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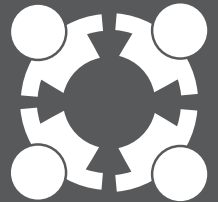
INTEGRITY



BOLDNESS



TEAMWORK



Direct Client Care and Support

**INDUSTRY REFERENCE COMMITTEE
INDUSTRY SKILLS FORECAST**

Refreshed April 2017

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Executive summary

Workers in the Direct Client Care and Support sector work directly with individuals to support and assist with a range of services. It is difficult to calculate the number of people employed across the sector, however, it is predicted that these workers make up a significant proportion of the health and community services workforce, estimated to employ over 1.5 million workers (13% of the population) in 2015. Businesses across this sector are predominantly government and not-for profit organisations. However, the move to consumer directed funding models represents a transition for providers of community services to a more contestable and competitive market. This has prompted speculation that additional for-profit operators will enter parts of the market, including multi-nationals.

The Direct Client Care and Support Industry Reference Committee (IRC) has responsibility for 15 qualifications, packaged in the CHC Community Services and HLT Health Training Packages, and aligned to the following job roles:

- Support workers – work with a person-centred approach to support, predominantly supporting the aged or people living with disability. Depending on the sector, work may be undertaken in a residential, home or community-based environment
- Assistants in nursing – provide assistance to health care professional staff for the care of clients in an acute care setting
- Allied health assistants – provide therapeutic and program-related support to allied health professionals. The worker may be engaged to work in a speciality area (physiotherapy, podiatry, occupational therapy, speech pathology, community rehabilitation, nutrition and dietetics), or generically across the organisation in delivery of allied health services
- Diversional therapy assistants - assist in the design, implementation and evaluation of health and leisure activities for clients. This can include encouraging clients to take part in activities, assisting in their social development, and promoting a sense of wellbeing. These assistants work in residential facilities or in community settings, as well as day centres
- Drug and alcohol workers - provide services and interventions to clients with alcohol and/or other

drugs issues and/or implements health promotion and community interventions. Work is undertaken in contexts such as community-based organisations, withdrawal services, residential rehabilitation services and outreach services

- Mental health workers - support people with mental illness in community participation, working to prevent relapses and promoting recovery through programs such as residential rehabilitation, work in clinical settings, home-based outreach and centre-based programs delivered by community-based non-government organisations. Work may also involve supported employment and programmed respite care
- Peer support workers - have lived experience of mental illness as either a consumer or carer and works in mental health services to support consumer peers or carer peers. Workers are employed in government, public, private or community-managed services.

There are a number of units of competency in the HLT Health and CHC Community Services training packages that are used across a number of qualifications. These relate to communication, Work Health and Safety (WHS), infection control, advocacy, etc. These units of competency are within the remit of the Direct Client Care and Support IRC but would be classified as 'cross sector'.

The Direct Client Care and Support IRC commits to thorough and inclusive national consultation to ensure training package products under its remit are reflective of current industry skills needs and provide opportunities for workforce development that actively contributes to the variability and productivity of the sector/s. Recognition is given to the need for training package related decisions to be made based on appropriate levels of industry engagement and input.

Further, the IRC acknowledges the COAG Industry and Skills Ministers' priorities and will utilise consultation activities, through the support of SkillsIQ, to gain a national perspective on:

- opportunities to identify and remove obsolete training package products from the system

- industry expectations for training delivery and assessment to be documented within Implementation Guides
- opportunities to enhance portability of skills from one related occupation to another
- opportunities to remove unnecessary duplication within the system and create training package products that may have application to multiple industry sectors
- opportunities for the development of skill sets.

Where available the IRC will seek and maximise opportunities to work collaboratively with other IRCs.

An analysis of the sector and industry consultation have identified a number of challenges and opportunities having direct impact on the sector, including:

- the ageing Australian population resulting in a diminishing labour pool and increasing demands on services
- changes in the way services are provided through consumer directed service models
- a general decrease of available government funds across the sector.

In addition, the sector has identified the following factors as having direct impact on the composition and skills needs of the workforce:

- change in demographics and working with diversity
- attracting and retaining workers
- workforce mobility and attaining the right skills mix
- meeting demand of regional and remote areas.

This Industry Skills Forecast identifies a number of international and national trends in workplace design that will impact on the skills needs of the sector. This information, along with industry identified skills priorities, will directly inform the coming review of relevant training package products.

Information contained within this Industry Skills Forecast has been sourced by a variety of methods, including:

- desktop research, to develop an understanding of existing research and views on skill requirements in the sector;
- an industry workforce survey, which was available to all stakeholders across all industries;
- consultation with the IRC itself, in order to confirm that the information was both valid and reflected industry views appropriately.

The Industry Skills Forecast proposes a schedule for the ongoing review of relevant training package products to inform the development of the four-year rolling National Schedule.

The training package products allocated to this IRC were endorsed in 2015. The training package products in this sector have been scheduled for review in year three (2018-2019) and year four (2019 – 2020). This will allow further information to be collected on implementation issues and enable the effects of service reform, including initiatives such as the National Disability Insurance Scheme and changes to Home Care Packages in aged care, to be better realised. It is envisaged the above challenges and workforce skills needs will be taken into account when developing a case for change for this review.

A. Administrative information

Name of IRC

Direct Client Care and Support Industry Reference Committee

Name of Skills Service Organisation (SSO)

SkillsIQ Limited (SkillsIQ)

This document details the proposed four-year schedule of work from 1 July 2016 to 30 June 2020 as agreed between the Direct Client Care and Support IRC and SkillsIQ.

This version of the Industry Skills Forecast was refreshed in April 2017.

About SkillsIQ

As a Skills Service Organisation (SSO), SkillsIQ is funded by the Department of Education and Training to support our allocated IRCs, which are responsible for the development and maintenance of the following training packages:

- Community Services
- Health
- Local Government
- Public Sector
- Floristry
- Hairdressing and Beauty Services
- Funeral Services
- Retail Services
- Sport, Fitness and Recreation
- Tourism, Travel and Hospitality

B. Sector overview

Workers in the Direct Client Care and Support sector work directly with individuals to support and assist with a variety of services in a range of settings. It is difficult to calculate the number of people employed across the sector, however, it is predicted that these workers make up a significant proportion of the health and community services workforce, estimated to employ 1.5 million workers (13% of the population).¹

Businesses across this sector are predominantly government and not-for profit organisations. However, the move to consumer directed funding models may represent a transition for providers to a more contestable and competitive market. This shift has prompted speculation that there may be an increase in for-profit operators entering parts of the market, including multi-nationals.

The sub-sectors are found across both the health and community services sectors. They are:

- aged and home care
- disability

- mental health
- alcohol and other drugs
- leisure and health
- allied health assistance
- health services assistance
- health support services.

