

The Health Care and Social Assistance industry has the largest workforce in Australia, employing 1.9 million people in November 2021 (Figure 2). The National Skills Commission projects that by 2025 the Health Care and Social Assistance industry will still be the largest workforce in the country. It will make the largest contribution to employment growth between 2020 and 2025, increasing by 249,500 jobs or 14.2 per cent, which is almost double the projected total national employment growth rate (Figure 3).

This growth is supported by the continued demand generated by the National Disability Insurance Scheme (NDIS) and Australia's ageing population. Large investments in hospitals and increasing demand for childcare and home-based care services also contribute to this strong projected growth.

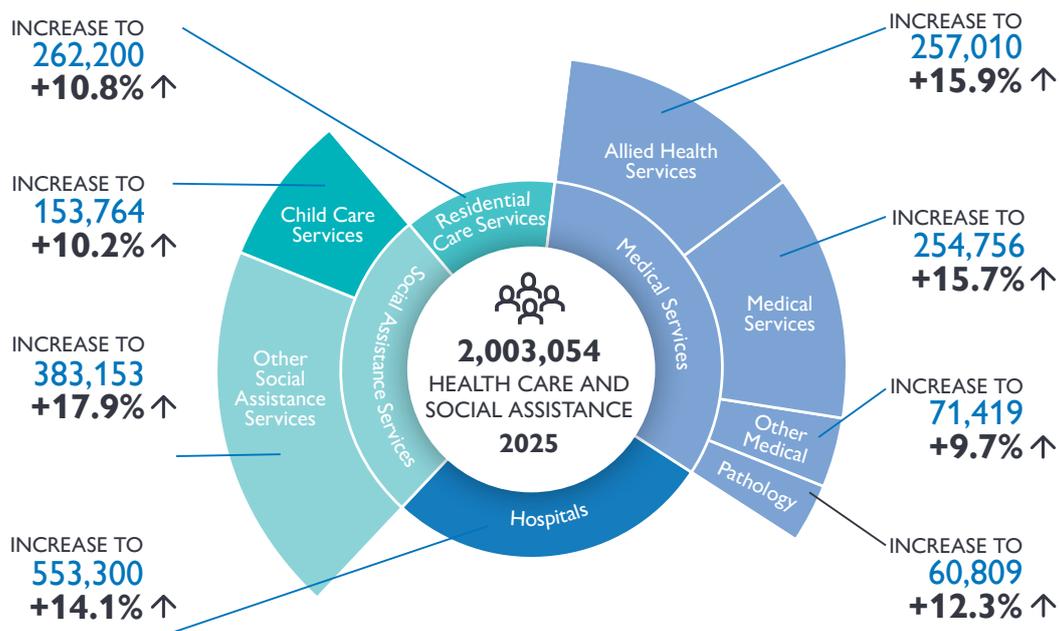
Figure 4 indicates the structure of the Health Care and Social Assistance industry as defined by the Australian and New Zealand Standard Industrial Classification (ANZSIC). While projected employment growth is variable across each of the subsectors, they are all greater than the all-industries rate of 7.8 per cent.

FIGURE 3: TOP 6 INDUSTRIES IN AUSTRALIA 2020–2025



Source: ABS Labour Force Survey, November 2021, ABS Trend Data

**FIGURE 4: NATIONAL EMPLOYMENT PROJECTIONS 2020–2025
HEALTH CARE AND SOCIAL ASSISTANCE**

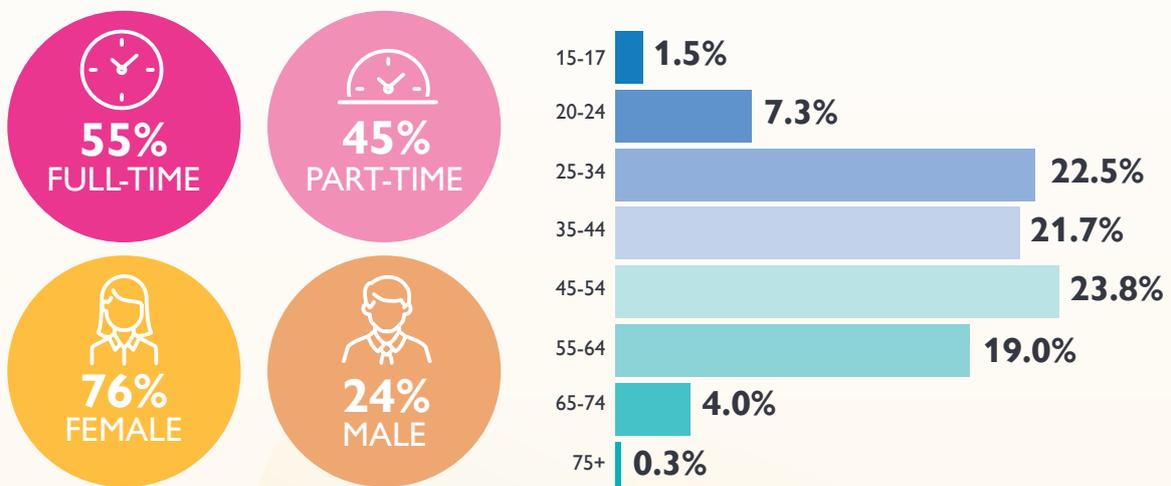


Source: National Skills Commission Projections Nov 2020-2025

There is strong demand to attract workers from other industries, but there are also significant challenges in terms of developing and training a capable workforce to meet the needs of the health care and social assistance sector. Having the right skills and knowledge are critical in this sector and the industry is focused on developing new approaches to training a skilled workforce as well as identifying more effective ways to increase job mobility within and across subsectors.

The Health Care and Social Assistance workforce is predominantly female (76 per cent), compared with the national workforce rate of 48 per cent. Also notable is a lower full-time employment rate of 55 per cent compared with the national workforce rate of 66 per cent (Figure 5).

FIGURE 5: HEALTH CARE AND SOCIAL ASSISTANCE AGE, GENDER AND WORKING HOURS



Source: ABS 2016 Census Place of Work Employment, Labour Market information portal November 2021

Aged Care



Aged care is the support provided to older people who need help in their own home or who can no longer live at home.

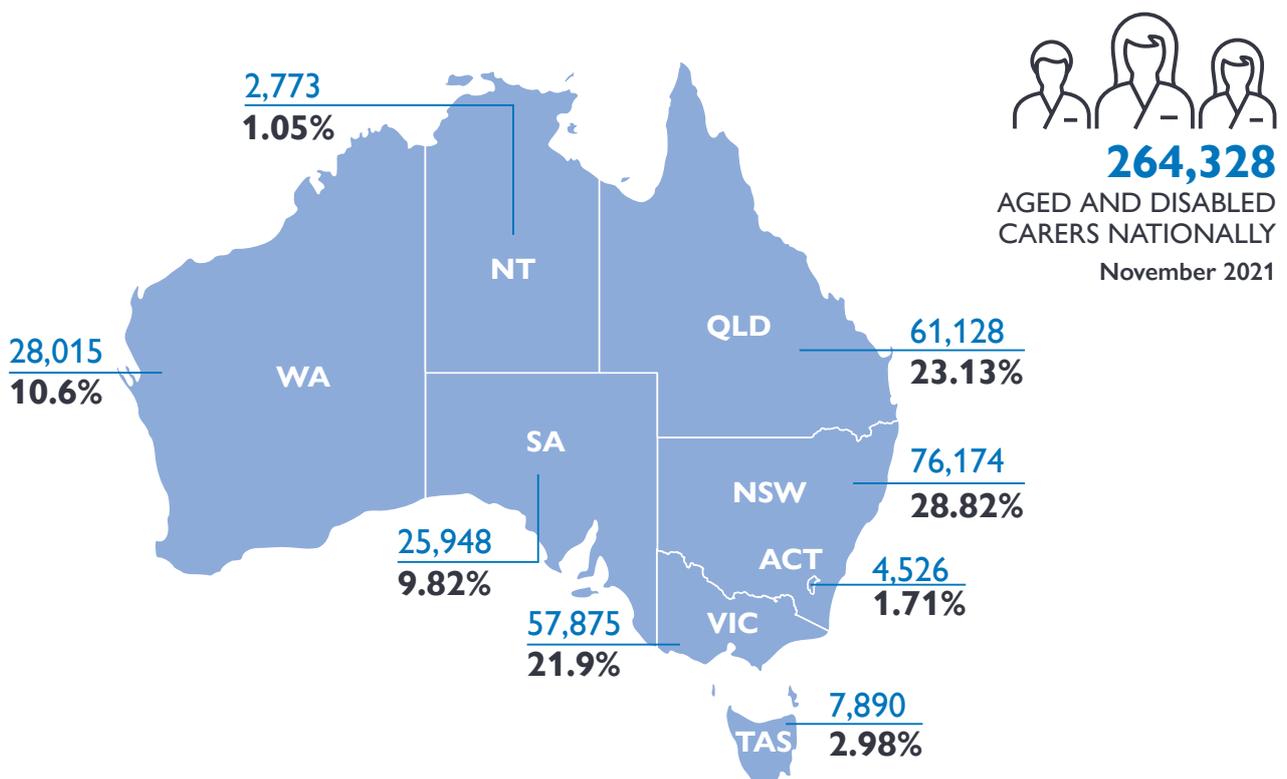
Australia's aged care system comprises a range of services from basic supports to enable people to remain independent at home, through to living in a residential aged care facility with access to full-time care.

