



Community Services, Health  
and Education Training Council



**COMMUNITY SERVICES  
INDUSTRY WORKFORCE DEVELOPMENT PLAN  
2015 UPDATE**

## FOREWORD

This 2015 Update of the Community Services Industry Workforce Development Plan (CS-IWDP) for the Western Australian (WA) Community Services industry has been prepared by the Community Services, Health and Education Training Council (CSH&E TC). The update is essentially a snapshot of the workforce development issues confronting the industry in 2015. It builds on, but does not repeat, the material in the CS- IWDPs that were produced by the CSH&E TC in both 2013 and 2014. (both these far larger documents can be viewed on the TC's website [www.csheitc.org.au](http://www.csheitc.org.au)) .

This 2015 Update summarises:

- aspects of the community services industry context that have changed since 2014;
- changes to community services policies and structures at both WA and national levels during the last year;
- minor amendments to the IWDP's recommended priority actions (RPAs), and
- some new or changed community services industry data.

The CS-IWDP 2015 Update has been produced with the assistance of the community services representatives on the CSH&E TC's Board of Management in addition to Industry Advisory Groups (IAGs) for specific sectors and Regional Industry Advisory Groups (RIAGs).

This 2015 Update aims to identify ways in which the workforce planning and workforce development requirements of what is a diverse, complex and changing industry in both its state and national frameworks can be address. In particular workforce planning and workforce development can provide opportunities to address labour and skills shortages issues impacting on various sectors of the community services industry. Meeting such challenges is absolutely vital if the industry is to ensure that its workers in many different disciplines can make their contribution to the state's social and community wellbeing.

The Community Services industry plays a crucial role in the life of every person in WA and thus sustains and underpins all other economic and social activities within the state. This role is reflected in the increased commitment of state funding to WA's Community Services. Since 2008-09, WA Community Services' budget has increased from \$4.8 billion to \$8.1 billion in 2015-16, an increase of 71%.<sup>1</sup>

The Community Services industry workforce continues to suffer competition from other industries in respect to attraction, recruitment and retention of workers. As the state population increases and as anticipated demands for community services increase, labour and skill shortages in the community services industry will continue to mount.

I would like to acknowledge the contributions of members of the CSH&E TC's Board of Management and staff, and community services industry stakeholders in updating this important document that will hopefully continue to serve as a useful tool to agencies across the WA private and public community services sectors seeking to plan for, and develop, their workforces in these challenging and competitive times.

Geoff Jones  
Chair  
Community Services, Health and Education Training Council  
August 2015

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<sup>1</sup> [www.ourstatebudget.wa.gov.au/15-16/](http://www.ourstatebudget.wa.gov.au/15-16/)

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## **Introduction**

The importance of the wide range of services provided by the community services industry to the people of this state cannot be overstated. The WA Government is committed to encouraging all industries to use workforce development processes to support their workforces in the anticipated period of expansion. How the workforce will continue to strive to meet the state's community services expectations depends, in some large part, on effective workforce planning and workforce development within every community services agency. The main purpose of this 2015 Update (IWDP) is to help community services agencies to attract, recruit, retain and develop skilled workers required to maintain levels of essential services.

## **Sectors of the community services industry**

The Community Services Industry assists and supports individuals, families and communities in need, contributing to the wellbeing and quality of life of Western Australians. Activities within the industry predominantly fall into two categories:

- i. direct community services activities provided to individuals and families, and
- ii. other activities, including working with groups and communities, social planning, advocacy, social action and assistance to other organisations.

Approaches to defining the Community Services Industry and workforce vary and include differentiation by the sector of work, occupation or profession (see Figure 1). Indeed, both ANZSCO and ANZSIC include duplications and confusions. This is compounded by the many community services professionals and other workers who work across sectors and industries. Conversely, people with skills and experience in other occupations may be employed in community services organisations in areas such as administration, management and maintenance work. In addition, many people employed in community services may have a qualification that does not exactly match their job role. Job roles may also change more quickly than qualifications can be developed and delivered.

This lack of agreement and definition regarding the workforce has meant a lack of reliable and consistent data. However, the official designations ANZSCO and ANZSIC do provide guides as to sectors and occupations within them.

### **ANZSIC definitions of community services**

The community services industry is a major section of what in ANZSIC is denoted as Division O Health and Social Assistance. The various levels of ANZSIC are as follows:

- Division – denoted by one letter e.g. Division O
- Sub-division denoted by two digits e.g. Sub-division 86
- Classes denoted by four digits e.g. 8601
- Activities – just denoted by titles and not digits

Please note: It is the Activities that provide the most useful guide as to the nature and reality of the different sectors in the community services industry.

Within **Division O** there are two sub-divisions which are:

1. ANZSIC Sub-division 86 - Residential Care Services
2. ANZSIC Sub-division 87 - Social Assistance Services

## **Details of the Division O's two sub-divisions**

### **ANZSIC Sub-division 86 - Residential Care Services**

Sub-division 86 includes the following 'class' (a 'class' is denoted by a four digit figure)

#### **Class 8601 Aged Care Residential and Community Services**

What ANZSIC denotes as 'Activities' within this class include:

##### **Activities**

Accommodation for the Aged (hostels, nursing homes, retirement villages and hospices)

##### **Under Other Residential Care Services**

Activities listed include

- Out-of-Home Care (children and young people)
- Crisis Care Accommodation
- Refuges (women and youth)

### **ANZSIC Sub- Division 87 - Social Assistance Services**

In sub-division 87 are the following 'classes' (A 'class' is denoted by a four digit figure)

#### **Class 8790 Community Services**

Activities in 8790 include:

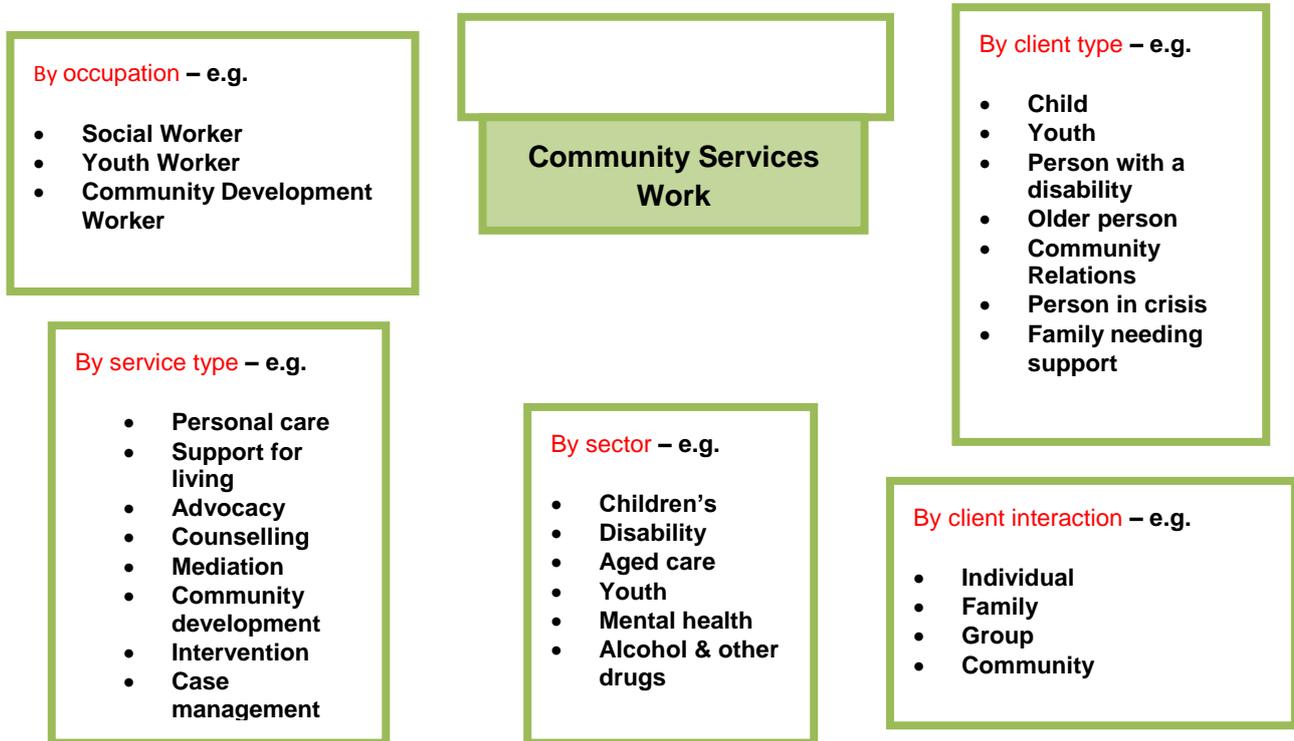
- Adoption Services
- Alcohol and Other Drugs Services
- Disabilities Services
- Family, Relationship and Marriage Guidance Services
- Emergency Relief Services (soup kitchen, food parcels.)
- Community and Welfare Services
- Youth Services
- Community Mental Health

#### **Class 8710 Children's Services, Child Care Services**

Activities in 8710 include:

- Before and/or After School and Vacation Care
- Centre-based Long-Day Care
- Kindergartens and Pre-school Education
- Home-based Care - Family Day Care
- Playgroups

**Figure 1: An overview of the complexity of the community services industry.**



The above charts are included to show the complexities within the community services industry and the difficulties therefore of accessing standardised and useful data regarding the workforce as a whole and occupations within it. For a number of community services sectors, there is no consistent data available.

Despite a lack of detailed data, it is widely known that the community services workforce is predominantly:

- employed in not-for-profit community-based organisations
- employed on a part-time or casual basis
- female
- older, with a higher proportion of workers nearing retirement than other industries, and
- characterised by lower salaries than other industries.