Aged and home care

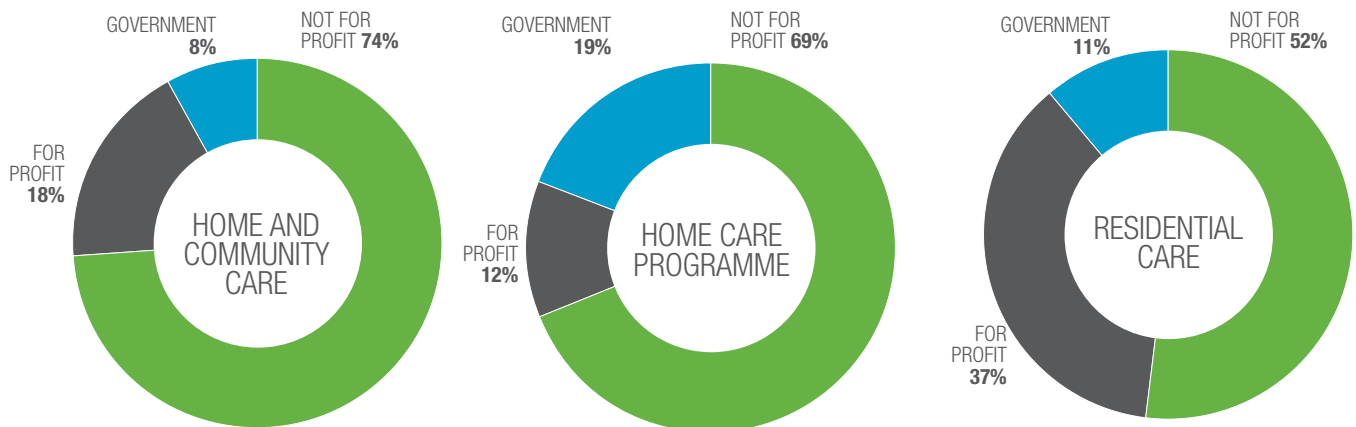
The aged and home care sector is one of Australia's largest and fastest growing service industries. Aged care services are delivered to over one million people. In 2013-14 there were over 2,214 providers supplying aged care services in Australia.² Service providers can be broken into:

- Home and Community Care (HACC): basic home support services that are provided under the Commonwealth Home and Community Care (HACC) program and the Victorian and Western Australian Home and Community Care Programs.

- Home care: more structured than the HACC, services are provided under the Home Care Package Programme (HCPP) which commenced on 1 August 2013.
- Residential care: permanent or respite care and support which is provided within a residential aged care accommodation.

The aged and home care sector employs over 350,000 people, with around 61% working in residential aged care and 39% working in home care and support. Representing 3.6% of Australian Government expenditure, the sector contributes 1% of Gross Domestic Product in Australia.³

CHART I: AGED CARE SECTOR, BY OWNERSHIP TYPE, 2013–14



Source: Aged Care Financing Authority, Third report on the Funding and Financing of the Aged Care Sector, July 2015

Australia has an ageing population with the population aged 65 years and over expected to increase from 14% in 2013 to 23% in 2061.⁴ This means a potential increase in the demand for services such as health care, aged care, public housing and associated ancillary services.⁵

While the aged care industry has responded over the past five years to the increasing demand for operational aged care places, its growth has been restrained due to the government's regulatory controls. In 2012, the Australian aged care industry underwent its first major reform in 25 years with the introduction of the Aged Care Funding Instrument and the Living Longer Living Better Aged Care Reform Package.⁶ In July 2014, the government removed the distinction between high and low care in residential aged care, introduced new accommodation payment arrangements and changed means-testing arrangements. It also established the Aged Care Pricing Commissioner and an Australian Aged Care Quality Agency.⁷ Over the past five years, the Aged Care Residential Services Industry has continued to expand, offering older Australians a range of lifestyle accommodation options as well as aged care services.

An ageing population is expected to increase demand for aged care and related services. By 2051, it is estimated that over 1 million people aged over 65 will need residential high care, with at least a further 370,000 needing residential low care. Even larger numbers of older Australians will require low-level and high-level formal community care by 2051 (with around 1.3 million in each category).⁸

With provision across all services forecast to grow, there will be a change in how services are provided, with a reduction in residential care and an increase in home and community support. This change is in response to a change in consumer preference to stay at home where possible. This will be strengthened by the change in government funding to a more consumer directed model.

The final phase of the Australian Government's reforms to aged care services will take effect in February 2017, with consumer directed care implemented across all Home Care Packages. It is anticipated that this will be extended more broadly to those in residential care.

The aged care workforce includes various occupations, such as registered and enrolled nurses, personal care attendants and a range of allied health professionals. Over recent years, the aged care services sector has grown significantly from 78,849 workers in 2007 to 94,823 in 2012, with 93,359 of those working as direct

care staff in Commonwealth-subsidised community aged care services.⁹

A 2012 workforce study found that the majority of the workforce in both residential (89%) and community (90%) aged care was female.¹⁰ The aged care workforce was also perceived to be highly qualified, with 88% of direct care workers in residential aged care and 86% of worker in community aged care holding post-secondary qualifications. Additionally, the workforce was also increasingly multicultural, with 23% of direct care workers in residential aged care and 16% of direct care workers in community aged care speaking a language other than English.

Over the ten years from 2013 through to 2023, the government projects that an additional 75,000 residential aged care places and a further 85,000 home care packages will be needed to cater for Australia's ageing population.¹¹ Service growth projections illustrate a workforce growth of an additional 55,770 full-time equivalent (FTE) care workers over the decade from 2013-2023.¹²

Disability

In 2012, approximately 4.2 million (18.5%) Australians reported as having a disability, of which 88% had a specific limitation or restriction, limiting their ability to perform core activities such as self-care, communication, mobility or restricting their participation in education or employment.¹³ In 2014-15, around 333,800 people used disability support services under the National Disability Agreement (NDA), a 4% increase from 2013-14.¹⁴

Aboriginal and Torres Strait Islander people have significantly higher rates of profound or severe core activity limitation than non-Aboriginal and Torres Strait Islander people. In 2012, Aboriginal and Torres Strait Islander people were 1.7 times as likely as non-Aboriginal and Torres Strait Islander people to be living with a profound/severe core activity limitation.¹⁵

The disability sector has experienced workforce recruitment and retention issues for many years. The establishment of the National Disability Insurance Scheme

(NDIS) will involve a substantial expansion of the disability services sector and most likely lead to an increased demand for workers in this area. It is anticipated that the disability sector workforce will need to more than double in size between now and full implementation in 2019-20 as a result of the NDIS. The workforce will need to increase from approximately 73,600 FTE workers, to an estimated 162,000 FTE workers.¹⁶

People working in this sector require high levels of communication and interpersonal skills, as communication in this field can be highly complex and demanding. For example, requiring workers to manage client behaviours in instances where violence and abuse is evident; explaining and negotiating NDIS-funded plans; and facilitating NDIS discussions around plan implementation with a range of parties with varying points of view. Workforce studies suggest that low pay and insecure employment frameworks act as deterrents in this sector.¹⁷ There is a trend of employers hiring workers to meet the immediate needs of the organisation without planning for long-term development or long-term needs of the customers. The 2015, National Disability Services (NDS) Workforce Wizard Study indicated a relatively high percentage of casual staff (38%) across this sector.