Most aged care is provided to people in their homes (or elsewhere in a community setting), reflecting people's preferences to remain living in their community for as long as possible. However, the greatest proportion of aged care spending is on residential aged care. During 2020–21, approximately 1.5 million people received support from aged care services in Australia, with the Australian Government spending more than \$23.6 billion on aged care and nearly 60 per cent spent on residential aged care alone.

Aged care services are operated by more than 3,200 aged care providers across not-for-profit (religious, charitable and community), government and private organisations. During 2020–21 not-for-profit organisations operated the majority of aged care services across Australia (55 per cent of residential aged care, 64 per cent of home care and 69 per cent of home support).

More than 330,000 people are employed in direct care roles in Australia's aged care sector, with an additional 43,000 people in other aged care roles. Australia's population is expected to grow and change over coming decades. Australians are living longer and that trend is expected to continue, leading to a rapid increase in the number of older Australians. That has implications for the demand for aged care. With older Australians making up a greater share of the community there will be increasing demands on the sector.

FIGURE 6: NUMBER OF AGED AND DISABLED CARERS, ANZSCO 4231 BY STATE AND TERRITORY

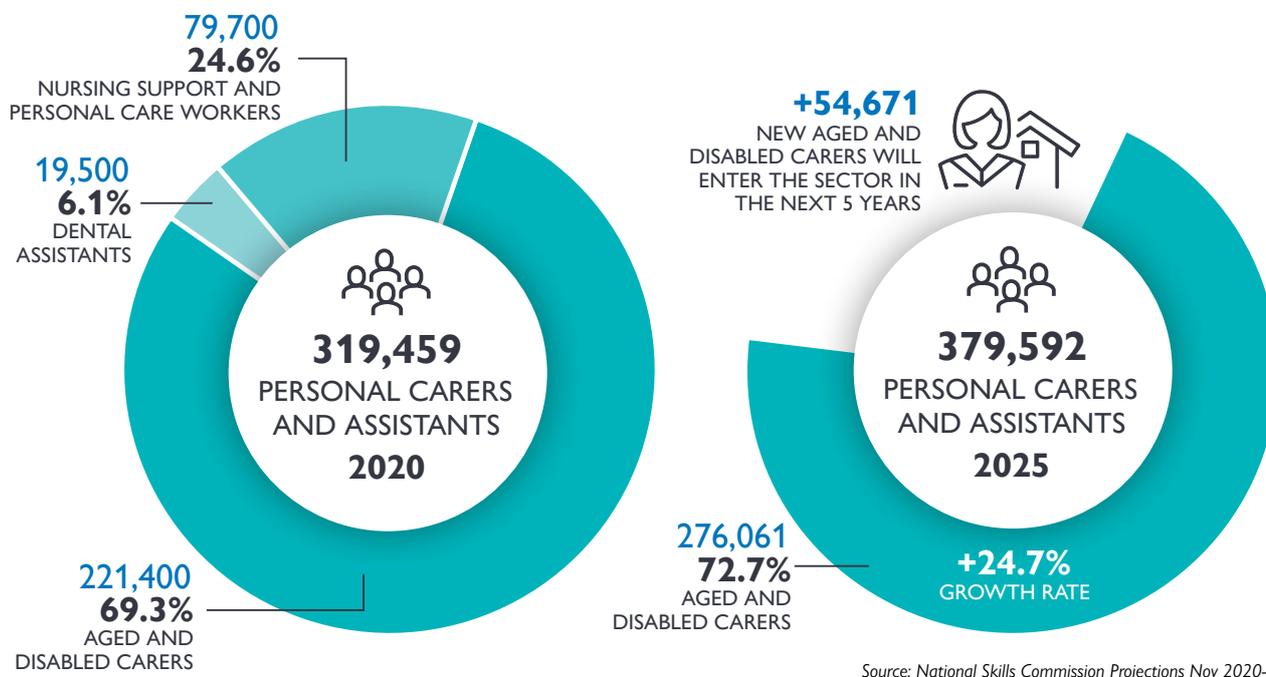


Source: ABS November 2021

By 2050, the aged care workforce is expected to grow to more than one million people to meet this forecast demand for services. The aged and disabled carers segment of the workforce is projected to grow by 24.7 per cent, experiencing the highest growth rate of all occupations in the health care and social assistance industry.

FIGURE 7: WORKFORCE TREND: EMPLOYMENT GROWTH

National employment projections 2020–2025, ANZSCO personal carers and assistants



Source: National Skills Commission Projections Nov 2020-2025

More than one in four Australians aged more over 65 used aged care services in 2020, amounting to 1.17 million people. More than 70 per cent of people received their aged care services in their homes or other community setting. Only 16 per cent of people receiving aged care services were in a residential aged care facility (Figure 8).

FIGURE 8: AGED CARE USE

1 IN 5 IN AUSTRALIA IS **65+**



1,175,262 TOTAL NUMBER OF PEOPLE USING AGED CARE SERVICES



RESIDENTIAL CARE:

217,145 AVAILABLE PLACES

845 PROVIDERS

MORE THAN **1 IN 4** (27%) OF 65+ AUSTRALIANS USED AGED CARE SERVICES IN 2020



HOME SUPPORT 839,373

RESIDENTIAL CARE 189,954

HOME CARE 142,436

TRANSITION CARE 3,499



HOME CARE:

920 PROVIDERS



HOME SUPPORT:

1,452 PROVIDERS

THE NUMBER OF PEOPLE 65+ **4.24 MILLION** OCT 2020 **4.38 MILLION** OCT 2021

FY 2019-20

Source: ABS ER Population by Age Group Time Series – Oct 2021, <https://www.gen-agedcaredata.gov.au>

The results of the Australian Nursing & Midwifery Federation's (ANMF) 2019 National Aged Care Survey presents a concerning picture of aged care in Australia. Aged care workers were asked to identify their concerns with aged care, in Australia with 91 per cent of employees indicating their main concern was "adequate staffing level for meeting basic care needs", followed by adequate staffing levels for high care (83 per cent) and the level of experience and qualifications of nursing staff (61 per cent).

Against this backdrop of concerns about services for clients, HESTA's 2021 *State of the Sector, Aged Care Workforce Insights* report described positive workforce sentiment with 65 per cent of workers who responded from Community Services and 54 per cent of Aged Care workers strongly agreed that their skills and experience were valued by the community. Also of note was 62 per cent of Community Services workers who responded strongly agreed their current employer appreciated their work; however, only 47 per cent Aged Care workers felt the same.

FIGURE 9: AGED CARE WORKFORCE CHALLENGES

EMPLOYEES' MAIN CONCERNS:



% EMPLOYEES WHO STRONGLY AGREE WITH:



Source: Australian Nursing & Midwifery Federation Survey 2019; State of the Sector 2021 Aged Care Workforce Insights (HESTA)



Disability Services

Disability Support assistance is provided by governments to people with disability and their carers through the National Disability Insurance Scheme (NDIS) and other specialist disability services.

The NDIS provides reasonable and necessary supports to people with a permanent and significant disability who need assistance with everyday activities. The scheme is underpinned by an insurance model, and each individual seeking access is assessed according to a common set of criteria. Individuals who are deemed eligible receive a package of funding to purchase the supports identified in their individualised plan.

The Australian Bureau of Statistics (ABS) estimates that in 2018, for those aged under 65 years, 2.4 million Australians or 11.6 per cent had a disability and an estimated 3.5 per cent had a profound or severe core activity limitation.

In 2019-20, total government contributions to the pool of funding for the NDIS was \$16 billion, while expenditure on specialist disability services provided outside the NDIS was \$2.7 billion.

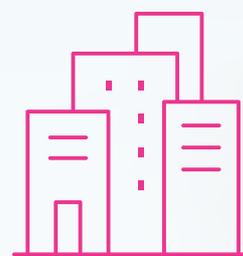
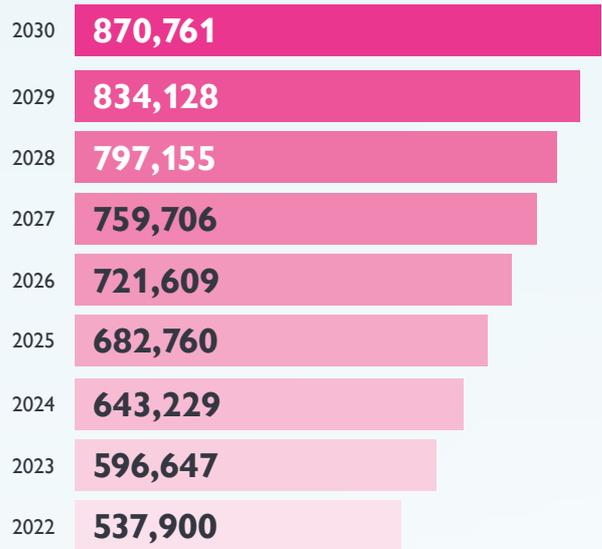
Australia needs to build a responsive and capable disability services workforce comprised primarily of disability support workers, nurses and allied health professionals. In June 2021, there were 466,619 NDIS participants receiving support from more than 9,100 active NDIS providers employing around 270,000 workers across 20 occupations.