In addition, community services workers commonly negotiate a complex interrelationship of duty of care, ethical behaviours, personal values, service delivery standards and methodologies, including:

- working with individuals, families, groups and the community
- focusing on community benefits, including maximising community development
- unpaid and paid work and
- working with cultural diversity, including:
  - females and males across a range of age groups
  - people from linguistically and culturally diverse backgrounds
  - Aboriginal and Torres Strait Islander people
  - people with mental and other health issues and
  - people with developmental differences.

## **Summary of important community services industry statistics at August 2015**

The combined Community Services and Health industries now employ 12% of the total Australian workforce. It is projected that 229,400 new jobs will be created in these two industries between 2013 and 2018 (Australian Government Department of Employment 2014a).<sup>2</sup> The industries have the largest WA workforce given recent reductions in the construction industry. This growth is predicted to continue as the state's population grows and the demands for community services increase concomitantly.

The community services Industry includes a diverse range of agencies with an equally diverse set of workforce patterns and agency sizes. However, more than 90 % of agencies are small (that is, less than 10 staff), whereas over 90 % of the workforce is employed in large agencies that constitute just 5 % of all agencies. Different strategies are therefore required to target workforces in large versus small organisations.

The aged and community care sector has the largest workforce in the industry and expectations are that this will continue to grow to meet the expected increased demand for aged care services over the next 20 years.

The community services Industry has always been dependent on large numbers of volunteers to help with the delivery of its essential services. Competition for volunteers is increasing and numbers decreasing. Duty of care issues mean that volunteers also need to be trained and competent in order to make their important contribution to service delivery.

Relative to all industries, workforce in the community services industry is older (average 42.8 years compared to average 39 years) and mostly female (78% compared to average 45%).

## **Economic, Social, Demographic, Environmental and Technological factors affecting the community services industry**

A range of factors with complex aetiologies combine to impact on workforce planning and development in the health industry. These include:

- Attraction and retention continue to be major workforce issues for the Community Services industry given the ageing workforce, likely increased retirements and continued growth of need for community services as the WA population grows, and the population ages,
- Within community services, there is a shift towards interdisciplinary practice to improve access to services that meet multiple client needs and goals (particularly in regional, rural and remote areas),
- wage gaps between the community services industry as a whole and other industries, and between the government and non-government health sectors,
- government funding systems are extremely varied and create additional time and cost pressures on the funded organisations,
- reporting burdens on non-government agencies detract from their principal objective of service delivery.

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<sup>2</sup> 2015 Environmental Scan, Community Services and Community Services Industry Skills Council

- Complex and wide ranging workforce development issues related to attraction, retention, attrition, career changes, and impending retirements of the ageing workforce.
- The need for more ethnically and culturally balanced workforce in relation to culturally and Linguistically Diverse (CaLD) / Migrant groups and Aboriginal people.
- The lack of skill development and training opportunities, especially in rural and remote areas, also problems relating to access to quality training delivery, especially in regional and rural areas.
- The lack of accurate and current data on the Community Services workforce for workforce planning purposes.
- The increasing pace of technological development (eCommunity Services technologies) and the upskilling implications for the Community Services workforce.

## Labour and Skill Demand

The Community Services Industry continues to have difficulty attracting sufficient skills, and experiences very high levels of staff turnover, which are expected to increase with the increase in population and ageing population. In order to maintain the essential services provided, agencies often cannot release staff for training or professional development as many operate on a 24-hour per day basis. If agencies do release staff to attend training or professional development, they need to replace them; put simply, staff costs are doubled for every hour one worker undertakes training.

Low wages are cited as the primary reason by both employees and by managers for deciding to leave the non-government Community Services Industry. This is exacerbated by the contradiction that, although wages are low, the skills required to perform the work are high. The Community Services Industry has a large proportion of workers with post-school and tertiary qualifications (ABS census data indicates that 33.8% held a Bachelor Degree or higher and 13.2% had completed a Diploma).

Both government and not-for-profit organisations are unable to compete or offer potential and current staff similar levels of remuneration. In addition, these services also experience recruitment problems caused by the decline in the number of school students and young people who are attracted to the community services as a career choice.

The community services volunteer workforce is also experiencing disparities between demand and supply due to limited available resources to sustain some volunteer programs adequately, and increased competition for volunteers due to relatively low unemployment along with decreased rates of voluntarism.

Both internationally and in Australia, health and community services have been moving consistently towards home-based and individualised models of support across the industry, particularly in disability, aged care and mental health.

This move has major implications for the nature of care and support services being delivered and associated numbers of workers required.

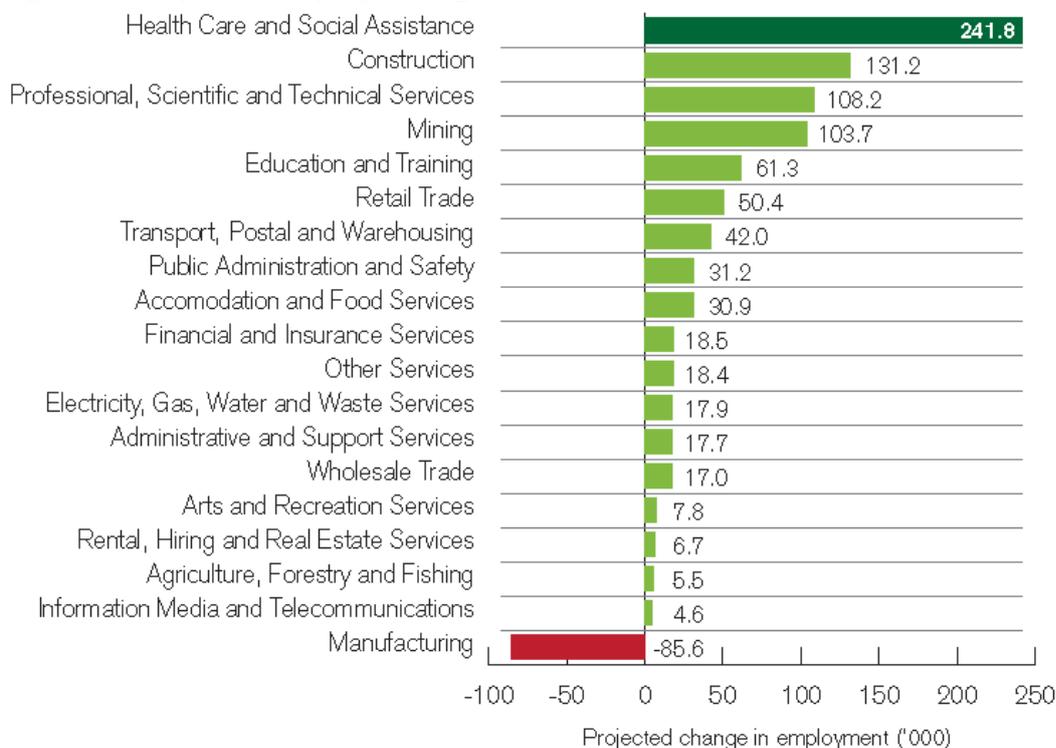
In response to increased demand for child care services there has been a substantial increase in the number of child care workers. Despite these increases however, current workforce shortages have been reported in a number of areas including aged care and child care (DEEWR 2013a).

There is strong and growing demand for health and community services. Occupations such as child care workers and support workers in aged care, disability support and home and

community care have experienced strong growth and numbers are projected to continue to increase over the next five years.<sup>3</sup>

Child care centre managers and workers that have required skills and experience across childcare are insufficient in supply. Increased demand for childcare services and new minimum education requirements/ staff ratios set by National Quality Standards for Early Childhood Education and Care.

**Figure 2: Projected employment growth to 2016-17, all industries**



Source: DEEWR 2012

The Department of Education Employment and Workplace Relations (DEEWR) estimated that the health care and social assistance industry will contribute the most new jobs between 2011 and 2017 (see Figure 2).

These figures are consistent with those produced by the Australian Workforce and Productivity Agency (AWPA) (formerly Skills Australia) as part of its scenarios for employment to 2025. (Under the most optimistic of the AWPA scenarios, the workforce is projected to grow by over 3 million workers by 2025, including an additional 910,000 workers in community services and health (around 80% of the current size of the industry). Even under the most pessimistic of scenarios ('the Ring of Fire'), the total health and community services workforce was still projected to grow by 427,000 workers (around 35%) by 2025.

DEEWR projections indicate that VET-based roles including Aged and Disabled Carers (23,900), Child Carers (18,400), Nursing Support and General Care Workers (13,600) are also expected to increase, but not to the same extent as RNs. These projections are based mainly on recent funding levels and not the current and future fiscal outlook.<sup>4</sup> There are a number of critical issues and barriers facing the community services workforce that require attention in workforce development strategies and action plans.

<sup>3</sup> CSHISC EScan 2014, page 15.

<sup>4</sup> Community Services & Health Industry Skills Council environmental scan 2013

The 2015 Community Services and Health EScan reveals that industry intelligence and the latest workforce data is showing increased service demand, accompanied by an increase in the size of the workforce. Census data indicate that the largest growth has been in Aged or Disabled Carers (aged care workers and disability support workers) and Child Care Workers, both VET qualified occupations. In the context of this growth, health and community service providers continue to report difficulties recruiting and retaining sufficient numbers of appropriately skilled staff.

Workforce projections suggest that our workforce will continue to grow. However, there is a lack of clarity around the size and shape of the workforce required to respond to increased service demand and future models of service delivery. This is, in part, because the workforce implications of key service reforms, including aged care reforms and the National Disability Insurance Scheme (NDIS), have yet to be fully understood or realised.

The Training Council notes that attraction and retention continue to be major workforce issues for the Community Services Industry. The issues are symbiotically related and both are overwhelmingly affected by low funding levels for community services and related lower salary levels of the community services workforce, compared with almost all other industries.