In the disability sector, the NDS study found that casualisation, as well as frequent turnover of staff, can impact on a worker's ability to build long-term relationships with the people they support, as well as leading to low investment in training and qualifications and weak career pathways. Middle management in this sector has identified tailoring the workforce profile to meet participant demand as a critical challenge.¹⁸ This challenge is being met by revised recruitment practices as well as through the introduction of 'digital talent platforms' that link participants with workers on the basis of common attributes such as culture, language and age.¹⁹

Mental health

Having good mental health is a vital part of good general health, fundamental for an industrious and inclusive society. In the 2014-15 National Health Survey²⁰ (NHS), four million Australians (17.5%) reported having

a mental or behavioural condition, with anxiety-related conditions (11.2% of the population) being the most frequently reported condition followed by affective disorders, including depression (9.3% of the population). Women (19.2%) reported higher levels of mental and behavioural conditions than men (15.8%). The NHS survey also reported that 60.7% of people aged 15-64 years with a mental or behavioural condition were employed, compared with 78.3% of people of the same age without a mental or behavioural condition. Around 1 in 4 (26%) young people aged 16-24 years, experience a mental disorder, with the most common disorders being anxiety disorders (15%) and substance use disorders (13%).²¹

Mental health-related services are provided in a variety of ways, including hospitalisation and other residential care; hospital-based outpatient services; community mental health care services; and consultations with both specialists and general practitioners. Many non-government organisations (NGOs) receive funding from the Australian government to provide mental health services to people with mental health conditions, their families and carers, and the broader community. A 2009 National Mental Health NGO Landscape Survey and a 2010 Workforce Scoping Survey found that there were approximately 800 mental health NGOs in Australia with a total workforce of 12,000 FTE employees, of whom at least 43% had a Bachelor degree or higher qualification in a health discipline and 34% had a Certificate or Diploma-level qualification.²²

Personal Helpers and Mentors (PHaMs) Program, administered by the Commonwealth Department of Social Services (DSS), provides holistic support services, such as housing support, employment and education, drug and alcohol rehabilitation, independent living skills courses and other mental health and allied health services, that aim to 'increase recovery opportunities for people whose lives are severely affected by their experience of mental illness'.²³ In 2014-15, there were 20,337 participants in the PHaMs Program, a reported 13.2% increase from the 2010-11 reports.

HeadSpace centres across Australia present as accessible, youth-friendly integrated service hubs, that provide early intervention mental health services to 12-25 year olds,

and promote young people's wellbeing. Although this government initiative (which commenced in 2006) has reported positive outcomes for young Australians,²⁴ its continuity may be at risk due to public policy funding changes introduced by the current government, which includes handing funding control to 31 Primary Health Networks (PHNs) over the next two years.²⁵

Implementation of the NDIS will also have implications for the mental health sector as those living with severe and persistent mental illness are included in the scheme. However, defining what constitutes a 'severe' and 'persistent' mental illness has been difficult and in trial sites appears to vary across jurisdictions. Support for peer work is also being considered to assist people with disability related to mental illness.

Alcohol and other drugs

In Australia, alcohol and other drug-related harm holds significant social and economic ramifications for the wider community. A study carried out by VicHealth highlighted that in 2010, 157,132 Australians were hospitalised due to alcohol-related conditions and an estimated 5,554 Australians died due to alcohol related conditions in this period.²⁶ This suggests that alcohol-related harm puts substantial strain on an already-stretched health care system and poses a significant burden for the community. A conservative analysis of the societal costs of alcohol indicates that it outweighs the revenue generated from alcohol taxation by a ratio of 2:1.²⁷ Although fewer Australians are exceeding the lifetime risk of alcohol use, a 2013 National Survey suggested that around 1 in 5 young people (21%) aged 18-24 years drank alcohol at risky levels for lifetime harm, with males (28%) more likely to drink at risky levels than females (15%).²⁸ Also, between 2001 and 2013, use of illicit drugs among youth aged 18-24 years fell from 37% to 29% with young males (32%) reporting higher levels of usage compared to young females (25%).²⁹

Specialist workers in this sector include drug and alcohol workers, nurses, social workers, doctors, peer workers, needle and syringe program workers, prevention workers, addiction medicine specialists and psychologists and

psychiatrists. The workforce is primarily female and aged 45 years or older.³⁰ Alcohol and other drug-use prevention practices need to be flexible and adaptable to changing societal needs and advances in technology and health knowledge. The Intergovernmental Committee on Drugs has proposed that a national alcohol and other drug workforce development strategy be developed, not only to enhance the capacity of the workforce to prevent as well as minimise alcohol and other drug-related harm, but also to ensure a sustainable workforce that is well equipped to meet future challenges, innovation and reform.³¹

Allied health assistance

The allied health workforce is an essential component of the health workforce and encompasses allied health practitioners, technicians, assistants and support workers. Allied Health Assistants (AHAs) support the delivery of allied health services and work under the direction of allied health practitioners, undertaking less-complex treatment or care tasks as well as administrative and other tasks to improve the efficiency of service delivery. Australia's ageing population and changing societal expectations from the health care system, as well as increases in lifestyle and chronic diseases, are likely to drive demand for allied health services in the future. This change is likely to lead to a shift from acute-based individual care to more community-focused approaches to care. AHAs will need to ensure their training and development is on path with the changing needs of the society and that they have skills which enable them to take on new responsibilities within new models of health care delivery.³²

A 2012 survey of AHAs estimated that there were 398 FTE AHAs across metropolitan, regional and rural NSW.³³ The AHA workforce was primarily female (78.9%) with many holding a formal qualification (42.5%). Of these, 33.7% of the AHA workforce held a Certificate IV qualification in AHA.

Presently, advanced AHA roles are being established locally as well as internationally, with the aim of creating more effective and efficient service delivery frameworks.³⁴ Research suggests that an expansion of the AHA role should be accompanied by the establishment of

appropriate educational and training programs, which can include on-the-job training along with the introduction of a higher qualification such as a diploma.³⁵ Such a task will require mapping and development, as well as consultation with service providers, to ensure that it is compatible with local needs and accessible to the workforce.³⁶

Health services assistance

Assistants and support workers that form part of a nursing team in a clinical setting are often referred to as Assistants in Nursing (AIN). In the nursing team they deliver a variety of clinical and non-clinical aspects of nursing care, working within the set parameters of a plan. AINs, like Enrolled Nurses (ENs), retain responsibility for their own actions but work under the direction of a Registered Nurse (RN), who remains accountable for all delegated functions. AINs, unlike ENs and RNs, are not nationally regulated, with a Certificate III, the generally accepted qualification for entry to practice. In 2012 it was reported that there were approximately 73,800 AINs in Australia, who are mostly employed in aged care.³⁷

Leisure and health

Leisure and recreation activities are designed to support, challenge and enhance the psychological, spiritual, social, emotional and physical wellbeing of individuals. Workers will facilitate the process of empowerment and enable a person to direct how he or she wishes to participate in leisure and recreation activities. They will work with the individual to design, implement and evaluate leisure, health activities and programs across a range of settings, predominantly rehabilitation, aged care, disability and other community services sectors. Work undertaken is usually categorised as diversional therapy and is available for people of all ages and abilities. The services provided are beyond clinical care and are an important aspect in promoting a healthy lifestyle which promotes self-esteem and personal fulfilment.

Health support services

Those working in the health support services sector assist in the effective functioning of the health system, mainly in public and private hospitals. Workers perform a broad range of duties, including menu assistants, food services assistants, cleaning, laundry, transport, orderlies, administration, grounds and general maintenance. Although workers will most likely work in a hospital, many of these services are contracted out to other providers. Workers will predominantly undertake shift work and will most likely undertake a range of tasks. For example, work may include elements of cleaning duties, patient transfers and transport and supply and delivery of stores, depending on the shift.