Care and support is one of Australia's largest and fastest growing sectors, with around 3,750 unfilled vacancies in July 2021 and an additional 83,000 NDIS workers expected to be required by 2024.

By 2024, it is forecast that around 643,000 NDIS participants will require support from almost 353,000 workers.

FIGURE 10: DISABILITY SERVICES WORKFORCE CHALLENGES

NDIS PARTICIPANTS PROJECTIONS 2030



ACTIVE NDIS PROVIDERS

9,222
JUL-SEPT 2021

17,043
SINCE THE
SCHEME STARTED

Source: Report on Government Services 2022, <https://data.ndis.gov.au>

484,692
NDIS PARTICIPANTS
ACTIVE AT
SEPT 2021

NATIONAL FUNDS
UTILISATION RATE
70%

23.2
BILLION \$ TOTAL
GOVERNMENT NDIS
FUNDING





Allied Health

The Allied Health workforce in Australia comprises allied health allied health professionals, technicians, assistants and support workers.

Allied health is a rapidly growing part of Australia's health workforce, with about 200,000 registered practitioners split across nationally and self-regulated workforces and more than 5,400 allied health assistants and support workers.

Demand for allied health services is expected to continue to grow over the next decade, especially in rural areas.

Early Childhood Education and Care

Early Childhood Education and Care (ECEC) services aim to meet the education, care and development needs of children, and meet the needs of families including enabling increased workforce participation.

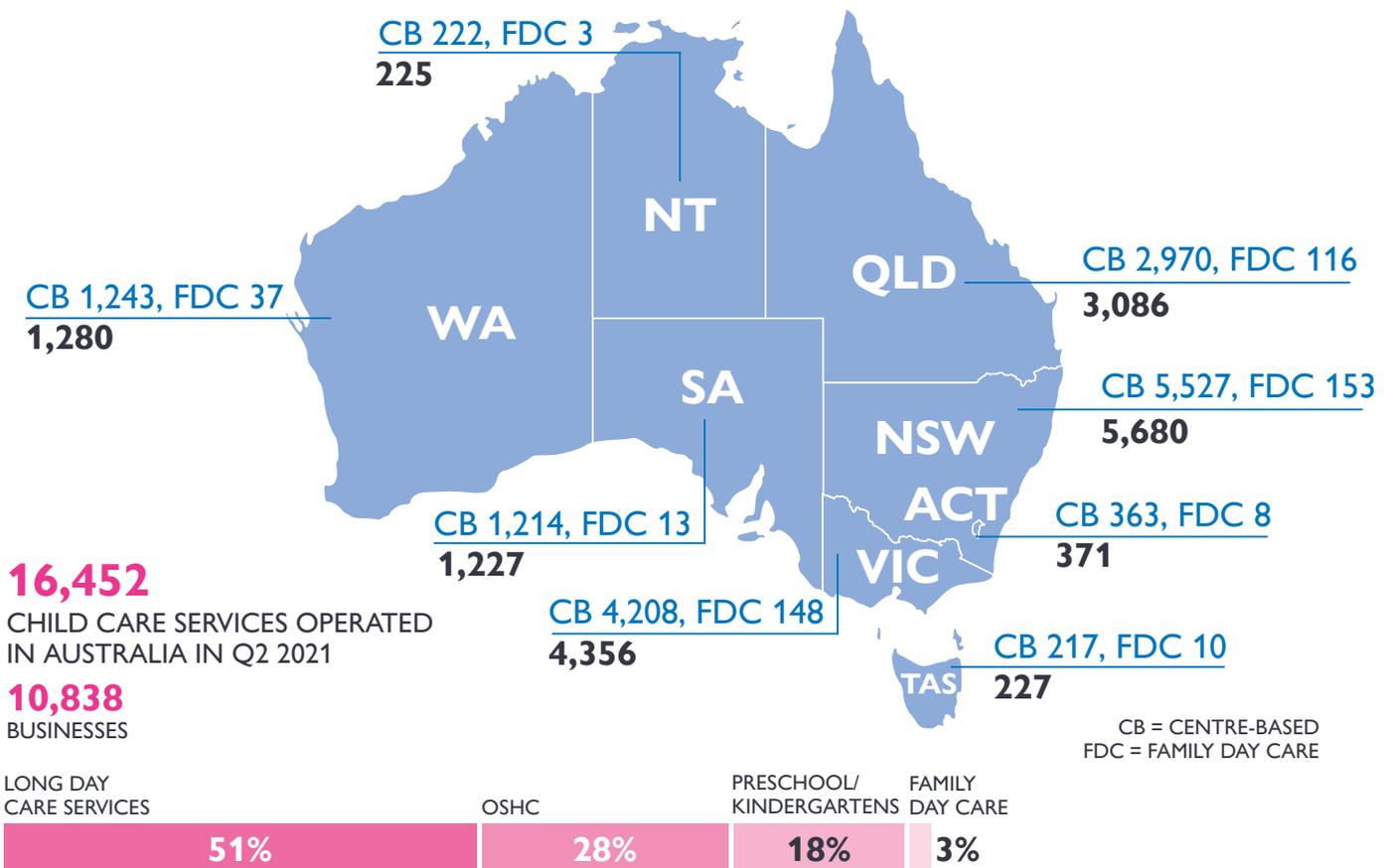
In 2021, state and territory governments regulated around 16,500 children’s education and care services including approximately 8,000 long day care services, 3,000 preschools/kindergartens, 500 family day care services and 4,500 outside school hours care services. About 50 per cent of all services were operated by private for-profit organisations, with 21 per cent not-for-profit (community managed), 14 per cent not-for-profit (others) and the remainder operated by governments or schools.

Around 1.5 million children in Australia attend these services, with individual children attending anywhere from a few irregular hours to more than 50 hours every week.

Total Australian, state and territory real government recurrent and capital expenditure on ECEC services was \$10.6 billion in 2019-20.

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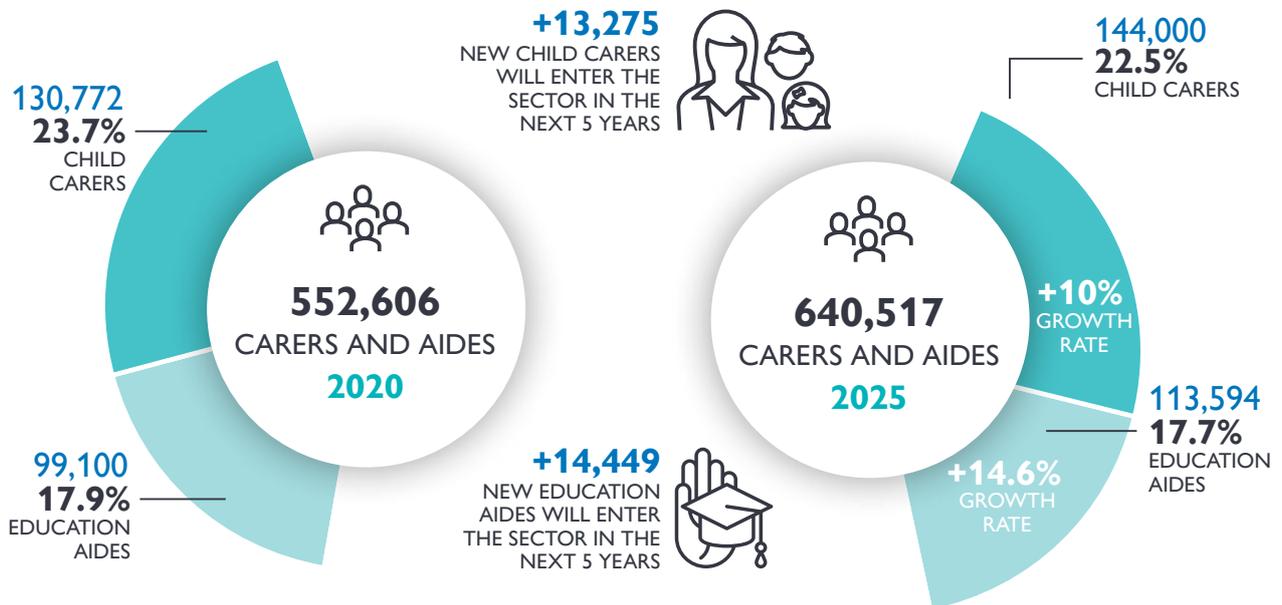
FIGURE 11: CHILDCARE SERVICES BY STATE AND TERRITORY, 2021



Source: ABS Counts of Australian Businesses, August 2021, NQF SNAPSHOT ACECQA Q2 2021

More than 196,000 people worked in the ECEC sector in 2021 across all roles, with the National Skills Commission's five-year employment projections indicating growth in the sector will continue to increase over the five years to November 2025. Employment is expected to increase by around 16,000 educators (an 11 per cent increase) and 8,000 teachers (a 17 per cent increase).