The most common cited reasons for community services workers leaving their jobs include:

- retirement, indicating the ageing of this workforce
- dissatisfaction with pay
- concerns about the nature of the work and
- lack of opportunities for career advancement.

Attraction is a problem because smaller community services agencies lack the capacity to offer full-time work and many rely on the use of casual staff. Due to general funding changes and insecurities, a large proportion of the community services workforce is employed on a part-time, short-term contractual or casual basis. Many positions do not offer sufficient hours to make the income viable and thus attract new workers. A recent Victorian Disability NGO Workforce Analysis Project cited this as a key reason as to why people are leaving the disability sector. Lack of permanency and under-employment have negative implications for other remuneration benefits, limit opportunities for long service leave, impact on superannuation and reduce prospects for promotion.

The recent decision in the *Equal Remuneration Case* presided over by Fair Work Australia phasing in pay equity over eight years includes some positions in the community care sector.<sup>5</sup> Many aged and community care employers have not received increased funding to accommodate the increased wages resulting from this decision, and the consequences of this decision are yet to be observed.

Labour shortage stresses are reported to be mounting to the proportions suffered in the previous boom, particularly in Aged Care, Disability Services and Children's Services. Because of its disadvantage in being excluded from the 15 % increases, these pressures are likely to be even worse in the Home and Community Care (HACC) sector, despite the continuing growth in the need for HACC services due to demographic changes and increased community-based approaches and models in community services and Health policies.

The aged and community care sector is one of the largest and fastest growing employers in the community services and health industries. The Commonwealth

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<sup>5</sup> Fair Work Australia Decision, "Equal Remuneration Case" <http://www.fwa.gov.au/decisionssigned/html/2012fwafb1000.htm>

Department of Health and Ageing (DoHA) estimates that employment in residential aged care homes across Australia increased by 11.5 % from about 157,000 to about 175,000 between 2003 and 2007. Over the same period, the number of Personal Carers/Assistants in Nursing in these facilities rose by almost 26 % to nearly 85,000. DoHA also estimates that services providing community care through Commonwealth-supported programs employ about 87,500 people, which is about half the size of the residential aged care workforce.

## **Issues likely to impact on Workforce Development in the community services industry**

### **Population Growth**

Statistics from the Australian Bureau of Statistics (ABS) show that the state's population had grown by 1.6%, or nearly 40,000 people, over the 12 months to the end of 2014.<sup>6</sup>

The predicted future growth in WA's population (i.e. 42% between 2011 and 2026) will have major implications for the community service industry in WA, which already faces challenges related to its capacity to deliver services to meet the current needs of the population.<sup>7</sup> These challenges are expected to increase as the projected growth of the WA population eventuates. As well as the increasing population and linked increased needs for community services, it is also known that the proportion of the aged will grow because of increasing longevity. Life expectancy in Australia has increased to 84 years for females and 79 years for males. In 2007, there were 2.4 million people in Australia aged 65 to 84 years. According to population projections, this will almost double to 4 million in 2022 and grow to 6.4 million by 2056.<sup>8</sup> Between 2010 and 2050, the number of people in Australia aged over 85 is expected to increase fourfold, from 0.4 to 1.8 million. These additional and older people are expected to make increased demands for services throughout the state. These factors have implications for the future planning of both demand and supply of community services.

Services for older people will also need to cater for an increasing diverse population with an expected increase in the number of clients from non-English speaking backgrounds.<sup>9</sup> Not only is the profile of older Australians changing; the cultural diversity of the older population in WA is also growing. According to the 2011 census, nearly 37% of the state's population was born outside of Australia. Further, over 20% of the state's population speaks a language other than English at home. There were 1,152,200 people who reported being in the labour force in the week before Census night in Western Australia (State/Territory). Of these 60.7% were employed full time, 28.1% were employed part-time and 4.7% were unemployed. The Australian workforce is ageing rapidly and the median age was 40 years of the workforce.<sup>10</sup> These demographic changes will have significant impact. The main question is whether policies and resources will enable the community services sector to continue to expand in order to meet the increased service needs and service demands of the larger and more diverse ageing population. Linked to this question is the complex issue of what will be the workforce planning and development implications of expanded services.

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<sup>6</sup> ABS Labour Force Survey, 2014

<sup>7</sup> The parts of this paper referring to the outlook for various employment categories are based on detailed labour market projections taken from the MONASH model (a dynamic computable general equilibrium (CGE) model of the Australian economy designed for forecasting and for policy analysis, developed by the Centre of Policy Studies at Monash University (and based on information available as at April 2013).

<sup>8</sup> Australian Institute of Health and Welfare, Australia's Health 2010, Australia's Health series no. 12. Cat. no. AUS 122. (Canberra, 2010).

<sup>9</sup> Community Services & Health Industry Skills Council, Environmental Scan 2011,

<sup>10</sup> ABS census 2011

## Skills Utilisation

Buchanan et al. (2010) posed the question: 'what is the use of increased skills within the workforce if they are not fully utilised by employers?'<sup>11</sup>

Many employers are now realising that their employees' skills are not always being used to full advantage in the workplace and are now looking at mechanisms for harnessing skills that are not being used.

The goal of skills utilisation is to maximise the contributions that people can make in the workplace. In order to optimise organisational performance, it is necessary to deploy harness and develop people's abilities<sup>12</sup>.

In 2011, Skills Australia undertook a literature review to examine existing knowledge, both in Australia and internationally, about skills utilisation as a factor in workforce development. The literature review identified knowledge gaps and looked at the ways in which better use of skills in the workforce could be a means of increasing productivity, employee engagement and satisfaction. From the review, Skills Australia developed the following framework for conceptualising skills utilisation:

- **Triggers** - the drivers that motivate organisations to undertake skills utilisation (for example, market forces, staff retention, and government regulation).
- **Levers** - the factors that must be present to enable skills utilisation to take place (for example, leadership and management, communication, organisational culture).
- **Delivery** - the practices that organisations implement to promote effective skills use (for example, employee participation, autonomy, skills audits, job design and knowledge transfer).
- **Outcomes** - the benefits that result from implementing skills utilisation (for example, productivity, profitability, staff retention, job satisfaction).<sup>13</sup>

Skills utilisation can be improved by adopting one or more of the following practices:

- Job redesign
- Increased employee participation
- Increased employee autonomy
- More use of skills audits (training needs assessment)
- More Multiskilling
- Increased job rotation
- Improving Knowledge transfer through mentoring and applying new learning.

Under-utilisation of skills is reported as a feature of not only the aged care sector but also a number of community services sectors and occupations. Under-utilisation of overseas trained migrants' skills has been reported in a number of research reports.<sup>14</sup> Evidence exists that many are working below their educational/skill level, often in low-status and low-paid community services jobs. Non-recognition of qualifications, poor

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<sup>11</sup> (Buchanan, 2010) 2010/04, OECD Publishing. <http://dx.doi.org/10.1787/5km8zddfr2jk-en>

<sup>12</sup> United Kingdom Commission for Employment and Skills

<sup>13</sup> Australian Workforce and Productivity Agency, <http://www.awpa.gov.au/better-use-of-skills/skills-utilisation-list/skills-utilisation.html> Accessed October 22, 2012

<sup>14</sup> Office of Multicultural Interests, Response to the Department of Training and Workforce Development Briefing Paper "Challenges to Workforce Participation", May 2010

English literacy skills, and discrimination on the basis of race and cultural differences are key reasons for low participation and under-utilisation of skills.<sup>15</sup>

In recent years, aged care consumers have become more sophisticated and providers more committed to improved service. This, coupled with rising health costs and demands from governments and insurance companies to contain costs, has created pressure for innovation and reform in the health and aged care sectors. Skills utilisation has become an imperative. Realigning roles and redesigning jobs within the workforce will maximise the use of available skills and help services to meet outcomes effectively.

## Reforms and Government policies impacting on different sectors of the Community Services workforce

Different funding and regulatory jurisdictions also create industry complexity. The Federal Government is the major funder of Residential Aged Care (100 %) and HACC (60 %). HACC is fundamentally different from the Aged Care Residential sector and is also distinct from Disability Services, which is funded through the WA Disability Services Commission. HACC is subject to different quality standards and is in the process of implementing major state-wide reforms. In addition, HACC job roles, working practices and associated skills are different from both Aged Care Residential Care and Disability Services.

The national government is contributing more than 60 % of funding for a number of new West Australian HACC investments. This funding also includes money for the Carers Association of WA to extend its 'Prepare to Care' program, which supports people who are providing ongoing care to a family member or friend.

In its report, the Productivity Commission called for urgent reform by national and state governments to include:

- ensuring coverage of all costs associated with use of the lead agency model
- ensuring alignment of length of contracts with the period required to achieve agreed outcomes
- streamlining of contracting processes
- ensuring that government staff dealing with the community services not-for-profit sector have appropriate relationship management skills and
- ensuring that risk management approaches on the delivery of service are cost effective and based on an explicit framework.

### **Mental Health sector**

- National Mental Health Workforce Strategy and Plan (2011)
- Mental Health 2020 strategic Policy
- The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 has been launched for consultation.
- Stokes Review - In July 2012, Professor Bryant Stokes delivered a report to the Western Australian Government into admission, transfer and discharge practices in public mental health services within Western Australia. This review, known as the Stokes Review, was jointly commissioned by the Mental Health Commission and the Department of Health in November 2011, with a view to ensuring that effective services, policies and practices are in place and consistently implemented.