Training products for this IRC

The VET qualifications that cater to this sector include:

- CHC33015 Certificate III in Individual Support
- CHC43015 Certificate IV in Ageing
- CHC43115 Certificate IV in Disability
- CHC43215 Certificate IV in Alcohol and Other Drugs
- CHC43315 Certificate IV in Mental Health
- CHC43415 Certificate IV in Leisure and Health
- CHC43515 Certificate IV in Mental Health Peer Work
- CHC53215 Diploma of Alcohol and Other Drugs
- CHC53315 Diploma of Mental Health
- CHC53415 Diploma of Leisure and Health
- HLT23215 Certificate II in Health Support Services
- HLT33215 Certificate III in Health Support Services
- HLT33015 Certificate III in Allied Health Assistance
- HLT33115 Certificate III in Health Services Assistance
- HLT43015 Certificate IV in Allied Health Assistance

A full list of associated units of competency is set out in the attached IRC proposed schedule of work.

Registered Training Organisations (RTOs) using the training products

The National Register of VET (www.training.gov.au) provides information about RTOs and the approved scope of each RTO to deliver nationally recognised training. The following table indicates the number of RTOs with this IRC's qualifications on their scope of delivery, as at 13 April 2017. It is important to note that although an RTO may have a qualification on scope, they may not be delivering any nationally recognised training for that qualification. As a result, the following data may not be a true reflection of the extent of delivery.

The majority of qualifications were reviewed in 2014/15 and released on training.gov.au (TGA) on 8 August 2016. However, two qualifications were released on

TGA on 8 December 2015. As a result, RTOs delivering these qualifications may not have transitioned to the updated qualifications. The transition period is usually 12 months. However, the Australian Government Minister for Vocational Education and Skills and State and Territory Skills Ministers have agreed to a temporary increase in the length of the transition period. RTOs were granted an additional 6 months to transition, i.e. 18 months in total, for training package products endorsed by the Australian Industry and Skills Committee (AISC) from September 2015 to March 2016. As a result, RTOs will still have the superseded qualifications on scope as transition requirements would not require RTOs to have the updated qualifications on scope until 8 June 2017. The superseded qualifications have been identified.

REGISTERED TRAINING ORGANISATIONS WITH DIRECT CLIENT CARE AND SUPPORT QUALIFICATIONS ON SCOPE (AS AT 13 APRIL 2017)

Code	Qualification name	No of RTO on scope
CHC33015	Certificate III in Individual Support	476
CHC43015	Certificate IV in Ageing	249
CHC43115	Certificate IV in Disability	225
CHC43215	Certificate IV in Alcohol and Other Drugs	48
CHC43315	Certificate IV in Mental Health	86
CHC43415	Certificate IV in Leisure and Health	94
CHC43515	Certificate IV in Mental Health Peer Work	20
CHC53215	Diploma of Alcohol and Other Drugs	31
CHC53315	Diploma of Mental Health	42
CHC53415	Diploma of Leisure and Health	21

Code	Qualification name	No of RTO on scope
HLT23215	Certificate II in Health Support Services	48
HLT21212	Certificate II in Health Support Services (superseded)	44
HLT33215	Certificate III in Health Support Services	29
HLT32812	Certificate III in Health Support Services (superseded)	41
HLT33015	Certificate III in Allied Health Assistance	52
HLT33115	Certificate III in Health Services Assistance	91
HLT43015	Certificate IV in Allied Health Assistance	57

Source: training.gov.au. RTOs approved to deliver this qualification. Accessed 13 April 2017

Peak bodies and key industry players

The following list represents a range of organisations that perform a variety of key roles in this sector. These organisations and their networks are well placed to offer industry insights at the time of training package review. Industry engagement will include a broad and inclusive range of stakeholders beyond those included in this list, as relevant to the nature of training package product review.

- Federal, State and Territory government departments and agencies
- Peak and industry associations
 - Aged and Community Services Australia
 - Alcohol and other drugs State and Territory peak associations
 - Allied Health Professionals Association
 - Leading Aged Services Australia
 - Mental health state and territory peak associations
 - National Disability Services
- Employee associations
 - Australian Nursing and Midwifery Federation

- Australian Services Union
- Health Services Union
- United Voice
- Regulators
 - Australian Ageing and Quality Authority
- Registered training organisations both public and private
- Large and small private employers across metropolitan, regional, rural and remote areas.

Challenges and opportunities in the sector

Service reform

Consumer directed funding models aim to drive improvements in efficiency and quality for clients. These improvements are driven by giving clients the power as consumers of services to select their provider of choice and by promoting competition between providers, be they

new or existing. Commonwealth and State/Territory policy is driving transformational reform to two major sectors of the health and community services industries, namely aged care and disability. However, the effects will be felt more broadly. These changes to Commonwealth and State/Territory policy present both the greatest challenge and opportunity for the industries in this sector.

The Australian Government's reforms to aged care services, which took effect in February 2017, will see funding for Home Care Packages allocated directly to consumers, who will select the provider/s they want to assist them to manage their package. Consumers will have the right to change provider if they think they will be better served by doing so. It is anticipated that these reforms will be extended more broadly to those in residential care. In addition, the roll-out of the full NDIS started progressively across all States and Territories (except WA) from July 2016.

The change to a consumer directed approach to funding and support arguably represents some of the most significant changes these sectors have experienced. This agenda is fundamentally changing traditional models of support with the pace of change accelerating. Consumer directed funding will have a vast impact across the health and community services sectors, influencing how services are delivered and, in turn, workforce requirements, predominantly those in community services and development which represent the bulk of this sector.

One of the big differences of a consumer-driven model is that the work follows the client. A whole new industry is being geared to respond to participants' needs. A customer service culture will have broad impact across the health and community sectors, as the people themselves become customers of organisations who will need to have their best interests as their goal. This will require industry to build workforce capacity and skills of both workers and organisations. Workers will need to interact much more closely with the people they support, providing support via a person-centred approach, and contribute to the process by being the face of the organisation. Organisations will require a high level of leadership, management and brokering skills, to ensure that industry successfully makes the transition to the new policy and funding parameters.

These changes have raised a number of issues for workers,

including the potential casualisation of the workforce and job insecurity. Additionally, questions of workloads, skill sets and time management are also involved as these new models are implemented and clients take control of decisions regarding their packages and which workers and service providers they choose. The demand for administration and IT skills is also growing. Workers will be more involved in assisting their clients to manage their plans and budgets, and also in keeping record of their own hours and billing. Support agencies are already reporting an increase in skill-matching across all areas. This includes pairing workers with participants who have a similar culture and language, and even gender. As has been previously highlighted, the current workforce is predominately female, however consumers demands may impact the characteristics of the workforce as they take control of their funds and decide the people they want to work with them.

As industries transition to consumer directed and more contestable funding models, it is anticipated that large numbers of providers will enter and leave the market. It is important that this transition be effectively managed, to ensure consumers are protected and to prevent market failure. It is also critical that the workforce has the ability to meet the demands of consumers as these changes are rolled out.

Funding

Government spending in most community services and health sectors continues to increase. However, the overall rate of growth has declined in real terms.³⁸ When considered in relation to population size, funding has not changed for certain sectors including child protection, housing, homelessness and mental health.³⁹

Some of the industries in this sector rely heavily on government funding, at both a Commonwealth and State/Territory level. With a demand for increased services and reduced growth in funding, service providers and governments alike are looking for ways to deliver health and community services more efficiently.⁴⁰ This is likely to put added pressure on an otherwise already-stretched workforce to deliver services.