FIGURE 12: NATIONAL EMPLOYMENT PROJECTIONS 2020–2025 CHILD CARERS



Source: National Skills Commission Projections Nov 2020-2025

Veterans' Care

Veterans' Care supports those who serve or have served in defence of our nation and their families. It comprises a range of services provided by registered health practitioners under Gold Cards and White Cards delivered to veterans and eligible persons under legislation and funded by the Department of Veterans' Affairs (DVA). This includes the Veterans' Home Care and Community Nursing programs.

Most veterans' care providers also deliver services in either aged care or disability support, which means separate workforce estimates are not available

In 2020-21 DVA supported 240,231 veterans and 97,245 dependants across all programs including health, compensation and income support and more than 130,000 people provided health services through veterans' care, with DVA spending \$3.9 billion on a range of medical and hospital health care payments.

Youth and Community Care

The Youth and Community Care sector includes Community services, Indigenous environmental health/ population health, Volunteering, Youth services and child protection, Youth justice and Housing. The workforce encompasses a diverse range of job roles and functions. Employment levels for the occupations of welfare support workers and health and welfare services managers have been variable over the past decade. In 2021 there were 73,000 welfare support workers, projected to increase to 80,500 by 2025. In 2021 there were 29,600 health and welfare services managers, projected to fall to 28,400 by 2025.

In 2021 there were 73,000 welfare support workers, projected to increase to 80,500 by 2025.



What We Heard

Attracting, Upskilling and Retaining the Human Services Workforce

Throughout 2021 the HSSO has directly engaged with more than 1,500 individual stakeholders and close to 800 organisations, including human services sector employers and representatives, subject matter experts, vocational education and training (VET) organisations and all levels of government.

The following summary reflects the perspectives of employers about the national VET system. These issues were explored in greater depth during Workforce Forum discussions.

Breakout groups were used to provide the opportunity for open dialogue between participants. The first of these conversations was framed around identifying opportunities and barriers to attracting, upskilling and retaining the Human Services workforce.

Figure 13 illustrates the top workforce development concerns of the employers and training organisations (RTOs) that participated in the breakout groups. Key points from these conversations were captured on virtual whiteboards and then debriefed in plenary sessions with all forum participants. This qualitative analysis presents national findings for expressed priority order based on the frequency each topic was featured across the 16 sessions.

FIGURE 13: TOP WORKFORCE DEVELOPMENT CONCERNS



It was clear that employers and training organisations had quite different priorities to each other about attracting, upskilling and retaining the human services workforce, with the exception of a similar importance on the issue of working conditions. However, there were significant differences across most other priorities, reflecting a trend towards organisation-related issues for employers training and development-related issues for RTOs.

This difference between the two groups underscores the feedback that the HSSO has heard from human services employers over the past 12 months, which is that RTOs are not close enough to the sector to understand workforce needs.

This means it is likely that initiatives to address employer concerns and which bring the two groups closer together would deliver significant impact. This area is already a focus of the HSSO's current workplan, in particular the release of the *Building a Skilled Workforce – A Guide for Human Services Employers* to support more effective partnerships between employers and RTOs. The guide is available in the resources section of the HSSO website.

The top seven employer workforce concerns and the suggestions employers had for addressing them are provided in the following pages. These items directly reflect what was said in the workforce forums and have not been altered for publication.



EMPLOYER WORKFORCE CONCERN 1

Recruitment

Challenges



Low pay is a big attraction issue, it isn't enough to just look for those with a passion or vocation and **there is a lack of suitable candidates** who are prepared to work for the available wages.

A growing **reliance on recruitment agencies and labour hire**, especially for temporary roles and to cope with demand peaks.

Traditional recruitment methods are not working, with some evidence social media channels are working better.

Many employers are requiring certificate III prior to employment, especially those with **limited capacity to afford ongoing training of their workforce**.

High turnover or workforce churn which results in a lot of time and money spent on recruitment and induction.

Competition for skilled workers between employers and then between modes of delivery and sectors in some instances; for example, home care and residential care, aged care and disability.

Applicants applying for roles with no intention to work in the sector, leading to time wasted by employers.

Losing potential workers to hospitality/retail sectors where entry level roles are better paid and clearances are not required.

Organisations **requiring prospective employees to hold relevant certifications and clearances** prior to employment, which are costly and can delay recruitment processes, e.g., worker screening, criminal history checks.

Ongoing accommodation shortages for workers in some regional areas impacting already low applicant numbers.

Availability/affordability of accommodation close to work in some urban areas means high transport costs for potential employees.

Some **employers are unwilling to offer student work placement** as a recruitment pipeline, particularly if candidates have only trained in an online or simulated environment.

Unrealistic expectations of employers for new employees to have similar skill level to those with years of experience.

Attracting nursing staff to work in aged care instead of acute care.

Retaining staff after visa sponsorship process is completed.

There is a **disconnect between candidate expectations and the reality** of working in the sector.

Solutions



Cross matching potential candidates with possible industry roles based on their interests, experience and background.

Matching people to the right jobs is key to ensure sustainability of the workforce.

Recognition of transferrable skills including **pathways** from other sectors and provision of training to address common gaps.

Programs for referral of new workers by existing workforce.

Local partnerships between employers, recruiters and training organisations.

Non-accredited training for entry-level workers including work experience to allow candidates to make an informed decision about joining the sector.

Pre-employment screening using value-based recruitment models to screen for the right fit between person and the role.

Opportunities for **clients to be part of recruitment panel** to select their own support worker.

Hiring on base skill set not qualification.

Word-of-mouth recruitment for those from culturally and linguistically diverse backgrounds.

Job fairs including involvement of young people already employed in the sector and promoting opportunities for working while learning.

Programs to attract older workers including targeted funding.

Formalised **student work placement arrangements** – employers can check fit for the skills they need, client and workplace mentors giving direct feedback about the student's performance during the placement.

General care **sector taster programs** which can then pathway to aged care, community care or disability support.

Explore **school-based traineeships pathways** for community services, care and support and allied health sectors.

Programs to support **training pathways for those migrating** to Australia.

EMPLOYER WORKFORCE CONCERN 2

Working Conditions

Challenges



Difficult to position as an industry of choice with so many other sectors offering better working conditions.

Shift work, including weekends and the impact on individuals and family or other commitments.

Many roles have **high workload and pay levels are not sufficient** to retain workers in the longer term.

High rates of casualisation and a lack of permanent roles can also contribute to rostering challenges as employees may have more than one employer.

Not enough shifts to keep new workers engaged and the lack of full-time or permanent roles results in high staff turnover.

Operating conditions can result in **inflexible working arrangements** and these roles can be harder to fill, e.g. short shifts, broken shifts and 12-hour shifts.

High competition from other sectors for entry-level workers, particularly in regional areas, means it is easy for people to find a better-paying job with better conditions.

Employees can have **expectations around specific tasks** they want to do compared with what is required for fulfilling the full role.

Transition of workers from one sector to another based on perceptions of better conditions, which may intensify as Royal Commission recommendations are implemented.

Better career options in acute care settings than care and support sector.

Community and home care roles more attractive to some cohorts as they can often offer greater flexibility and less shift work.

Succession planning rarely occurs.

Workforce shortages and the ongoing **impact of COVID-19 arrangements** make it harder for workers to have enough time to provide quality care and leads to low reliance, fatigue and burnout.

Ageing workforce in some areas with many seeking to retire soon and making it attractive for younger people is difficult.

Campaigns are great but they **don't necessarily inform people about the realities of work available in the sector**, so people can make an informed choice about jobs and careers.

Low investment by employers in ongoing skills development leads to employee turnover.

Impact of **sector reputation** – roles are not understood and valued by society.

Cost of renewing clearances can impact employee retention – organisations have been covering these costs at times.

Physical nature of some roles and the associated manual handling leads to **physical burnout or injuries**.

Some roles require worker to provide **own transport between jobs** during the shift, which can be a barrier for some workers.

Availability/affordability of accommodation close to work in some urban areas means high transport costs for potential employees.

Clearances and identification documentation requirements can be challenging to source for some cohorts.

Younger workers want greater control over how they work, who they work with etc. Platforms such as Mable can attract the workforce but need to focus on ensuring quality and safeguards.

Solutions



Design of **trials to look at different work arrangements/patterns** to explore options for expanding the pool of available workers.

Use of **platforms to better match** those needing services with those available to provide them.

Offering flexibility to staff around work arrangements.

Offering permanency where possible, including part-time and full-time.

Efforts to focus on **developing a positive workforce culture** as this makes a significant improvement on staff retention.

Flipping the model: from a focus on command and control driven through rostering/scheduling to a **support worker/client focused model**.

Initiatives that use **collaborative team approaches** and include flexible arrangements.

Efforts to **improve societal recognition** of the importance of roles. We have regarded them as 'essential services' during COVID-19 and we now need to ensure the value of the workforce is maintained.



EMPLOYER WORKFORCE CONCERN 3

Employee Value Proposition

Challenges



Employers having **inflexible work arrangements** without considering how things could be done differently.

Employees can agree to a lot during interview processes but **limit their commitment to specific hours/days** etc. This is particularly an issue where staff are working across more than one organisation.

Restrictions relating to **salary packaging** if not permanent, or if working for several organisations.

Need to look at **employer value proposition** from the perspective of new staff as well as existing staff and identify how to retain both cohorts.

Casual staff – not enough hours to keep them engaged longer term.