The Stokes Review revealed a number of issues and challenges for mental health care in WA and made 117 recommendations listed under nine theme areas. The recommendation themes were:

- Governance
- Patients
- Carers and families
- Clinicians and professional development
- Beds and clinical services plan
- Office of the Chief Psychiatrist
- Acute issues and suicide prevention
- Children and Youth
- Judicial and criminal justice system

### **Disability**

- Productivity Commission's *Disability Care and Support* Report (2011) recommended the establishing of a National Disability Insurance Scheme (NDIS) National Carer Strategy (FaHCSIA 2011)
- As part of this initiative in WA two trial sites (one NDIS and the other WA's My Way) were established in 2015 and will continue for two years. The NDIS represents the most substantial reform process for many years and will lead to the development of a contemporary system of disability services which will be based on entitlement and will provide people with a disability and their families with great choice and control of the services they require.
- The WA state government maintained its strong commitment to the Disability sector with a total investment of \$964million in the 2014/2015 budget. This means that since 2008/9 the state's disability budget has increased by 122%.
- Full implementation of NDIS will required a significant increase in the number of disability support workers, and large widening of the skills they require and the services they offer. The current work of one disability support worker with any particular client may in future be replaced by multiple numbers of contract staff each providing a different service or specialism.
- In 2015 to prepare for these major changes to the nature of the disability support worker role the National Disability Services WA (NDS WA) has initiated a number of projects which all have workforce development implications including: provision of workshops for school students aimed at promoting disability careers (ProjectAble), administering the incentives made available by DSC to employers to access nationally recognised qualifications for their existing workers, developing a 'Careers in Disability Resource Kit, Running an employment project for school leavers with a disability, promoting work opportunities in the disability sector to the VET sector, universities, migrant communities, and job seekers.

### **Children's Services**

- National Early Childhood Development Strategy (2009)
- Council of Australian Governments (COAG) endorsed the Early Years Learning Framework (2009)
- Australian Children's Education and Care Quality Authority (ACECQA)
- National Quality Framework for Early Childhood Education and Care commenced in 2012
- Productivity Commission's *Early Childhood Development Workforce* Report (2011) leading to the January 2014 deadline for all Early Childhood Education and Care (ECEC) staff must have, or be working towards, a relevant Certificate III qualification.
- At least 50% of staff in preschools and long day care (LDC) centres must have, or be working towards, a relevant Diploma or higher qualification

- The *Teacher Registration Act 2012* was implemented on 7 December 2012 to replace the *Western Australian College of Teaching Act 2004*. Section 6 of the *Teacher Registration Act 2012* requires all teachers, employed or given permission to teach in Western Australian schools and other educational venues, to be registered. Education and care services are classed as 'other educational venues'.
- Childcare and Early Childhood learning inquiry report - This report was released on 20 February 2015. It looks at where we are now with Early Childhood Education and Care (ECEC) in Australia, what we want in the future and how we might go about achieving that in a way that better supports children's learning and development needs and the workforce participation of parents.

The Community Services and Health Industry Skills Council completed the streamlining of Early Childhood Education and Care qualifications and the new qualifications were endorsed in June 2013 and from August 2014 are being delivered in WA.

CS&H ISC identified that there is difficulty in accessing training for the children's services sector. Some regional, rural and remote areas are struggling to meet the new regulatory requirements.

### **Child care reforms in 2015 budget:**

#### **Single subsidy:**

- Childcare subsidy replaces child care benefit, child care rebate and JET childcare fee assistance
- No cap for families earning <\$185,000
- Families earning >\$185,000- cap increases to 10,000 per child

#### **Three tier activity test:**

	Hours of activity (per fortnight)	Hours of subsidy (per fortnight)
Step 1	8 to 16 hours	Up to 36 hours
Step 2	More than 16 to 48 hours	Up to 72 hours
Step 3	More than 48 hours	Up to 100 hours

**Safety Net** – Targeted assistance to address barriers in accessing child care, while encouraging parents to enter and return to the workforce.

- Additional child care subsidy to children and families who are genuinely disadvantaged e.g. at risk of abuse or neglect; experiencing temporary financial hardship, transitioning to work from income support; income below \$65,000 and do not meet activity test.
- Community Child care fund – Competitive grants to assist services to reduce barriers to access child care (regional or remote, sustainability, low income families in high cost services, capital support). Also integration of child care, maternal and child health and family support as recommended by Andrew Forrest.
- Inclusion Support Program – to assist services to be more inclusive and improve access for children with additional needs, particularly disability or from CaLD background.

#### **Nanny Pilot (Interim Home Based Care Subsidy Program)**

- Aims to provide flexible and accessible care, particularly for families working non-standard hours, living in rural and remote areas
- Appx 4,000 nannies and 10,000 children over two years

- Benchmark figure is \$7 per hour per child, so
- If eligible for 85% subsidy (income below 60,000) - \$5.95 per hour per child
- If eligible for 50% subsidy (income above \$165,000) - \$3.50 per hour per child
- Two families can share a nanny

### **Aged Care**

- Productivity Commission's *Caring for Older Australians* Report (2011)

### **Aboriginal and Torres Strait Islanders**

- *Health Workforce Australia's Aboriginal and Torres Strait Islander Health Worker roles* study to support the introduction of the National Registration and Accreditation Scheme in the sector commenced on 1 July 2012.

### **Not-for-Profit sector**

- The Australian Charities and Not-for-profits Commission commenced in 2012
- Fair Work Australia's community worker *Equal Remuneration Case* awarded pay rises of between 19 % and 41 %

### **Retirement rates**

The increase in retirement rates from the Community Services workforce is likely to further increase pressures caused by attrition of workers to other industries. At both individual agency and whole-of-system levels, there is an urgent need for a focus on prevention of labour and skills shortages related to the anticipated retirement of large numbers of the existing workforce.

### **Gender disparities**

Relative to all industries, community services workers are older (average 43 years compared to average 39 years) and more likely to be female (79% compared to average 45%).<sup>16</sup> In the five years to 2009, the largest increase in employment of mature-aged workers (those aged 45 years and over) was recorded in health care and social assistance (up by 133,800).<sup>17</sup> The largest increase in female employment in the five years to 2010 was also recorded within health care and social assistance (up by 179,500). Within the community services sector, workers are most likely to be employed by not-for-profit organisations (59%) and on a part-time basis (42%), with one-third of workers being employed on a permanent full-time basis (33 %) and a quarter as casual or contract workers (25%).<sup>18</sup> The current shortage of workers is predicted to remain widespread to 2016, with regional employers reporting particular recruiting difficulties.

### **Ageing workforce**

The number of Community Services workers aged 55 years and over was 15,334, which equates to 21.4% of the total Community Services workforce. The number for those who are 50 years and over is 25,244, which equates to 35%. Indeed, 2,315 workers (3.2%) were already over the retirement age of 65 years, and a further 5,086 (or 7.1%) in the 60 to 64 age bracket. This means that 10.3% of the current workforce was already over 60 years at the 2011 ABS Census.

### **Under-represented groups participation**

General workforce participation levels within WA have continued at all-time high levels and WA has higher rates in all categories than any other state or territory, and therefore is above the national average. While there are low participation rates in some groups (Aboriginal, youth, people with CaLD backgrounds, mature-aged men and people with disabilities), the under-representation means that they are a potential and largely

<sup>16</sup> SkillsInfo. (2011). *Health care and social assistance report*. Canberra:

<sup>17</sup> SkillsInfo. (2011). *New jobs, employment trends and prospects for Australian industries*. Canberra: SkillsInfo. Retrieved from [www.skillsinfo.gov.au](http://www.skillsinfo.gov.au).

<sup>18</sup> Australian Institute of Health and Welfare. (2011). *Australia's welfare 2011*. (Cat. No. AUS 145). Canberra: AIHW.

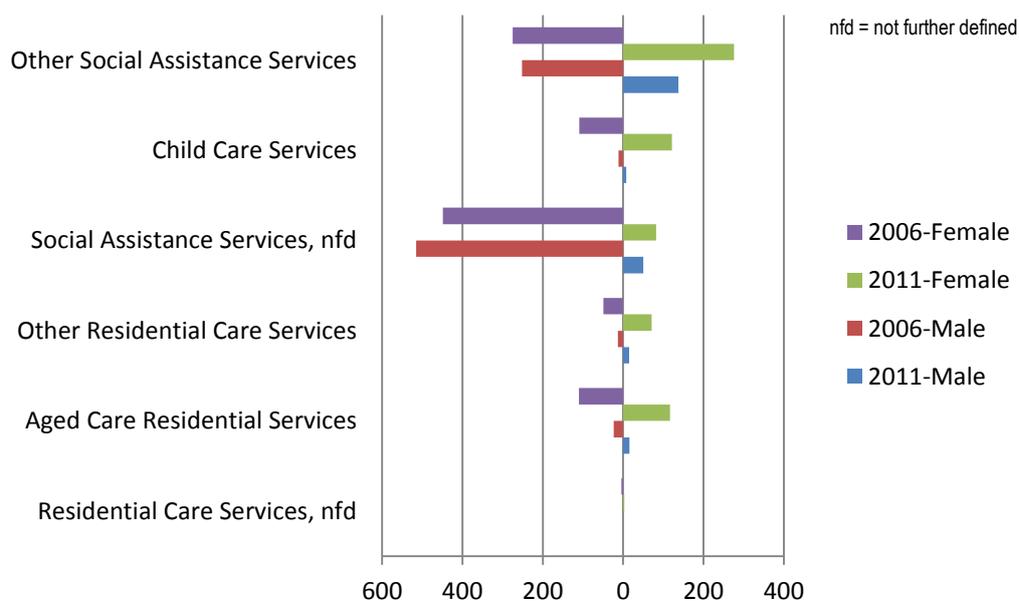
untapped source to address labour shortages. The circumstances of each group and the high variation of capacities to work among individual members of these groups will need careful research. However, integrated with other labour market programs (for example, skilled migration), some of the labour shortages in the Community Services Industry caused by issues such as ‘crowding out’ could be reduced.

There are a number of community services occupations that could offer suitable employment opportunities to members of the under-represented workforce participation groups. Such occupations include:

- Aboriginal Child Care Worker
- Bilingual/Bicultural Client/Patient Support Services Worker
- Aged Care Worker
- Youth Worker
- Disability Worker and
- Community Services Worker.