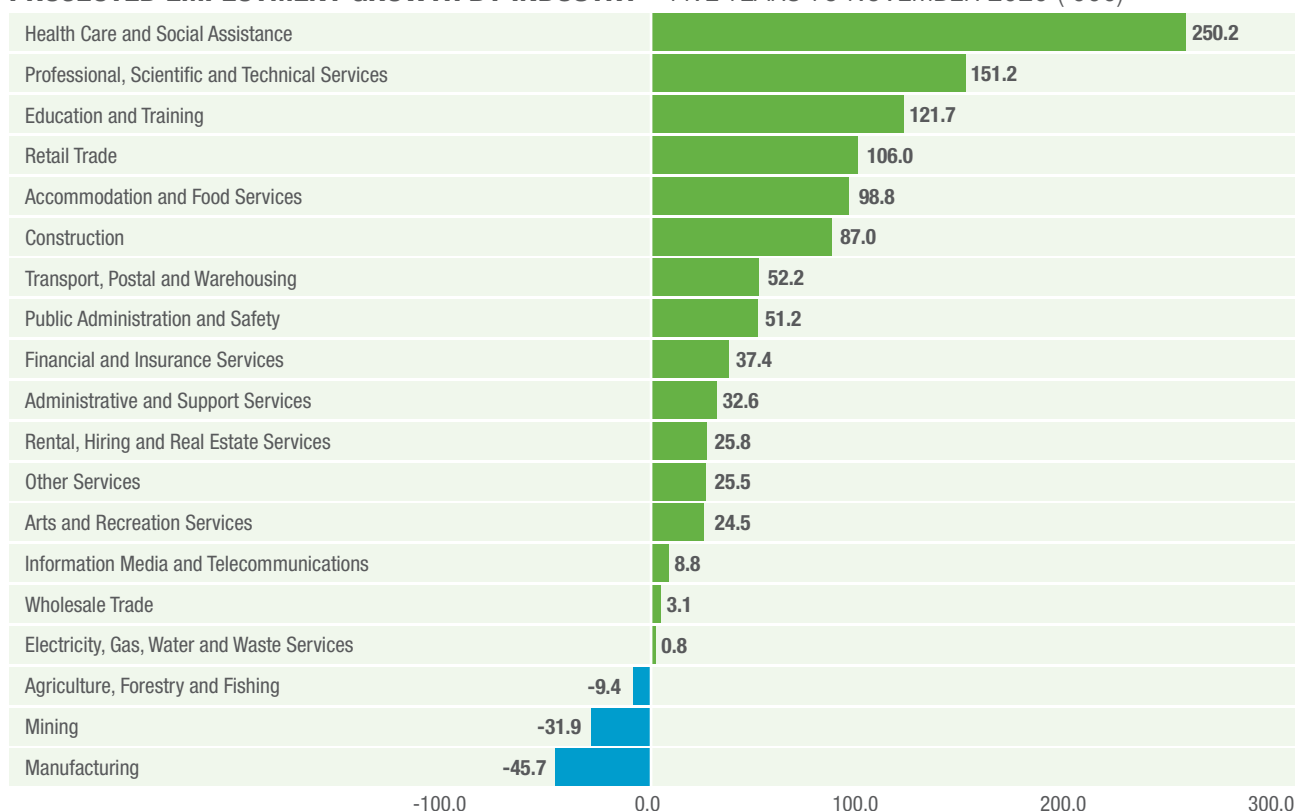
C. Employment

Health Care and Social Assistance is the largest employing sector in Australia, representing 1,523,000 workers (13% of the workforce) and accounting for 27% of total new jobs over the five years to November 2015. Almost half of the workforce is aged over 45 years and over (46%). Women have a particularly large share of jobs (nearly four in every five), the largest proportion of any industry. Part-time employment is also common, with 45% of workers employed on this basis (compared with 31% across all industries).⁴¹

Employment growth is projected to remain strong, with the sector requiring a 16.4% growth (or an estimated 250,200 more workers) to November 2020.⁴²

Demand for support and services provided by workers in the direct client care and support sector is set to grow significantly as there is a transition to consumer directed and more contestable funding models. The ageing population, initiatives such as the implementation of the NDIS and the increasing demand for services to be provided in the home will significantly stimulate growth in the sector.

PROJECTED EMPLOYMENT GROWTH BY INDUSTRY – FIVE YEARS TO NOVEMBER 2020 ('000)



Source: Australian Department of Employment, Employment Outlook to November 2020

Ageing population

Australia is experiencing a major demographic shift due to its ageing population and the relative increase in the proportion of people aged 65 years and over. In the five years since June 2010, the number of people aged 65 years and older has increased by 19% (582,300 people) to reach 3.57 million people at June 2015 (15% of total population).⁴³ Future population projections⁴⁴ suggest that the population aged 65 years and older will account for, on average, 18.85% of the population in 2031, 23.45% of the population in 2061 and 25.85% of the population by 2101. Additionally, the number of Australians aged 85 years and over is likely to double, from 455,400 (2% of the total population) to 954,600 by 2034 (3% of the total population).

As has been identified earlier, an ageing population will significantly increase demand for aged care and related services. By 2051, it is estimated that over one million people aged over 65 will need residential high care, with at least a further 370,000 needing residential low care.

Just as the effects of an ageing population will be felt broadly across the health and community sectors, so an ageing population means a potential increase in the demand for services such as healthcare, aged care, public housing and associated ancillary services.

With a longer life expectancy, the profile of people's needs will change, and there will undoubtedly be an increase in demand. This increased demand for services is likely to result in increased client loads, particularly in sub-acute and community work. Another important issue is the emerging client complexity caused by older people coming to care later, and presenting with co-morbidity. This complexity is also due to a growth in dementia and other cognitive disorders.

The Australian government is the main provider of funding for health and community services in Australia. In the future, the Australian government is likely to be placed under fiscal pressure due to its rising obligations toward publicly-funded supports as demand for services increases with population growth.

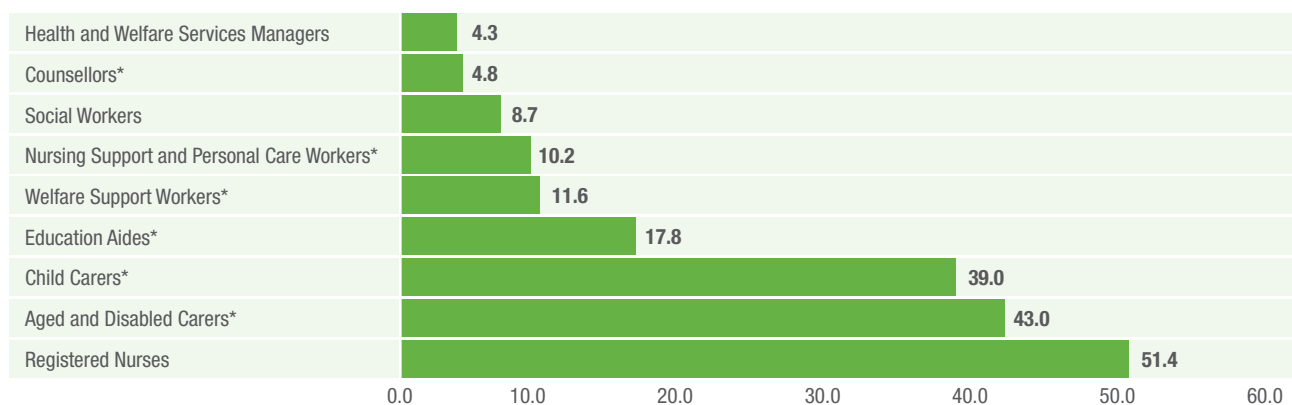
Consumer directed care

The Consumer Directed Care (CDC) framework highlights the workforce challenges facing industry as employers not only have to find more workers, but also develop new staffing models that are responsive to changing forms of service delivery. There is a growing concern that this person-centred model will effectively create two tiers of workforce: one comprised of trained and regulated workers employed by agencies and service provider organisations; and a second less-qualified and unregulated workforce, employed directly by individual service users.⁴⁵