Value propositions to retain (or attract) can't be generic. They need to engage specific demographics that service providers/employers need with the incentives most likely to match them.

Post COVID-19 the way the staff have been treated will have a longer-term impact on retention. This is broader than concerns about vaccination. Workers have absorbed many challenges to ensure services are maintained.

Employer **responsibility to really respond to employee needs** and support safety and wellbeing.

Affordability of pay levels to retain workers in the longer term.

Other **sectors offering better employee value proposition** means increased competition for talent and risk existing workforce retention.

Growing expectation to provide ongoing skilling and career options for workers.

Employer learning and development **culture not supporting career progression.**



Solutions



Building **an employee value proposition beyond pay that is saleable** e.g. job/shift flexibility, salary sacrifice options, home-based working, culture, career pathways.

Offering career pathways, transferrable skills and demonstrating opportunities to move and progress within organisations or between subsectors following gaining of additional skills, e.g., from aged care to disability or housing.

Focus on **becoming the employer of choice** by demonstrating the specific value of working for a well-known/supportive/not-for-profit etc. organisation.

Use of **salary packaging and engaging staff through social supports** (e.g. birthday celebrations, staff recognition, Christmas funds/ social activities, social get togethers).

Offering specific packages including **relocation and financial incentives, relocation bonuses.**

Programs for referral of new workers by existing workforce.

Offering permanency – particularly in roles where there has traditionally been a lot of casual work.

Create a focus on local teams: attracting people to live locally making a difference in their community.

Change the language used during recruitment to **talk about values and autonomous work environments.**

Provision of flexibility to existing and new staff assists with work/life balance.

Employee **wellbeing initiatives.**

Ensure that position descriptions **showcase other benefits,** e.g., flexible work, community participation, working where you live.

Programmed orientation package for staff, e.g., delivered over six months to maintain connection and focus on building culture.

More **team meetings, informal and social activities** within organisations to build stronger connection and improve staff retention.

Programs that **recognise and reward retention and loyalty.**

Offer **opportunities for ongoing learning** and development including for future roles and career progression.

EMPLOYER WORKFORCE CONCERN 4

Workforce Pipeline

Challenges



Overcoming **negative parental bias** about the human services sector and general **negative perceptions** about working conditions and roles in the sector.

Attracting older workers.

Government investment in programs and training needs to **prioritise outcomes not outputs** – quality over quantity.

Disregarding people on face value who have a good values alignment – or **who don't hold qualifications or specific relevant experience.**

Struggling to fill professional roles, which has been magnified with **border closures** and **reduced migration rates.**

Complexity and cost of migration pathways for entry-level roles.

Losing potential workers to hospitality/retail sectors where entry-level roles are better paid and clearances are not required.

Organisations requiring prospective employees to hold relevant certifications and **clearances prior to employment**, which are **costly and can delay recruitment processes.**

Health care and social assistance VET in Schools programs not well promoted or supported and there is a lack of formal arrangements to support participants to pathway into employment on completion.

Lack of applicants for roles resulting in having to actively head hunt talent from other organisations, which is high cost and contributes to churn within the sector.

Over-reliance on importing talent at the expense of developing sustainable local pipelines.

Little evidence of demand forecasting, career pathway mapping or workforce planning on a sector basis.

Lack of investment in leadership development affects retention and workplace culture.



Solutions



Hiring more graduates, focus on upskilling after employment rather than employing people with full qualifications.

Offering **traineeships as a recruitment pathway**.

Job fairs including involvement of young people already employed in the sector and promoting opportunities for working while learning.

Initiatives to support candidates sell their transferrable skills to potential employers in the sector, e.g. cooks seeking employment in the care workforce.

Recognition of Prior Learning (RPL) programs for new entrants to the sector with transferrable skills, and for the existing workforce that do not have formal qualifications.

Identifying transferrable skills or pathways to other roles to retain employee within organisation if not within specific sector, e.g. from aged care to disability or housing.

Offering more student placements across a broader range of sector roles as this can create a sustainable pipeline.

Word-of-mouth recruitment for those from culturally and linguistically diverse backgrounds as well as participation in **community events**.

Open days to encourage community members and potential workers to learn about the industry.

Supporting workers who are approaching retirement with conditions that enable them to work safely and flexibly where needed.

Initiatives that focus on **attracting a non-traditional workforce** with diverse skills to roles in the sector, and not only to entry-level roles, e.g., people with different skills including languages may better match the workforce with client needs.

Developing local talent pools that reflect client cohort where possible, e.g. initiatives to build the Aboriginal and Torres Strait Islander care and support workforce.

Streamlined and **faster security screening** process.

Programs for new migrants including training pathways and supporting documentation for use in language classes. Options for translation of materials about human services for culturally and linguistically diverse communities.

Raising the profile of human services careers from Year 7, progressively building awareness of opportunities and then providing training pathways from later high school years, including the use of technology such as virtual reality.

Improved knowledge of how to get the best out of RTO/employer partnerships to establish student-to-employment employment pipelines and support trainer and assessor currency in the human services sector.

Improved forecasting and data for workforce planning and case studies showing the use of funding for workforce development.

EMPLOYER WORKFORCE CONCERN 5

Ongoing Training and Development

Challenges



Eligibility and access to funding is an ongoing issue and once outside of the funding framework, it is difficult for employers to continue ongoing training.

Workers are leaving because they are not continuing to be upskilled in line with changes within the industry and not able to keep up with the expected changes.

Based on **low qualification completion rates** there seems to be issues with the qualifications.

Staff feeling stressed in current conditions and there is no additional training – particularly for mental health.

With ongoing requirements for compliance-related training, it can be **hard to get some staff to engage** and see the advantage in more training.

It is **difficult to invest in training** in a high employee turnover market.

There is a **lack of investment in training** and careers relating to affordability for employers under the NDIS pricing model. There is **no specific allowance in NDIS funding for training**, staff aren't learning what they need to support clients, and this leads to retention issues.

Can only train in small groups due to the **cost and practicalities involved in back-filling staff**. This is hard to do cost effectively. Lack of staff.

There is a **gap between what the Training Packages require and what the industry really needs**. This results in a shift away from accredited training and focusing more on professional development courses where there is more room to customise training to employer needs.

The **ongoing training component for providers is high** and the sector needs more affordable options to offer ongoing standardised training to workers.

Compliance and reporting requirements require training, and this can be challenging in low literacy circumstances.

Regulators and funding organisations have a greater expectation for employers to provide ongoing skilling for workers, however this isn't necessarily built into **funding models**.

How to work together to upskill the entire workforce rather than **duplicate effort being done by organisations** feeling they need to develop courses themselves.

It can be practically difficult to offer **training in home care and community care environments**.

A lot of training is **not culturally safe** for workers or clients and this needs to improve.

Solutions



Offering staff ongoing education and **covering costs** of training, which also helps with retention.

Offering pathways through ongoing accredited training and enabling people to become specialists/champions in a particular area, e.g., start with a Certificate III but move into more specialist roles through Certificate IV and Diploma's (e.g. nursing) – building connection with customers and increasing job satisfaction. Pathways help people see the career opportunities and not just the front-line job.

Programs to help staff feel confident, secure and connected with customers.

Investing in online training for short courses related to the job (i.e. about diabetes and other health issues) – offered to staff for free – feedback is that people feel invested in by the employers.

Employers investing in “growing their own” using **micro-credentials and in-house training.**

Improving **on-the-job training activities** and opportunities for **recognition of prior learning (RPL)** including supporting existing workers with skills gap training to achieve qualifications.

Development of **micro-credentials for non-technical skills**, e.g. innovation.

Improving organisational turnover by **focusing on management training** through development of leadership skills. Build flexibility and agility into training program. Cherry-picking modules and services from RTO and delivering more internally.

Establish a **professional development program.**

Development of **culturally safe training products** and approaches to training.

Ensure **diversity of methods** for training, e.g. interactive groups, webinars, resource sharing, 1:1 meetings.

Upskilling of workforce to ensure safe, competent, skilled and culturally aware staff.



Career Pathways

Challenges



It is **hard for people to understand the roles** and the career paths in the sector.

Overcoming **negative parental bias** about the human services sector.

Not everyone is entry level and wants to start out with a certificate III and we need to offer career pathways demonstrating opportunities to move across from other roles and sectors at various levels.

Lack of data to underpin a workforce capability framework.

There's a lot to do to **promote the sector** that would entice people. There's a lot of work to do to **educate people about what roles are available** in the sector.

Barriers to care workers getting professional development predominantly relates to **attitudes about the role being low skilled**.

Some organisations have **limited ability to offer career development** which means people get 'stuck' and leave in order to progress in their career.

Pathways from entry-level roles are not well promoted or understood.

VET in Schools programs for Human Services qualifications are not being promoted or supported well enough.



Solutions



Developing and promoting career pathways within and across human services subsectors showcasing multiple entry points.

Supporting career pathways with **case studies of workers** showing how they navigated their career.

Potential for **volunteering or taster programs** for people considering career change or sector move to lead into pathways to employment.

Recognition of transferrable skills and provision of gap training, particularly for candidates from other sectors or people with existing higher-level qualifications moving into human services.

Traineeship programs should focus on career pathways as early as possible.