The graph below indicates that although the numbers of Aboriginal people employed in the community services workforce have declined in a number of sectors, for example, social assistance, the number employed in other sectors has remained relatively steady.

**Figure 3: Community Services—Indigenous employees by service**



**Need for attraction and retention strategies**

These figures confirm that the rates of retirement from the community services workforce will continue to increase and create labour shortages over the next 15 years at a time when demand for community services is predicted to increase. The implications are clear: massive recruitment efforts are required to attract younger people into the industry to counteract the impact of the inevitable retirements and to respond to the need to increase the workforce to meet the increased needs for services from the growing and ageing population.

Both the WA State and Commonwealth Governments have committed to increasing training and employment opportunities for members of the participation target groups (women, CaLD, Aboriginal people, older men, people with a disability, youth and people in rural and remote locations). Although general unemployment is higher than in 2014 people in these participation groups still constitute a readily available source of additional workers to ease the community services industry’s labour supply problems.

A recent success story has been the tripling in the number of Aboriginal people working for WA community services. However, the participation rates still remain low if compared with the total Aboriginal population.

To address retirement and labour shortage issues the CSH&E TC will:

- work with community services stakeholders to seek the development of strategies to respond to the challenge posed by the high and rapidly increasing proportion of older workers in the workforce who are nearing retirement age, and
- develop strategies to attract greater numbers of young people (university graduates, school leavers and VET qualified) to occupations in the community services workforce.

### **Focus on productivity**

Given budget problems at both state and commonwealth levels it is clear that although there will be a growth in demand for community services, there will not be a commensurate growth of the workforce to meet these needs. The emphasis will be on increasing workforce productivity as well as recruitment.

There is a continued need to develop skills that support our workforce to respond to the changing needs of clients, policy developments and the training needs of the current workforce. For example:

- increased emphasis on home and community delivered services, client-focused and consumer-directed models of care and support is likely to lead to an increased demand for workers with a broader base of skills and the further blurring of boundaries between traditional sectors
- strong leadership and management skills will be necessary to manage the organisational, cultural and financial implications of consumer-directed services
- as the client-base becomes increasingly diverse, there is more emphasis on employers providing working environments that are 'culturally safe' for workers and clients, as well as workforce development to equip workers with the required skills and cultural competencies
- overseas workers may need to be provided with additional support to develop the cultural competency, English language literacy and related communication skills they need to do an effective job.

### **Streamlining of the Community Services Training Package (CHC)**

The majority of the qualifications in the Community Services Training Package (i.e. CHC) that had been subject to intensive review over the previous two years were finally endorsed on 27 July 2015 by the recently created Australian Industry and Skills Committee (AISC). Indeed the CHC was the first training package to be endorsed by this new body. The endorsed qualifications appeared on the National Register ([www.training.gov.au](http://www.training.gov.au)) on 6<sup>th</sup> August.

The review was initiated by the release of the 2012 Standards for Training Packages, to ensure their quality and consistency and that they meet the workforce development needs of industry, enterprises and individuals. The review also resulted in a major overhaul of the content.

The new qualifications reflect the changing needs of industry and the structure and design of most units has been modified. Key changes are:

- simplified and streamlined content to make it less complex and easier to interpret, through use of concise descriptions and plain language

- unnecessary or duplicated detail removed
- content segmented into fit-for-purpose categories, including separating performance standards and requirements from supporting information
- more work placement hours as key component of some qualifications

A number of qualifications have been planned for removal or replacement from the CHC Community Services Training Package.

### **Qualifications for removal from the CHC Training Package:**

#### **Community Services and Development**

These qualifications will be removed in 2015

- Certificate 1 in Work Preparation (Community Services)
- Certificate III in Social Housing
- Certificate IV and Diploma of Community Services (Development and/or Humanitarian Assistance)
- Certificate IV in Community Services Advocacy
- Certificate IV in Community Services (information, advice and referral)
- Diploma of Community Services Coordination
- Diploma of Community Services (Case Management)
- Graduate Diploma of Community Sector Management

#### **Changes to the Community Services Training Package (CHC)**

- Mandatory work placements (e.g. 80hrs, 120 hours, 240 hours)
- Pre-requisites and Entry requirements have been removed, except in regulated areas such as Nursing and Dental Prosthetics
- Workplace assessment is mandatory for relevant units
- Enhanced simulated assessment and scenarios for relevant units such as child protection, mandatory reporting
- Cultural diversity and inclusion are core in all qualifications
- New performance evidence describes volume and frequency of assessment e.g. interacted with at least five families from a diverse range of backgrounds; provided care to at least three children with varying needs across a range of ages
- Assessor requirements over and above the AQTF/NVR requirements in some units

### **New and Emerging Skills**

Several emerging roles have been highlighted in consultations, including case manager, care coordinator, therapy assistant, personal carer, direct care worker, diversional therapist, formal visitor, end-of-life consultant and e-health trainer. Feedback also indicates that current workers will need additional skills in dealing with dementia, alcohol and other drug issues and chronic mental health, as well as literacy, numeracy and customer service skills. The ageing community services workforce is also increasingly multicultural, as is in general the community itself, and it crucial that the community services workforce becomes more balanced multi-culturally (i.e. with ratios aligned with the multi-cultural ratios in the whole population). Aged care may evolve with the development of more services relating to consumer-directed care support, transport and home maintenance. In relation to the delivery of VET, there is demand for more content of training programs delivered in less time, but there are strong concerns that fast-tracking students did not facilitate their job-readiness.<sup>19</sup>

Increased demand for services and changes in the funding and service delivery environment are driving demand for different roles and specific skills. To compete in a care and support market, service providers will need to invest in workforce development

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<sup>19</sup> CS&H (Community Services & Health Industry Skills Council, 2012)ISC 2015 Environmental Scan, page 20

activities that support the attraction, recruitment, retention of, and ongoing learning of, appropriately skilled workers.

## Skills in Demand and Emerging Roles

The changes, due to expansion of community services agencies, new quality standards and to the way services are funded and delivered, are driving demand for specific skills as well as roles. Industry stakeholders have identified the following key trends:

- increased scope of support worker roles
- emerging demand for care coordination roles
- demand for workers to develop existing skills and acquire new ones (in some cases leading to the development of advanced care roles)
- increased demand for skills in business management and administration
- greater emphasis on technological knowledge and skills.<sup>20</sup>

### **New or redeveloped work roles are likely to include:**

- Mental Health: mental health peer worker, care consultant and consumer consultant,
- Disability: consumer facilitators, that is, positions to support service purchasing decisions and rights, communication, service/case coordination and management, and
- Aged Care: roles focusing on wellness and rehabilitation.<sup>21</sup>

## VET in Schools (VETiS)

To meet the growing recruitment requirements of the industry there is an urgent need to increase VET in Schools programs to encourage community services career choices by students.

The CSH&E TC has liaised with community services stakeholders to seek further development of an embedded community services qualification based on the Certificate II - as a VET industry specific course. This course provides 2 units towards WACE. This should act as a recruitment incentive to attract more young people into the industry. The CSH&E TC will monitor its developments and encourage schools to gather destination statistics on students entering the Community Services industry.

The DTWD has published a VETiS Register (July 2015) in which industry advice is provided on the suitability of qualifications for delivery in VETiS programs.

Recently, initiatives have been developed to improve employment opportunities for Aboriginal people in the Community Services industry in response to state and national workforce priorities. These include:

- the use of VETiS as a pathway into further VET and tertiary qualification streams, and
- a cadetship program that provides employment opportunities for students nearing the completion of undergraduate study,

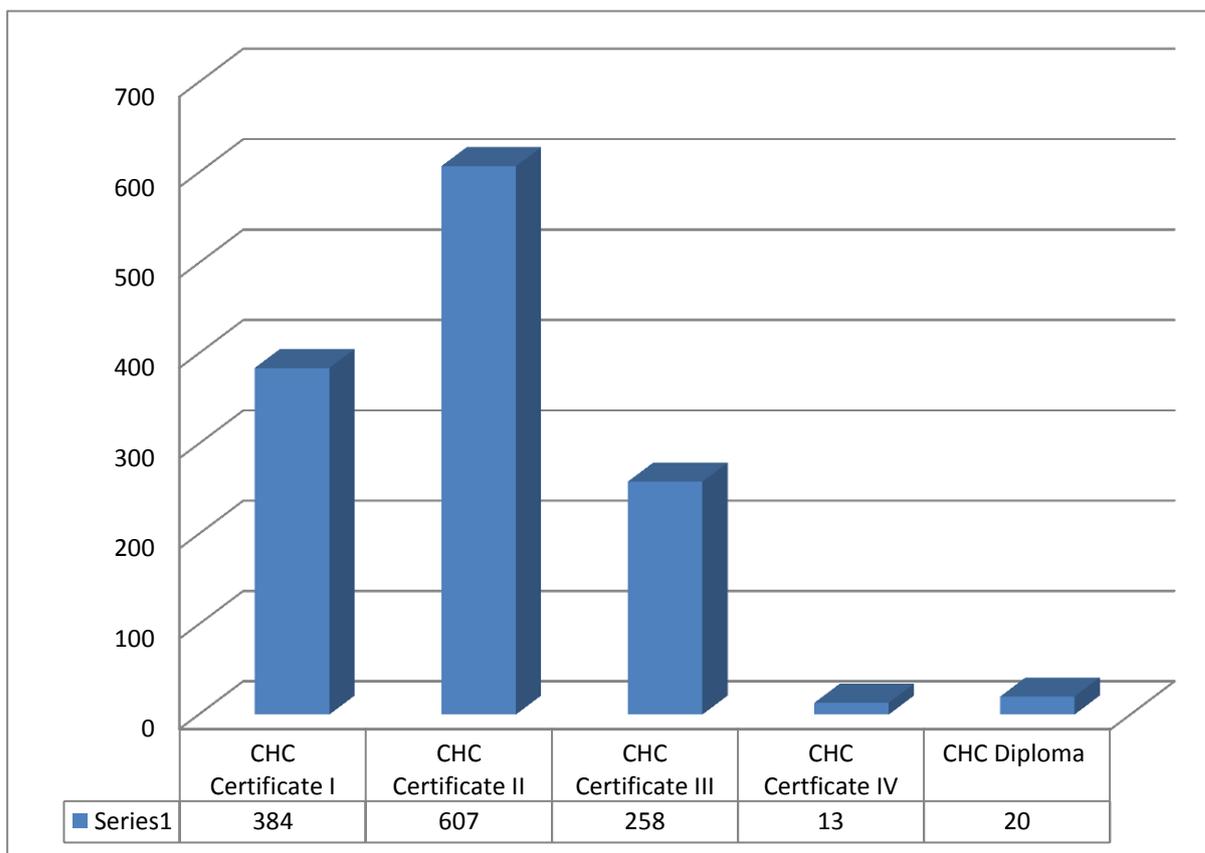
Most VET in Schools is at the Certificate II and Certificate III Levels as shown in Figure 4 below.