Anecdotal evidence from industry suggests providers are under pressure to hire more casual staff to be responsive to consumer preferences, as well as to meet demands for greater service flexibility,⁴⁶ at little or no additional cost.⁴⁷ A casual work environment may be welcomed by some care workers, who prefer flexibility (such as students or those with other commitments) and higher rates of pay.⁴⁸ However, job insecurity and irregular working hours can reduce worker confidence in the industry, as well as lead to lower productivity levels, due to a lack of career development or progression path. Furthermore, casualisation of the workforce may create challenges in attracting and retaining culturally diverse and competent workers who are looking for permanent or long term work. It may also be more difficult for providers to monitor consistency of care quality, as well as to ensure consistent training. On the other hand, provisions for a casual workforce may present an opportunity for individuals in other related fields to work across different employers and sectors, creating a streamlined workplace reflective of fluctuating needs in the industry.⁴⁹

As identified earlier, it is anticipated the disability sector workforce will need to more than double in size between now and full implementation in 2019-20 as a result of the NDIS. In 2011 the Productivity Commission estimated that by 2050 the aged care workforce would need to quadruple. The next graph shows projected growth to November 2020 in selected health and community services occupations. Many of the workers in these industries will undertake a VET qualification in order to work in the sector.

PROJECTED GROWTH IN SELECTED HEALTH AND COMMUNITY SERVICES SPECIFIC OCCUPATIONAL GROUPS 2015–2020 ('000)



Source: Australian Department of Employment, 2016 Occupational Projections – five years to November 2020

* Indicates industries that include occupations aligned to VET qualifications.

Workforce supply-side challenges and opportunities

Demographics

Australia has an ageing population with one in five Australians expected to be over 65 years old in 2035. The high influx of migrants coming to Australia each year, of whom 80% are of working age, help counteract Australia's ageing workforce and contribute to cultural diversity.⁵⁰ In the future, an organisation's employee profile is likely to contain more diverse age groups and more diverse cultural backgrounds. Retirement of Australia's ageing workforce will result in industries likely to lose a large number of highly skilled workers, which may significantly impact the health and community services workforce which is predominantly older. This trend is likely to bring with it recruitment challenges for workers at management levels, as well as create an increased competitive

environment for workers (both local and migrant) within this sector. There is a need to develop and promote tapered retirement models that can productively harness the skills of an ageing population and ensure positions are available for younger labour market entrants.⁵¹

Attraction and retention

The Australian Community Sector Survey is the annual survey of community services across Australia conducted by the Australian Council of Social Service. Results of the 2013 survey showed that attraction and retention of staff (reported by 16% of service providers) was the single biggest operational challenge facing not-for-profit community services. Wages are an important factor to consider when attracting and retaining appropriately-qualified staff. In a 2015 survey of not-for-profits, executives considered 'attracting suitably qualified employees' as the third most important concern for their organisations.⁵²

Workforce mobility

Changes in demographics will see an increasing demand for services, with some industries potentially competing for workers. However, skills and attributes are often similar between some areas of health and community services which can facilitate the movement of staff between sectors to meet demands. These synergies become more apparent when considering some of the industries in this IRC's remit. For example, a recent review of the qualifications merged three high-use Certificate III qualifications (Certificate III in Aged Care, Certificate III in Home and Community Care and Certificate III in Disability) into a single qualification with specialisations (Certificate III in Individual Support). There may be opportunities to further promote flexibility and mobility, as pressures on the workforce to deliver services increases.

Regional and remote communities

Creating a sustainable workforce in regional and remote communities raises additional challenges, including how best to support a workforce that generally has a lower qualification profile and greater difficulties accessing training and professional development, as well as the broader issues which range from a higher cost of living to housing shortages. Allied health assistants are increasingly being used in specific clinical and geographical areas (especially rural and remote regions), and this trend is set to continue under consumer-driven models. The increased use of allied health assistants is viewed as positive as there is increasingly greater movement into areas that form part of the new multidisciplinary models of care and home-based care. For example, home care services require dietician services and assistants. Complex and chronic conditions related to ageing, obesity and diabetes require an increase in allied health assistance roles in the community. The Productivity Commission report suggests that with an increased demand for allied health under NDIS, a shortage, particularly in regional areas, may impact on the ability to deliver the NDIS.⁵³

D. Skills outlook

International and national trends

Consumer directed care

One of the big differences of a consumer-driven model is that the work follows the client. The traditional health and community services industry is being comprehensively transformed to better respond to participants' needs. Amongst other things, a different culture of customer service will become essential across the health and community services sectors, as clients become individual customers with greater choice and autonomy over that choice, and organisations will need to have the best interests of those customers as their clear focus. This will require an industry-wide development of workforce capacity and skills at both an individual worker and organisational level. Workers will need to interact differently and much more closely with the people they support; contribute differently to the process of providing support within a person-centred approach; and adopt a new role as the face of the organisation within a new marketplace. Organisations will require a high level of skills across areas including leadership, management, mentoring, supervision, marketing, brokering and brand/reputation management, to ensure that the industry successfully makes the transition to the new policy, funding and service model parameters, and market conditions.

These changes have raised a number of issues for workers, including changing the casualisation of the workforce, split shifts, job security and the impact of front-facing workers being the primary touch-point with the customer. Other critical issues to be addressed include workloads, skill sets and time management, as these reforms are fully implemented and customers take control of decisions regarding their packages and which workers and service providers they choose.

As the consumer takes control, workers will be more involved in assisting their clients to manage their plans and budgets. Budgeting and financial management, or assisting the client to gain financial knowledge, will be essential to allow consumers to direct their own finances. Workers will also require fiscal skills to keep accurate

records of their own work hours and ensure subsequent invoices and billing are reflective of services provided. The demand for administration and IT skills is also growing. Staffing agencies are already reporting an increase in skill-matching across all areas. This includes pairing workers with customers who have a similar culture and language, and even gender.

In addition, the advent of disruptive service and employment models is already occurring. Marketplaces for health care workers with individualised customer ratings – the “Uber” of health workers and the “Trip Advisor” of service providers - and the introduction of franchise care models from the USA entering the market, are examples of changes that are already impacting the workforce. These emerging models represent both opportunity and risk for existing and future workers, and for existing and future service providers.

Understanding the role and nature of the labour market under these conditions is critical to the sustainability of a world-class health and community services industry.