Offering pathways through **ongoing accredited training and enabling people to become specialists/champions** in a particular area e.g. start with a Certificate III but move into more specialist roles through Certificate IV and Diploma's (eg nursing) – building connection with customers and increasing job satisfaction. Pathways help people see the career opportunities and not just the front-line job.

Traineeships for existing workers – allowing employees to learn while on the job and not to have to leave to go to classrooms.

Marketing sector roles as career opportunities to prospective candidates and not “just a job”.

Open days to encourage community members and potential workers to learn about the industry.

Focus on **internal recruitment for career progression** opportunities.

Review the way position descriptions or job advertising **describe the job role and distinguishing between new/early career roles** vs those requiring more experience.

Recognising existing workforce strengths and encouraging people to seek higher responsibility roles within the organisation, including temporarily, e.g. while others are on leave.

Active **employer involvement in RTO delivery strategies** provides an opportunity to educate students about careers.

Establishing and interpreting workforce data to identify career pathways and to support career planning.

New Worker Training Initiatives

Challenges



Difficulty getting work placement for students over the past two years, in particular relating to workplace restrictions relating to COVID-19. Post-COVID there needs to be incentive to take on work placement for new students/workers.

Attracting older workers into the workforce.

RTO focus on ensuring students are aware of differences in workplace environments, e.g. residential aged care, home care, community care, and support this with relevant knowledge and skills.

Growing **digital literacy needs** of a workforce with limited access to computers, email and internet during work time.

Capability of existing employees and supervisors to mentor and support new workers is variable.

Organisation induction programs may not allow sufficient time to support new workers effectively.

Solutions



Partnerships and collaborations between employers, RTOs and other support services to develop sustainable approaches to train human services workers.

Development of new worker programs that involve a streamlined process of information sessions, training delivery, work placement and guaranteed employment at the end.

Scaffolding of new entrants by various internal and external partners.

Bring all local partners together to **develop shared approach** to developing employment-ready skills, including use of traineeships, support for trainees and delivered in partnership with multiple employers and RTOs.

Addressing backlog of students who are waiting for placements.

Recruitment agencies to partner with employers to create program for providing on-the-job experience and training.

Mentoring programs to build new worker confidence (including training for mentors).

Opportunities to establish **social enterprises** could be explored.

General **care sector taster programs** that then allow candidates to move to aged or disability pathway.

Delivery of any skills development program needs to include **wrap-around support** to be successful.

Ensuring that employer induction focuses on the core capabilities that are key to delivering quality service.



What is Job Ready?

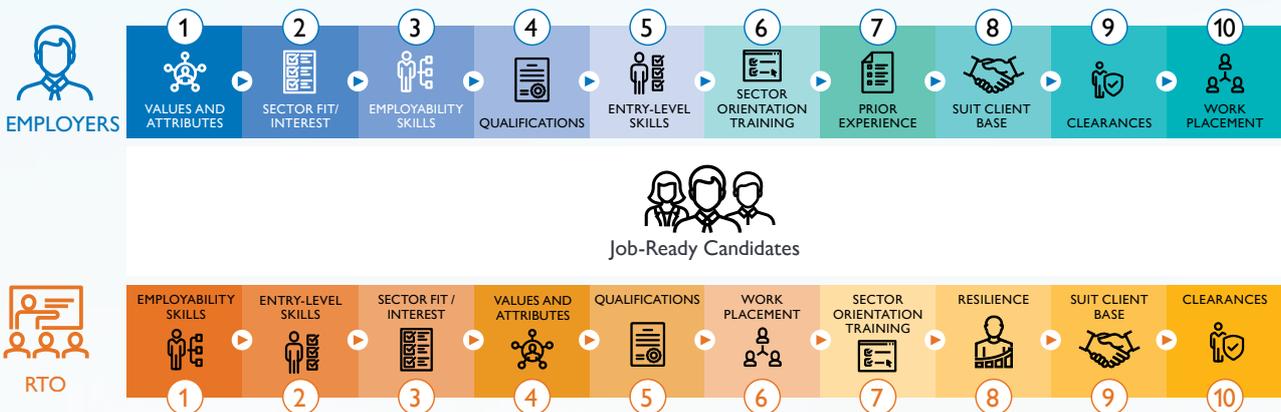
The second series of breakout conversations were used to workshop the characteristics participants felt were indications of candidate job readiness.

Figure 14 illustrates the top job-readiness characteristics that were identified by employers and training organisations.

Again, key points from these conversations were captured on virtual whiteboards and then debriefed in plenary sessions with all forum participants. This qualitative analysis presents national findings expressed in priority order based on the frequency each topic was featured across the 16 sessions.

FIGURE 14: WHAT IS JOB READY

Top 10 characteristics



Human Services employers and training organisations also have quite different expectations about the characteristics that indicate a candidate is work ready. Employers placed their highest priority on the values and attributes the individual holds and their level of interest or fit with the sector, whereas training organisations prioritised skill-related areas (e.g. employability and entry-level skills).

Employers indicated they were looking for candidates who had alignment with their organisation’s vision, mission and purpose as well as alignment with the operational requirements of the role. They highlighted the connection between these attributes and the importance of the workforce representing the organisation’s vision and reflecting its values.

Many employers indicated they felt confident they could train the skills if people already had the right attributes – “soft skills are crucial, technical skills are a bonus”. Among the key attributes employers raised were:

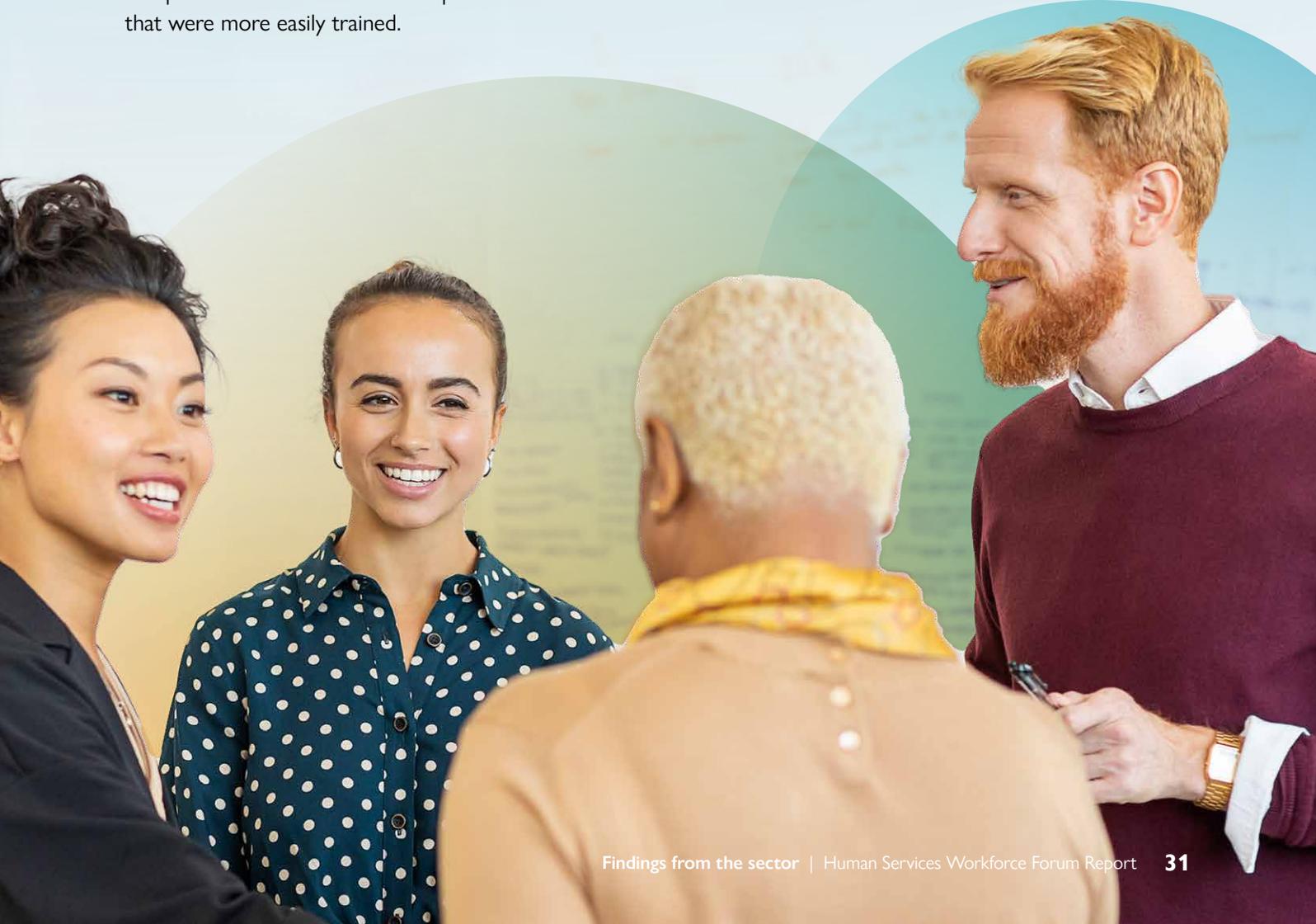
- attitude and energy – that they wanted the job and cared about joining the sector
- attitude to work – desire to work, understanding of what sort of work they actually wanted to do
- communication skills including the ability to work with people from different backgrounds and experiences
- rapport and relationship-building skills
- people who supported and encouraged others as this was critical for person-centred care

- growth mindset – preparedness to learn and be open
- passion for helping people – many employers felt this was linked to longevity of employment
- compassionate, have passion for the sector, empathetic, dedicated
- respectful
- honesty, integrity.