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<sup>20</sup> CS&H ISC 2012 Environmental Scan

<sup>21</sup> CS&H ISC 2012 Environmental Scan

**Figure 4: WA VET in Schools - Community Services and Education - Course enrolments**



Source: NCVER; Vocstats

### Traineeships

The CSH&E TC will continue its efforts to better promote traineeships to the community services industry, especially in the occupations where there has been under utilisation of traineeships. These efforts include collation and analysis of the relevant statistics, identification of new enrolment targets, development and circulation of appropriate promotional materials, liaison with the DTWD’s Apprenticeship Office, Australian Apprenticeship Support Network (AASNs)<sup>22</sup> and Group Training Organisations (GTOs), Workforce Development Centre and the Aboriginal Workforce Development Centres. The aim is to remove underperforming traineeships, establish new traineeships in areas of acknowledged need and overall better promoting of traineeships to the community services industry. The views of the community services industry on current and future traineeship requirements will be collated and provided to the DTWD and STB staff.

The CSH&E TC will liaise with community services stakeholders and service providers to seek resources and opportunities for delivery of training to existing workforces.

Traineeships remain an under-utilised funding program within the community services industry and the CSH&E TC will continue to promote their increased usage in 2015-2016.

### Higher Education Pathways

All of the community services diplomas have the potential for being credited with advanced standing on entrance to a relevant community services bachelor degree. In addition, many of the community services diplomas provide specialised skills for community services workers who hold only general arts degrees.

<sup>22</sup> Four AASNs commenced operation in WA from 1<sup>st</sup> July 2015. These are AMA Services (WA) Pty Ltd, Chambers Apprenticeship Support Australia Pty Limited CCI, MEGT Australia, & The BUSY Group Ltd.

## Regional issues

In advance of the creation by the DTWD of Regional Alliances this Training Council established a number of RIAGs to provide cross-sectoral advice on industry specific regional workforce development requirements. For a number of reasons (costs, lack of continuity of membership, changing personnel etc) it proved difficult to maintain the effectiveness of these groups. To avoid the problem of duplication of effort since the Department's establishment of the Regional Alliances and their creation of Regional Industry Workforce Development Plans (RIWDPs) the Training Council has changed its approach. Our regional links are not formally established and instead act as conduits for information to their respective sectors.

The Training Council will continue to maintain links with the Department's regional team and the Regional Alliances.

One of the biggest obstacles to workforce participation for a number of disadvantaged groups living in rural and remote areas is the lack of a driver's licence. The reasons for people not obtaining a licence may relate to:

- identification requirements (for example, Birth Certificate)
- access to a roadworthy or registered vehicle
- access to a licensed person to provide driving instruction and for the 'supervised' driving phase
- access to professional driver training and
- licensing resources and testing requirements.

The Department of Transport has developed guidelines specifically designed to help organisations and groups intending to implement a driver education and/or training program in their community. Community-based groups can provide valuable assistance to disadvantaged people in obtaining their driver's licence. Enabling people to get their licence will allow them to experience benefits such as an alternative method of travel, new employment opportunities and independence. This will assist local people in regional areas to both participate in and be employed in the delivery of education and training programs.

Ensuring regional training delivery is available will continue to be one of the major training challenges facing the industry. DTWD provides financial incentives to Group Training Organisations (GTOs) to employ apprentices and trainees from under-represented groups, from regional and remote areas, and in areas of skill shortage. This is part of the Joint Group Training Program Agreement between the Commonwealth and State.

## Summary of Community Services industry workforce development issues to be addressed in the RPAs of this 2015 Update

The following important community services industry issues are assigned 'bullet points' for the purposes of adding emphasis and later extracting the issues for further attention.

- **Skill shortages**

In the community services industry skill shortages continue to impact negatively on the quality of their essential services delivery. Although these shortages have common causes with both the health and education industries there are dimensions that are specific to community services. It is anticipated that for all three industries skill shortages will increase. This is due to increases in the population and increased demand for community, health and education services.
- **Increasing proportions of Aboriginal people in the three workforces**

The numbers and proportions of Aboriginal people in the workforces of the community services industry are far below state averages and are especially problematic given the higher levels of need of Aboriginal people for health, community and education services. It is critical that increased efforts are made to attract greater numbers of Aboriginal people into the community services workforce.
- **Decreasing numbers of volunteers to the community services industry.**

Increased competition for volunteers due to relatively low unemployment and decreased rates of voluntarism (the average age of volunteers in the three industries is 53 years, compared to the average age of all volunteers in all industries of 44 years)<sup>23</sup>
- **Culturally sensitive services**

People from CaLD backgrounds are underrepresented in the workforces of the three industries. This affects the cultural sensitivity of the services provided by the three industries. The need to increase cultural awareness and sensitivity of the community services workforce in respect to both fellow workers and clients. There is urgent need to encourage employers to provide more employment opportunities and to create increased opportunities for training, for CaLD background people.
- **Regional and Rural skills development and training**

There is an urgent need to address the workforce related challenges of providing community services, health and education services to WA population who live in the WA regions. Although the total regional population is 33% of the whole population problems associated with the spread of the regional communities and their size create difficulties with distance, time and costs
- **Concerns about quality of training delivery**

The quality of VET training delivery remains a major critical concern for the community service industry particularly short term delivery patterns for Certificates III and even Diplomas.
- **The pressures for multi-skilled workers**

The community services industry is being required by government and its funding patterns (e.g. Where client directed care patterns now predominate in both Aged Care and Disability sectors) to change service delivery modes to include greater focus on multi-skilling, inter -disciplinary services and contracts

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<sup>23</sup> AIHW report - Australia's Welfare 2007

rather permanent employment. These pressures have major implications for the community services workforce.

- **Major changes to the Early Childhood Education and Care sector (formerly Children's Services)**

The WA introduction of the national law for the 'Early Years Learning Framework' (EYLF) has major compliance and workforce implications for the Education and Care sector (formerly the Children's Services sector) in WA. One major implication was the urgent need to increase the numbers of early childhood educators with higher VET and Higher Education qualifications. A number of initiatives provided by both commonwealth and state governments have enabled agencies to become compliant with the regulations requiring early childhood educators to be qualified at Certificate III or Diploma levels or to be actively enrolled in these qualifications. Despite these initiatives attrition rates continue to be high (i.e. workers leaving the sector for other occupations or through retirement) and agencies still struggle with compliance and with recruitment of replacement staff. Despite high levels of training delivery the sector remains in need and funding for training delivery needs to be maintained.

## **Strategies Recommended Priority Actions to address the community services industry's workforce development issues**

The WA community services industry is undergoing a range of major funding, structural, policy and program changes that have important implications for the community services workforce, and therefore this 2015 Update of the Community Services IWDP. These changes have been considered in the process of updating the 2014 Community Services IWDP. It is a constantly moving agenda and the CSH&E TC will make efforts to monitor further changes and update the recommendations, should this be required.

The recommendations of the 2014 Community Services IWDP had implications for a range of stakeholders, including the peaks and other relevant State Government departments. The steps towards addressing or implementing the recommendations involved the CSH&E TC liaising with other community services agencies and key stakeholders in both the private and public sectors to facilitate joint action.

In seeking to continue to address the Community Services IWDP recommendations the CSH&E TC's role will be:

- maintaining and increasing as appropriate the membership base of its community services sector specific IAGs,
- aligning work plans of the community services sector specific IAGs and the CSH&E TC to the DTWD workforce planning framework and timelines,
- increasing the flow of workforce development information to the community services industry by improving links with the agencies and networks represented by members of the Board of Management, and encouraging promotion of workforce issues through their newsletters and internal consultation processes,
- increasing communications with community services sectors and the regions through email, web, meetings, and phone conferences,
- enhancing links with the national Community Services & Health Industry Skills Council (CS&H ISC) until it closes in December 2015 and establishing links with the appropriate Skills Service Organisation (SSO) that at September 2015 is in the process of being created by the Commonwealth government. One purpose of the link will be to relay information to the WA community services sectors on national developments and issues, and
- promoting greater utilisation and recognition of VET qualifications in non-degree related occupations to support community services service delivery.

The CSH&E TC will promote the community services IWDPs and encourage stakeholders at all levels to use the plan to help develop workforce development strategies for their own agencies. In addition the TC will promote use of the 'Workforce Planning Tool' developed by the CS&H ISC and that is now freely available from the website [www.cshisc.org.au](http://www.cshisc.org.au)

Further to this, the CSH&E TC will continue to liaise with the DTWD to seek ways of implementing community services IWDP RPAs and to seek public funding for those requiring training delivery. The CSH&E TC will also act as a conduit between the DTWD and the industry's peaks, networks and agencies to encourage the implementation of the community services IWDP and report on progress and updates.