Service delivery models and education and training

Over the past few decades, Australia's economy has shifted away from lower skilled jobs towards a higher skilled, service-based economy.⁵⁴ The attainment of educational qualifications remains important for higher skilled occupations, with a projected growth of 10.4% (136,400) in jobs requiring Advanced Diploma or Diploma, 9.9% (299,000) in jobs requiring Certificate II or III and 8.3% (147,100) in jobs requiring Certificate IV or III (with at least two years on-the-job training).⁵⁵

The composition of the workforce is directly correlated with the changes to the models of care, which now push for a qualified and skilled workforce. For example, in the disability sector, the NDIS requires support workers and administrators in the industry to be familiar with new systems of administration, client management and funding arrangements.⁵⁶

Rise of enterprise skills

Jobs of the future will require Australians to be literate, numerate and digitally literate. In Australia, young people demonstrate a lack of proficiency in key skills such as problem solving, digital literacy and financial literacy.⁵⁷ Testing in recent years has illustrated that Aboriginal and Torres Strait Islander students are more likely to be low performers in problem solving, with 50% of low socio-economic backgrounds and 62% of Aboriginal and Torres Strait Islander students recording low proficiency, and a similar trend being reported across digital literacy and financial literacy testing.⁵⁸

Service providers in health and community services are increasingly adopting digital technologies. For example, mobile technologies like iPads are being used to support more efficient practices, particularly in the areas of staff scheduling, management of client information, supervision, and training. These technologies need to be operated by appropriately skilled staff, which requires training for workers in technical, managerial, administrative and frontline roles.

Additionally, the move to telehealth and the increasing use of digital technology means that health technicians need to update their skills to be able to maintain and troubleshoot equipment. The increasing use of clinical technologies is also driving needs for enhanced technological skills to be included as competency units within qualifications.

As a specific example, the aged care sector is likely to introduce innovative models of care that enable the aged care workforce to efficiently and effectively respond to the needs of older Australians. Investing in training, change management and service models that incorporate new and emerging technology is likely to benefit the workforce in this industry.⁵⁹ Staff in leadership and managerial roles will need to be competent across key management skills, including financial management, people management, emotional and psychological awareness, resilience and marketing, as well as planning and coordination, to ensure effective management of a multicultural workforce.⁶⁰

Digital change

With constant changes and technological advances, industries need to advocate for lifelong education and training for all Australians, to ensure that individuals are equipped with the necessary skills and knowledge to adapt. This will become increasingly important for some sectors of the health and community sector, specifically aged care and disability, as assistive technology advances. As people are increasingly receiving support in a home and community context, it is essential that workers have the skills and knowledge to assist people utilising these advancements.

Technology and digital advancements have also facilitated the creation of integrated platforms whereby consumers can directly access individual care workers under the NDIS or CDC Packages. Better Caring,⁶¹ for example, is an online platform where people with a disability, or those who are ageing, can find and hire local care and support workers, including those under government funding. Emerging models such as these represent both opportunity and risk for existing and future workers, and for existing and future service providers.

Skill requirements

The required skills have largely been informed by an industry workforce survey which was available to all stakeholders across all industries. There were a total of 1,480 respondents to the survey, of whom 258 identified themselves as relating to the Direct Client Care and Support sector. The following tables represent a collation of the skills identified by respondents for the next three to five years, as well as rankings for the pre-determined common workforce skills. Although the IRC generally accepts the survey results, it notes that, when looking to broad workforce skills, varying interpretations and definitions are offered. Industry stresses that a common skill may have a vastly different meaning, and application, to different individuals and organisations. Industry cautions therefore that a lack of consistent understanding requires careful consideration when reviewing and determining industry skills priorities.

Top five skills required within the next three to five year period

Customer Service
Communication
Technology
Leadership
Flexibility

As has been highlighted, changes in service delivery will undoubtedly bring about significant workforce and organisational change as clients become individual customers with greater choice and autonomy over that choice. Workers will need to interact differently and much more closely with the people they support, contribute

differently to the process of providing support within a person-centred approach, and adopt a new role as the face of the organisation within a new marketplace. To ensure organisations successfully make the transition to the new policy, funding and service model parameters and market conditions, and ultimately remain competitive by providing the services demanded by their clients, organisations will require a high level of skills across areas, including leadership, management, marketing, brokering and brand/reputation management.

The IRC has noted the importance of leadership in the top five skills. Customer service, communication and technology will all be significant skill requirements for on-the-ground workers in this sector. However, at an organisational level, strong leadership and management to navigate the system are imperative for an organisation to remain sustainable.

COMMON WORKFORCE SKILLS RANKED IN ORDER OF IMPORTANCE

Workforce Skill	Rank
Communication/Virtual collaboration/Social intelligence	1
Learning agility/Information literacy/Intellectual autonomy and self-management	2
Customer service/Marketing	3
Language, Literacy and Numeracy	4
Design mindset/Thinking critically/System thinking/Solving problems	5
Managerial/Leadership	6
Technology	7
Financial	8
Data analysis	9
Environmental and Sustainability	10
Entrepreneurial	11
Science, Technology, Engineering and Mathematics (STEM)	12

E. Other relevant skills-related insights for this sector

The IRC has not identified any further issues to be addressed in this Industry Skills Forecast. However, further insight may be identified and considered when developing a case for change.

F. Proposed Schedule of Work: 2016-17 – 2019-20

Time-critical issues

These training products were last reviewed in 2014-15 and released on the national register, training.gov.au, on 6 August 2015 and 8 December 2015. To allow the training products to be properly implemented and tested within the system, those in this sector have been scheduled for review in years three and four.

There is also the need to better understand the implications of policy changes within the sector to make informed changes to the training packages. The final phase of the Australian government's reforms to aged care services, which took effect in February 2017. Home Care Packages will be allocated directly to consumers, who will select the provider/s they want to assist them to manage their package. They will have the right to change provider if they think they will be better served by doing so. In addition, the roll-out of the full NDIS has started progressively across all States and Territories (except WA) from July 2016. These changes are set to impact the wider health and community services sectors. As the pace of change accelerates it will be imperative that the workforce has the skills to meet the demands of consumers, and the expectations of employers, as these changes are rolled out.

Interdependencies

Qualifications in the remit of the Direct Client Care and Support IRC will be impacted by the review of imported units of competency from the following training packages:

- AHC Agriculture, Horticulture and Conservation and Land Management Training Package.
- BSB Business Services Training Package
- CHC Community Services Training Package
- CPP Property Services Training Package
- FDF10 Food Processing Training Package
- FNS Financial Services Training Package
- HLT Health Training Package
- LMT07 Textiles, Clothing and Footwear Training Package
- SIS Sport, Fitness and Recreation Training Package
- SIT Tourism, Travel and Hospitality Training Package
- TAE Training and Education Training Package
- TLI Transport and Logistics Training Package.

Where the IRC is advising that a training product will need to be reviewed more than once in the four-year period

The IRC notes that there may be instances of unforeseen change triggering a need to review training package products outside of where listed in the national schedule. Examples of unforeseen change include, but are not limited to, changes to legislation, regulation and industry licencing.

Where the review of a training product is expected to be contentious or involve lengthy work

It is difficult to predict if review of these training products will be contentious or lengthy as the detail of proposed change has not yet been identified or considered by industry. At this time no significant issues have been detected, however the IRC notes that the very nature of training product review work will bring to light differing stakeholder views.