While employer views about the specific attributes and skills that contribute to a candidate's job-readiness may vary, they agreed that people were likely to leave if there was not a match between personal and organisational values. This situation was evident in the churn or cycling of employees through different employers, or through different areas of the Human Services sector. A consistent theme of the conversations with employers was these attributes or qualities needed to be present in the individuals, as compared with some of the role-specific technical skills that were more easily trained.

The importance of candidates having a genuine interest in human services was reinforced by employers, indicating this provided the best foundation for organisations to support the development of technical skills related to individual roles. This preference is at odds with the current situation where we see high enrolments in care and support qualifications each year, but little evidence that candidates are aware of sector requirements or the demands of specific job roles. Employers were supportive of initiatives to promote sector familiarisation, including workplace immersion experiences to check for job and sector fit and to see how trainees engaged with clients early in their training.

Employers placed a much higher priority on work placement than training organisations did, showing that placements need to involve skilled workplace mentors or coaches if they are to be meaningful for both candidate and employer.



Human Services and the VET System

At each workforce forum the HSSO presented a range of demographic information about the Human Services sector.

Many of the charts used are presented earlier in this report. In addition to discussions about the sector and its workforce, both employer and training organisation forums were provided with data about the Vocational Education and Training (VET) system relevant to human services.

Almost one in four aged and disabled carers hold no qualification, which amounts to more than 60,000 workers in the current workforce.

With roles becoming more demanding, mandatory qualifications on the horizon and community concerns about the quality of care provided, the need for an effective VET system that demonstrably meets industry requirements has never been greater.

FIGURE 15: NATIONAL AGED AND DISABLED CARERS' QUALIFICATIONS

QUALIFICATIONS HELD BY AGED AND DISABLED CARERS



81.4% OF ALL VET QUALIFICATIONS HELD BY AGED AND DISABLED CARERS WERE RELEVANT TO THEIR CURRENT JOB



29.5% HAD TWO OR MORE QUALIFICATIONS



47.8% HAD A SINGLE QUALIFICATION



ALMOST **1 IN 4** EMPLOYEES HAD NO QUALIFICATION

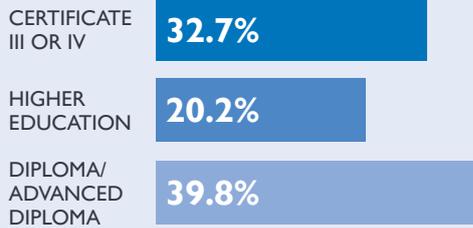


Source: NCVET, ABS Qualifications and Works Survey, 2018-19



FIGURE 16: NATIONAL CHILD CARERS' QUALIFICATIONS

QUALIFICATIONS HELD BY CHILD CARERS



84.4% OF ALL VET QUALIFICATIONS HELD BY ECEC WORKERS WERE RELEVANT TO THEIR CURRENT JOB

24.7% HAD TWO OR MORE QUALIFICATIONS

53.4% 1 IN 2 HAD A SINGLE QUALIFICATION

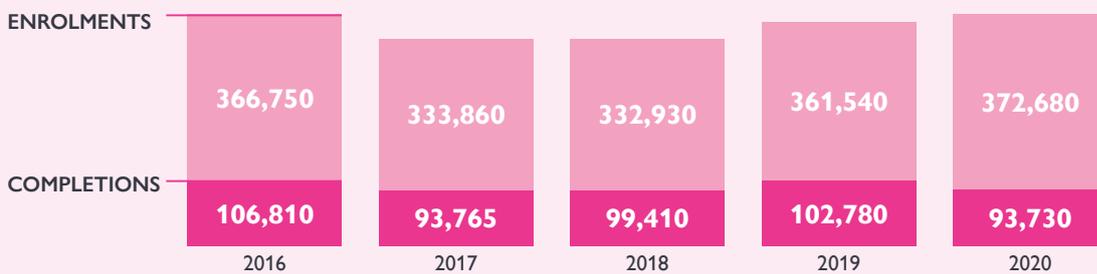
22.3% ALMOST 1 IN 4 WERE STUDYING AT A NON-SCHOOL EDUCATIONAL INSTITUTION

Source: NCVET, ABS Qualifications and Works Survey, 2018-19

The impact of the introduction of mandatory qualifications for Early Childhood Education and Care workers is clearly demonstrated by the significant reduction over the past five years in the percentage of the workforce that does not have a qualification.

FIGURE 17: ENROLMENTS/COMPLETIONS VET

CHC COMMUNITY SERVICES TRAINING PACKAGE



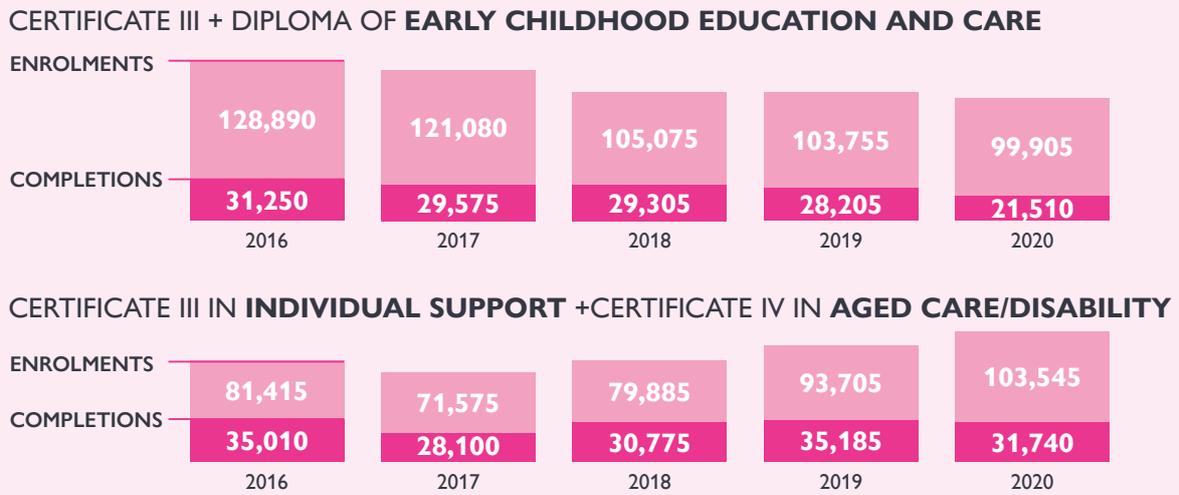
45.2% OBSERVED ACTUAL COMPLETION RATE FOR CERTIFICATE III (AUS, 2019)

Source: NCVET, 2022

The latest NCVET data shows that approximately 25 per cent of students who enrol in community services and health (CHC) qualifications actually complete their qualification. The number of students enrolling in CHC qualifications was growing over the past four reporting periods, but the impact of COVID and adverse publicity about working conditions in the sector are expected to reverse this trend in 2021 and 2022.

The completion rate for Certificate III qualifications nationally (all industries) was 44.5 per cent in 2019. As the data in Figure 18 shows, the result for the Certificate III in Individual Support was the same as the national average in 2019. However, this reduced to 30 per cent in 2020 despite significant growth in enrolments. The gap between enrolments and completions for the mandatory early childhood education and care qualifications is greater, at 35.5 per cent in 2019 and only 21.5 per cent in 2020.

FIGURE 18: ENROLMENTS/COMPLETIONS VET



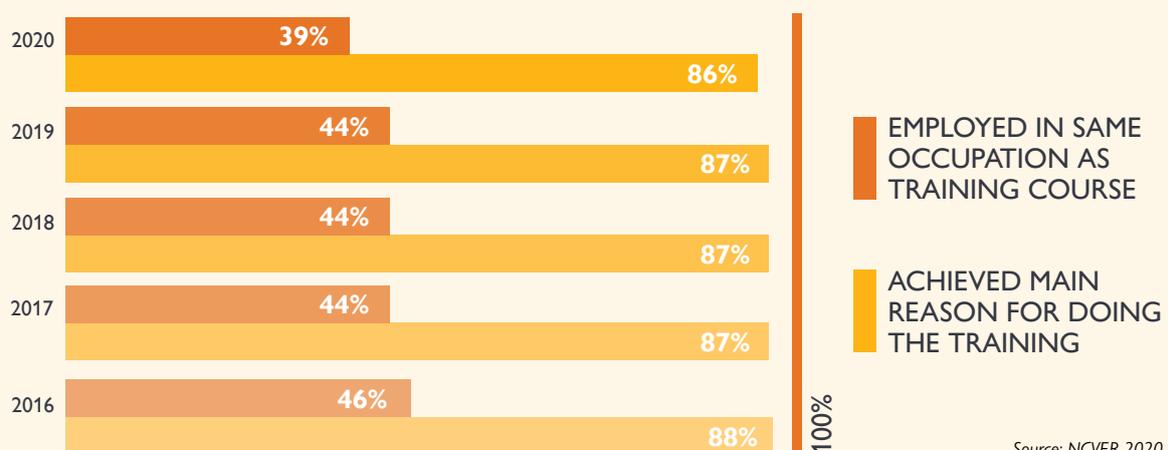
Source: NCVET 2022

The information in Figure 19 is drawn from the National Student Outcomes Survey 2016–2020, which included graduates (students who completed a qualification) and subject completers (students who completed at least one subject and left the VET system without obtaining a qualification). For students enrolled in training from the Community Services and Health Training Package, the number of students who achieved their main reason for doing the training decreased slightly from 88 per cent

in 2016 to 86 per cent in 2020. The number of students employed in the same occupation as their training course showed a slight decrease from 46 per cent in 2016 to 39 per cent in 2020.