## Explanation of the tables below

The framework used in the following tables is as follows:

- Skilling WA Strategic Goals
- Issue – shared across the three industries or specific to the industry
- Strategy to address the issue
- Recommended Priority Action (RPA) to seek to address the strategy
- Steps to achieve the RPA

Each table is headed by one of the five Strategic goals of Skilling WA. In the row below is a summary of the issues that needs to be addressed. (n.b. there are six shared issues and two specific issues for each of the three industries covered by the CSH&E TC). In the next row is the strategy designed to address the shared or industry specific issue. In the next row is the RPA designed to address the strategy. In the final row are number of Steps that the TC or industry will endeavor to follow in order to address the issue.

<b>Skilling WA: Strategic goal 1</b> <b>Increase participation in the workforce particularly among the under-employed and disengaged, mature-aged workers, Aboriginal and Torres Strait Islanders and other under-represented groups</b>
<b>Shared Issue 1.</b> In the community services, health and education industries labour and skill shortages continue to impact negatively on the quality of the delivery of essential services. Although these shortages share common causes there are different dimensions that are specific to each industry. For all three industries these labour and skill shortage pressures are likely to rise over the next ten years. This will be primarily due to predicted increases to the WA population, increasing numbers and proportions of older people, and increased demand for the services provided by the three industries.
<b>Strategy 1</b> Support sectors in all three industries to address skill and labour shortages by evaluating, improving and promoting current and new policies and programs to further increase employment and training opportunities for people in the various access groups (i.e. people with a disability; young people 16-24; women returning to workforce; people from CaLD backgrounds; mature men; and people with a mental illness; disability; and young people. (please see below for specific recommendations in relation to Aboriginal people)
<b>Priority Actions - Shared RPA 1</b> The CSH&E TC will liaise with government departments and non-government peaks in the community services, health and education industries to identify workforce planning and development responses, policies and projects designed support their capacity to deliver their essential services and reduce labour and skill shortages.
<b>Steps - The CSH&amp;E TC will work with the Community Services industry to:</b>  <b>Step 1.1</b> Encourage increases in workforce participation rates of people from the access groups. (i.e. people with a disability; young people 16-24; women returning to workforce; people from CaLD backgrounds; mature men; and people with a mental illness; disability; and young people.)

**Step 1.2**

Encourage consideration of EEO policies in relation to people from the above access groups in all aspects of workforce planning and development in the three industries.

**Step 1.3**

Liaise with government departments and peaks that focus on each of the disengaged groups to share information on programs designed to encourage workforce engagement in occupations in the three industries.

**Step 1.4**

Provide practical support to RTOs and employers seeking to develop workforce development policies appropriate to increasing employment rates for people from disengaged groups.

**Step 1.5**

Liaise with the Department for Local Government & Communities and youth organisations to further assist with the development of Youth Mentoring programs in WA.

**Step 1.6**

Work with the schools sector and the three industries to better promote their occupations to school students and increase VETiS and School-Based Traineeship (SBT) programs linked to the three industries.

**Step 1.7**

Endeavour to monitor participation rates of people from disengaged groups across all industries to provide cross-industry comparisons.

**Shared Issue 2.**

The numbers and proportions of Aboriginal people in the workforces of all three industries are far below state averages and are especially problematic given the higher levels of need of Aboriginal people for Community Services, community and education services.

It is critical that increased efforts are made to attract greater numbers of Aboriginal people into the three workforces.

**Strategy 2**

Support sectors in the three industries to increase their employment of Aboriginal people especially in those regions where there are higher proportions of Aboriginal people in the population than indicated by the state averages.

**Priority Actions - Shared RPA 2**

The CSH&E TC will liaise with the peaks and agencies in the three industries to promote initiatives to increase recruitment of Aboriginal people in the three workforces.

**Steps** - The CSH&E TC will work with the Community Services industry to:

**Step 2.1**

Liaise with Aboriginal organisations, peaks and agencies to encourage increases in training and employment opportunities for Aboriginal workers across the three industries.

**Step 2.2**

Undertake further work to collate successful recruitment strategies. This will include work to:

- identify best practice materials and gaps,
- develop appropriate resources (brochures, flyers) to address known gaps,
- promote these materials across the three industries, and
- continue monitoring the participation rates of the Aboriginal people in the workforces of the three industries.

### **Shared Issue 3.**

Increased competition for volunteers due to relatively low unemployment and decreased rates of voluntarism (the average age of volunteers in the three industries is 53 years, compared to the average age of all volunteers in all industries of 44 years).

### **Strategy 3**

Investigate and promote good practice examples of recruitment and retention strategies for volunteers in the three industries.

### **Priority Actions - Shared RPA 3**

The CSH&E TC will liaise with stakeholders to identify recruitment and support models for volunteers in the three industries

**Steps** - The CSH&E TC will work with the Community Services industry to:

#### **Step 3.1**

Identify typical volunteer recruitment pathways.

#### **Step 3.2**

Collate sources of data on volunteers in the Community Services industry.

#### **Step 3.3**

Identify strategies that have been successful in attracting and retaining volunteers in the three industries.

**Skilling WA: Strategic goal 2**

Supplement the Western Australian workforce with skilled migrants to fill employment vacancies unable to be filled by the local workforce and address those factors which support a growing population

**Shared Issue 4.**

Increasing numbers of people from CaLD backgrounds are employed in the workforces of the three industries. There is a need to increase training in cultural awareness and cultural competence to create culturally harmonious workforces and to bolster the provision of culturally sensitive services to the clients of the three industries.

**Strategy 4**

Increase migrant and CaLD links across the three industries to monitor and respond to issues related to cultural awareness and sensitivity.

**Priority Actions - Shared RPA 4**

The CSH&E TC will liaise with the Migrant & CaLD sectors to seek the development of strategies for increasing recruitment of CaLD people into the workforces of the three industries.

**Steps** - The CSH&E TC will work with the Community Services industry to:

**Step 4.1**

Liaise with stakeholders across the Community Services sectors to identify strategies to address the workforce planning and development issues related to the Office of Multicultural Interests' (OMI) report findings on the need for improved cultural sensitivity and awareness.

**Step 4.2**

Promote through the CSH&E TC's IAGs increased uptake of Professional Development (PD) in developing cultural competence.

**Step 4.3**

Work with the Overseas Qualification Unit (OQU) to support the expansion and improvement to recognition services provided by the OQU.

**Skilling WA: Strategic goal 3**

Attract workers with the right skills to the Western Australian workforce and retain them by offering access to rewarding employment and a diverse and vibrant community and environment to live in.

**Shared Issue 5.**

There is an urgent need to address the workforce related challenges of providing community services, health and education services to the 33% of the WA population who live in the WA regions.

**Strategy 5**

Support sectors in the three industries to meet the workforce challenges related to providing services in the three industries to the WA regional population.

**Priority Actions - Shared RPA 5**

The CSH&E TC will liaise with the DTWD Regional IWDP processes and with its own regional IAGs to seek ways of encouraging the recruitment of people to work in the three industries in regional areas.

**Steps** - The CSH&E TC will work with the Community Services industry to:

**Step 5.1**

Analyse each of the regional WDPs to extract, collate and synchronise recommendations that relate to services in the respective regions.

**Step 5.2**

Amalgamate the recommendations of the CSH&E IWDPs with those of the regional WDPs.

**Step 5.3**

Monitor developments and programs in the regions designed to address the combined regional recommendations for the services provided by the three industries in the respective regions.

**Step 5.4**

Identify ways of improving workforce planning and development for the three industries in the respective regions.

**Step 5.5**

Seek ways of improving and expanding the delivery of flexible training opportunities to match the realities of workers and potential workers in the three industries in the WA regions.

**Skilling WA: Strategic Goal 4:**

Provide flexible, responsive and innovative education and training, which enables people to

develop and utilise the skills necessary for them to realise their potential and contribute to Western Australia's prosperity.

**Shared Issue 6.**

The quality of VET training delivery remains a major critical concern for all three industries.

**Strategy 6**

Work with state and national government agencies, the Industry Skills Councils (ISCs), industry and the VET sector to seek improvements to the quality of training delivery available to the three industries.

**Priority Actions - Shared RPA 6**

The CSH&E TC will continue to liaise with the state and national bodies responsible for maintaining and improving the quality of VET training delivery for the three industries.

**Steps** - The CSH&E TC will work with the Community Services industry to:

**Step 6.1**

Identify ways of increasing the availability and use of Information and Communications Technology (ICT) to improve the delivery of VET training for the three industries.

**Step 6.2**

Identify ways of increasing the use of state and national WELL and Language Literacy and Numeracy (LL&N) programs to support workers in the Community Services, community services and education industries in their training activities.

**Step 6.3**

Promote the use of the VET Workforce Capability Framework (i.e. developed by IBSA 2013) to all RTOs servicing the three industries.

**Step 6.4**

Promote increased use of the TAE10 LL&N unit to all RTOs servicing the three industries.

**Step 6.5**

Promote and support implementation of the Foundation Skills Training Package in WA to all RTOs servicing the three industries.

**Step 6.6**

Encourage through its IAGs the uptake of PD for all RTO personnel servicing the three industries, especially in ICT.

**Step 6.7**

Provide opportunities for RTO personnel (e.g. trainers, assessors, and lecturers, etc.) servicing the Community Services industry to be more aware of vital quality delivery issues including: validation, moderation, AQTF compliance, risk units, sources of funding and Training Package developments.

**Step 6.8**

Investigate and publish relevant PD through the CSH&E TC's website, newsletter and IAG meetings.

**Community Services Specific Issue 7**

**The pressures to merge job roles and multi-skill the workforce**

The Community Services Industry is being required by government and its funding patterns to change service delivery modes to include greater focus on multi-skilling and inter-disciplinary services. These pressures have major implications for the WA workforce.

**Strategy 7**

Work with industry (Government Departments, Industry Peaks, ISCs and Unions) to provide competencies, qualifications and training that match the requirements of emerging multi-skilled occupations and merged roles.

**Priority Actions - Community Services Specific RPA 7**

The CSH&E TC will liaise with the CS&H ISC and the community services industry in WA to support the WA implementation of, and transition to, the reviewed and streamlined units and qualifications in the Community Services Training Package (CHC).

(NB. Following an extensive review of the CHC, new units and qualifications were nationally endorsed by the Australian Industry Skills Council (AISC) in July 2015. The remaining qualifications are now being reviewed for endorsement in December 2015. RTOs will be allowed 12 months to make the transition to the streamlined qualifications).

**Steps** - The CSH&E TC will liaise with the community services industry to achieve the following steps:

**Step 7.1**

Monitor progress with implementation and use of streamlined qualifications and continuous improvement of the training package. The CSH&E TC will promote the new endorsed components of the CHC training package.

**Step 7.2**

Continue liaison with the CS&HISC and the DTWD to investigate ways skill-sets can be promoted and used to meet requirements of the industry's changing job roles.

**Step 7.3**

Provide the CS&H ISC with consolidated WA feedback in response to all streamlining consultations and validation processes.

**Step 7.4**

Assist the RTOs in relation to queries about the new endorsed qualifications, transition period, new standards for RTOs and nominal hours for the revised qualifications.

**Community Services Specific Issue 8****Changes to the Education and Care sector (formerly Children's Services)**

The introduction of the national law for the 'Early Years Learning Framework' (EYLF) has major compliance and workforce implications for the Education and Care sector (formerly the Children's Services sector) in WA. One major implication is there is an urgent need to increase the numbers of Child Care educators with higher VET and Higher Education qualifications.

**Strategy 8**

Work with DfC, CSH ISC, DTWD to address workforce and training implications of the EYLF requirements and identify and promote up skilling opportunities to the Education & Care (child care) sector workforce.

**Priority Actions - Community Services Specific RPA 8**

The CSH&E TC will liaise with relevant state and national government departments and the WA early childhood education and care sector to ensure consistency between the training package and the regulations. The TC will also identify and promote RPL processes for experienced educators who want to upgrade their qualification.

**Steps** - The CSH&E TC will work with the community services to achieve the following steps:

**Step 8.1**

Liaise with the Department for Local Government and Communities (DLG&C) and the sector through its Children's Services IAG to identify RPL opportunities for Child Care Workers requiring an upgrade of qualifications.

**Step 8.2**

Identify and promote information on sources of funding to enable workers to seek RPL opportunities.

## Appendix A:

### STATE PRIORITY OCCUPATIONS LIST (SPOL 2015)

The State Priority Occupation List (SPOL) is developed by DTWD, with help from the state's ten Training Councils, to help guide its:

- funding of publicly-funded training in Western Australia,
- development of the State Training Plan (STP) and Future Skills WA,
- development of the *Western Australian Skilled Migration Occupation List* (WASMOL). development of background evidence for labour market submissions the DTWD is asked to make to other State and Commonwealth agencies, and
- workforce development planning and other policy areas.

An occupation listed on the SPOL 2015 may be assigned to one of five separate priority categories:

- State Priority 1
- State Priority 2A
- State Priority 2B
- State Priority 3
- Other identified occupation (see below for definitions of each priority level)

#### Community services occupations in the SPOL 2015

Of an overall total of 242 occupations there are **15, or 6.2%**, community services occupations. These are:

##### Priority 1

1. Child Care Manager

##### Priority 2A

1. Drug & Alcohol Counsellor
2. Social Worker
3. Welfare Worker
4. Child Care Worker
5. Family Day Care Worker
6. Out of School Hours Care worker
7. Aged & Disabled carer
8. Personal care assistant

##### Priority 3

1. Community Worker
2. Disability Services Officer
3. Residential Care worker
4. Youth Worker
5. Emergency Services Worker

##### Other identified occupation

1. Child / Youth Residential Care Assistant

As in all previous years in the 2015 SPOL Health industry occupations dominate the list with 91 entries which constitutes **36.7%** of the total of 242 occupations. There are 9 education and training occupations i.e. 3% of the overall total.

For the combined community services, health and education industries there is a total of **114** occupations which equates to **47.1%** of the overall total of 242, by far the greatest number and percentage of the ten training councils.

The figure for Priority 1 occupations is even greater with CSH&E occupations amounting to 87% of all Priority 1 (20 of 23). As shown in Table C below the corresponding CSH&E figures for Priority 2A are 49% (76 of 155), Priority 2B, 29% (2 of 7) and Priority 3 14% (8 of 76).

Given the importance of SPOL to a number of crucial DTWD policies and programs is confirmation of the vital role played by the three industries to the health, education and community welfare of the state as a whole. *(please see details in the tables A, B & C below)*

**Table A: Number of Occupations by SPOL Priority (2013 – 2015)**

Priority Status	2013	2014	2015
State Priority 1	93	47	23
State Priority 2A	61	116	155
State Priority 2B	43	18	7
Priority 3	103	84	57
<b>Total SPOL Occupations</b>	<b>300</b>	<b>265</b>	<b>242</b>
Other Identified Occupation	-	-	76
Not a priority	441	479	426
<b>Total ANZSCO (6 Digit)</b>	<b>741</b>	<b>744</b>	<b>744</b>

**Table B: SPOL Priority (2015) by Industry**

SPOL 2015					
Industry totals	Priority 1	Priority 2A	Priority 2B	Priority 3	Other
Health - <b>91</b>	19	61	2	3	6
Community Services - <b>15</b>	1	8	-	4	2
Education & Training - <b>8</b>	-	7	-	2	-
<b>Totals</b>	<b>20</b>	<b>76</b>	<b>2</b>	<b>9</b>	<b>8</b>

**Table C: 2015 SPOL Priority occupations by Training Council share**

SPOL 2015			
Priority	State	CS, H & E numbers	CS, H & E %
1	23	20	<b>87%</b>
2A	155	76	<b>49%</b>
2B	7	2	<b>29%</b>
3	57	9	<b>14%</b>
Totals of 1, 2A, 2B & 3	<b>242</b>	<b>107</b>	<b>44.2%</b>
Other	76	8	<b>10%</b>
<b>Totals</b>	<b>318</b>	<b>114</b>	<b>36%</b>

The State Priority Occupation List – Summary and Results, July 2015 is available through the following link ([SPOL July 2015](#)).

## Explanation of the Priority categories

### ***State Priority 1***

Generally the highest skill level (critical occupations), statistically ranked very highly and experiencing **unmet demand**.

### ***State Priority 2A***

Second highest level of priority, with highest skill level and statistically ranked very highly meaning that it is desirable to maintain supply in these occupations, despite **little evidence of unmet demand**.

### ***State Priority 2B***

Second highest level of priority, but not necessarily occupations highest skill levels, but they are statistically ranked **very highly** and they **are experiencing unmet demand**.

### ***Priority 3***

Third tier that represent industry or regional-level priority occupations. They tend to be either occupations experiencing **unmet demand** or **highly-skilled occupations**. Statistically, they will be ranked at a lower level than the other State priorities.

### ***Other Identified Occupation***

This category is included in the 2015 SPOL for the first time and refers to occupations where issues have been identified through consultations undertaken across various industries or regions; however at the current time there is not enough evidence to support the existence of widespread unmet demand or other, non-market factors, which would see their elevation to a priority status.

These occupations are being closely monitored by DTWD for any evidence which may see them elevated to a priority status in the future.

### ***Not identified as a priority***

These occupations **do not currently have any issues identified relating to the labour market**, higher education, VET or migration in Western Australia.

## **Details of SPOL 2015**

Overall, the occupations analysed for SPOL 2015 cover around half of the number of employed persons in Western Australia, with around 38% employed in State priority or priority occupations.

**Table 1: Number of Occupations by SPOL Priority (2013 – 2015)**

<b>Priority Status</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
State Priority 1	93	47	23
State Priority 2A	61	116	155
State Priority 2B	43	18	7
Priority 3	103	84	57
<b>Total SPOL Occupations</b>	<b>300</b>	<b>265</b>	<b>242</b>
Other Identified Occupation	-	-	76
Not a priority	441	479	426
<b>Total ANZSCO (6 Digit)</b>	<b>741</b>	<b>744</b>	<b>744</b>

Table 2: SPOL Priority (2015) by Industry

<b>SPOL 2015</b>					
<b>Industry</b>	<b>Priority 1</b>	<b>Priority 2A</b>	<b>Priority 2B</b>	<b>Priority 3</b>	<b>Other</b>
Health	19	61	2	3	6
Community Services	1	8	-	4	2
Education & Training	-	7	-	2	-
<b>Totals</b>	<b>20</b>	<b>76</b>	<b>2</b>	<b>9</b>	<b>8</b>

**Table 3: SPOL Priority (2015) by Training Council share**

<b>SPOL 2015</b>			
<b>Priority</b>	<b>State</b>	<b>CS, H &amp; E</b>	<b>CS, H &amp; E %</b>
1	23	20	<b>87</b>
2A	155	76	<b>49</b>
2B	7	2	<b>29</b>
3	57	8	<b>14</b>
Other	76	8	<b>10</b>
<b>Totals</b>	<b>318</b>	<b>114</b>	<b>36</b>

The full State Priority Occupations List is available on the Department of Training and Workforce Development website

<http://www.dtwd.wa.gov.au/workforceplanninganddevelopment/occupationlists/spol/Pages/spol.aspx>