Information recently released by NCVET indicates student satisfaction increases to 92 per cent for those completing the Certificate III in Individual Support or the Certificate III in Early Childhood Education and Care.

FIGURE 19: STUDENT SATISFACTION CHC TRAINING PACKAGE



Source: NCVET 2020

Employer Satisfaction with the VET System

The NCVET surveys employers every two years about their use of and views about the VET system. Information is collected about engagement and satisfaction with VET and the various ways they use VET to meet their skill needs. They survey covers training provided in the previous 12 months.

In its 2021 update across all Australian industries NCVET reported:

- 56.6 per cent of employers used accredited training to meet their training needs, up 5.7 percentage points from 2019
- 40.2 per cent of employers had jobs that required vocational qualifications, up 6.0 percentage points from 2019 (Health Care and Social Assistance 2019 – 39.9 per cent, 2021 – 48.6 per cent)
- Of these, 74.3 per cent were satisfied that vocational qualifications provided employees with the skills they needed for the job (Health Care and Social Assistance 2019 – 77.4 per cent, 2021 – 76 per cent)
- 27.4 per cent of employers had apprentices and trainees, up 4.2 per cent from 2019 (Health Care and social assistance 2019 – 12.5 per cent, 2021 – 20.5 per cent)
- Of these, 74.2 per cent were satisfied that apprentices and trainees were getting the skills they needed from training (Health Care and Social Assistance 2019 – 89 per cent, 2021 – 80 per cent)
- 27.1 per cent of employers arranged or provided their employees with nationally recognised training (other than through apprenticeships and traineeships), up 7.2 per cent from 2019 (Health Care and Social Assistance 2019 – 71.5 per cent, 2021 – 84.3 per cent)
- Of these, 78.7 per cent were satisfied that nationally recognised training provided employees with the skills they needed for the job
- In 2019, 55.2 per cent of Health Care and Social Assistance employers used unaccredited training, increasing to 64.9 per cent in 2021.

This increase in the use of unaccredited training is likely to relate to new training requirements due to the impacts of the COVID-19 pandemic across the sector.

FIGURE 20: HEALTH CARE AND SOCIAL ASSISTANCE SECTOR TYPES OF TRAINING USED TO COVER NEW TRAINING REQUIREMENTS DUE TO THE IMPACTS OF COVID-19, 2021



Source: NCVET 2021

The HSSO



OUR VISION

For Australia's human services sector to be equipped with a skilled, diverse and adaptable workforce meeting its needs now and into the future. The HSSO is uniquely positioned to collaborate with employers, training organisations and government to strengthen the workforce that cares for the nation's most vulnerable.



OUR PURPOSE

To improve the skills of the human services sector to deliver the best outcomes for Australians.



OUR COMMITMENT

To improve how the sector identifies, develops and delivers workforce solutions, knowing it will result in better support and care for those who need it most.



STRATEGIC FOCUS

The HSSO is a driver of sustainable change.

Our strategic action areas provide the focus for our effort and the framework for us to measure our success:

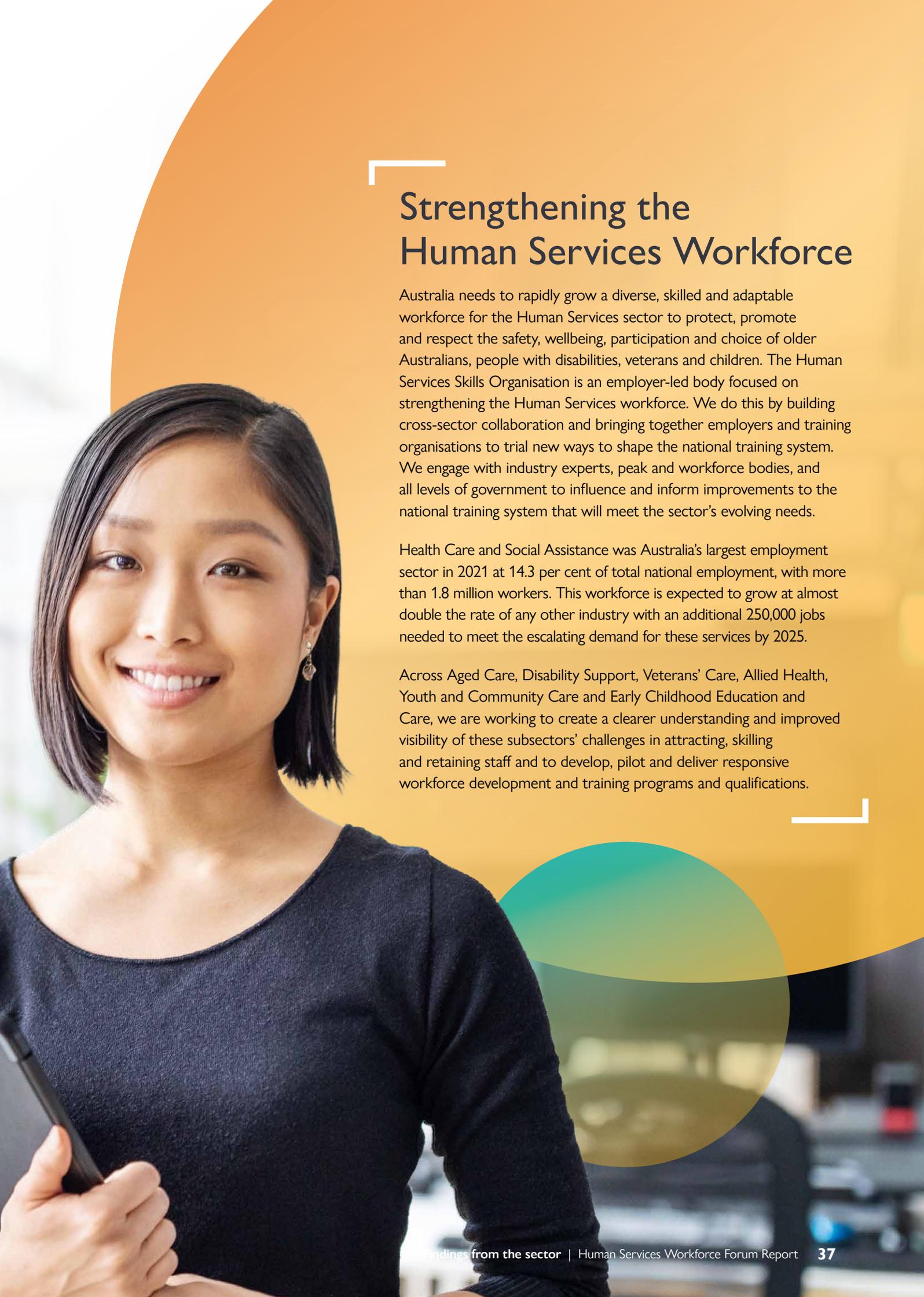
Networks and Engagement: facilitating innovation and partnerships across the Human Services and VET ecosystems.

Workforce Capability: driving quality skills development for the Human Services workforce.

Sustainable Change: supporting the Human Services sector to grow and prosper.

Our stakeholder engagement is guiding our work plan. The projects and initiatives we implement are designed to drive sustainable sector change. We encourage you to keep in touch or reach out to share your ideas and experiences.





Strengthening the Human Services Workforce

Australia needs to rapidly grow a diverse, skilled and adaptable workforce for the Human Services sector to protect, promote and respect the safety, wellbeing, participation and choice of older Australians, people with disabilities, veterans and children. The Human Services Skills Organisation is an employer-led body focused on strengthening the Human Services workforce. We do this by building cross-sector collaboration and bringing together employers and training organisations to trial new ways to shape the national training system. We engage with industry experts, peak and workforce bodies, and all levels of government to influence and inform improvements to the national training system that will meet the sector's evolving needs.

Health Care and Social Assistance was Australia's largest employment sector in 2021 at 14.3 per cent of total national employment, with more than 1.8 million workers. This workforce is expected to grow at almost double the rate of any other industry with an additional 250,000 jobs needed to meet the escalating demand for these services by 2025.

Across Aged Care, Disability Support, Veterans' Care, Allied Health, Youth and Community Care and Early Childhood Education and Care, we are working to create a clearer understanding and improved visibility of these subsectors' challenges in attracting, skilling and retaining staff and to develop, pilot and deliver responsive workforce development and training programs and qualifications.



The Human Services Skills Organisation Pilot is funded by the Australian Government Department of Education, Skills and Employment through the Delivering Skills for Today and Tomorrow program.