Cross-sector units

There are a number of units of competency in the Health and Community Services Training Packages that are used across a number of qualifications. These relate to communication, Work Health and Safety (WHS), infection control, advocacy, etc. These units of competency are within the remit of the Direct Client Care and Support IRC but would be classified as 'cross-sector'.

As IRCs using these units of competency review their allocated qualifications and feedback on cross-sector units arises, feedback will be logged and collated by SkillsIQ. The review of cross-sector units of competency has been scheduled in year four. This will allow feedback from all IRCs to be collected and considered collectively to inform any amendments.

Family Violence Royal Commission

In February 2015, a Royal Commission into Family Violence commenced in Victoria. The Royal Commission was established in recognition of the harm family violence causes, and the need to invest in family violence reforms to assure the future wellbeing and prosperity of all Victorians.

Recommendations of the Royal Commission into Family Violence stress the capacity for everyone working in the health and community services sectors to be able to identify clients affected by family violence, to recognise the impacts and to be able to confidently refer clients to appropriate specialist services. This is an important piece of work not only for Victoria but all jurisdictions to promote prevention as a tool to reduction in domestic and family violence as a national issue. It will likely have a significant and rapid impact on training for people in many community services and health VET qualifications.

G. IRC sign-off

This Industry Skills Forecast and Proposed Schedule of Work was agreed to by:

Amanda Calwell-Smith, Chair of the Direct Client Care and Support IRC

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Signature of Chair

Date:

Direct Client Care and Support IRC Proposed Schedule of Work 2016-17 to 2019-2020

Contact details: IRC - Amanda Calwell-Smith, Chair. SkillsIQ - Melinda Brown, General Manager. Date submitted to Department of Education and Training: 28 April 2017.

These training products were last reviewed in 2014-15 and released on the national register, training.gov.au, on 6 August 2015 and 8 December 2015. To allow the training products to be properly implemented and tested within the system, those in this sector have been scheduled for review in years three and four.

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 3: 2018 – 2019 Based on time since previous review	CHC	Community Services	CHC33015	Certificate III in Individual Support		
Year 3: 2018 – 2019 Based on time since previous review	CHC	Community Services	CHC43015	Certificate IV in Ageing Support		
Year 3: 2018 – 2019 Based on time since previous review	CHC	Community Services	CHC43115	Certificate IV in Disability		
Year 3: 2018 – 2019 Based on time since previous review	HLT	Health	HLT23215	Certificate II in Health Support Services		
Year 3: 2018 – 2019 Based on time since previous review	HLT	Health	HLT33215	Certificate III in Health Support Services		
Year 3: 2018 – 2019 Based on time since previous review	HLT	Health	HLT33015	Certificate III in Allied Health Assistance		
Year 3: 2018 – 2019 Based on time since previous review	HLT	Health	HLT43015	Certificate IV in Allied Health Assistance		
Year 4: 2019 – 2020 Based on time since previous review	CHC	Community Services	CHC43415	Certificate IV in Leisure and Health		
Year 4: 2019 – 2020 Based on time since previous review	CHC	Community Services	CHC53415	Diploma of Leisure and Health		
Year 4: 2019 – 2020 Based on time since previous review	CHC	Community Services	CHC43515	Certificate IV in Mental Health Peer Work		
Year 4: 2019 – 2020 Based on time since previous review	CHC	Community Services	CHC43315	Certificate IV in Mental Health		
Year 4: 2019 – 2020 Based on time since previous review	CHC	Community Services	CHC53315	Diploma of Mental Health		
Year 4: 2019 – 2020 Based on time since previous review	CHC	Community Services	CHC43215	Certificate IV in Alcohol and Other Drugs		
Year 4: 2019 – 2020 Based on time since previous review	CHC	Community Services	CHC53215	Diploma of Alcohol and Other Drugs		
Year 4: 2019 – 2020 Based on time since previous review	HLT	Health	HLT33115	Certificate III in Health Services Assistance		

QUALIFICATIONS

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
SKILL SETS						
Year 3: 2018 – 2019	CHC	Community Services	CHCSS00081	Induction to Disability Skill Set		
Year 3: 2018 – 2019	CHC	Community Services	CHCSS00097	Individual support – ageing skill set		
Year 3: 2018 – 2019	CHC	Community Services	CHCSS00098	Individual support – disability skill set		
Year 3: 2018 – 2019	CHC	Community Services	CHCSS00099	Individual support – home and community (ageing) skill set		
Year 3: 2018 – 2019	CHC	Community Services	CHCSS00100	Individual support – home and community (disability) skill set		
Year 3: 2018 – 2019	HLT	Health	HLTSS00051	Allied health assistance – Community rehabilitation skill set		
Year 3: 2018 – 2019	HLT	Health	HLTSS00052	Allied health assistance – Nutrition and dietetics skill set		
Year 3: 2018 – 2019	HLT	Health	HLTSS00053	Allied health assistance – Occupational therapy skill set		
Year 3: 2018 – 2019	HLT	Health	HLTSS00054	Allied health assistance – Physiotherapy skill set		
Year 3: 2018 – 2019	HLT	Health	HLTSS00055	Allied health assistance – Podiatry skill set		
Year 3: 2018 – 2019	HLT	Health	HLTSS00056	Allied health assistance – Social work skill set		
Year 3: 2018 – 2019	HLT	Health	HLTSS00057	Allied health assistance – Speech pathology skill set		
Year 3: 2018 – 2019	HLT	Health	HLTSS00061	Food safety supervision skill set – for community services and health industries		
Year 3: 2019 – 2020	CHC	Community Services	CHCSS00078	High support and complex care skill set - aged care		
Year 3: 2019 – 2020	CHC	Community Services	CHCSS00094	High support and complex care skill set - disability work		

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 3: 2019 – 2020	CHC	Community Services	CHCSS00095	Dementia support – service delivery skill set		
Year 3: 2019 – 2020	CHC	Community Services	CHCSS00096	Disability work – behaviour support skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00066	Client-oriented service delivery skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00067	Administer and monitor medication skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00069	Advocacy Skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00070	Assist clients with medication skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00071	Basic foot care skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00075	Chronic disease self-management skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00076	Coordinate client directed services skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00077	Financial literacy education skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00080	Induction to Leisure and Health Skill Set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00082	Lead and mentor skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00083	Lead inclusion and collaboration skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00084	Lead and support colleagues skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00086	Quality management skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00087	Risk management skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00088	Induction skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00089	Service coordination and collaboration skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00091	Team Leader skill set		

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00092	Alcohol and other drugs co-existing needs skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00093	Alcohol and other drugs skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00101	Language, literacy and numeracy tutor skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00102	Mental health co-existing needs skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00103	Mental Health peer work skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00104	Mental health peer leadership skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00105	Palliative approach skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00106	Facilitate independent travel skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00107	Carer support skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00112	Suicide bereavement support skill set		
Year 4: 2019 – 2020	CHC	Community Services	CHCSS00113	Crisis support skill set		

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
UNITS OF COMPETENCY						
Year 3: 2018 – 2019	CHC	Community Services			CHCAGE001	Facilitate the empowerment of older people
Year 3: 2018 – 2019	CHC	Community Services			CHCAGE002	Implement falls prevention strategies
Year 3: 2018 – 2019	CHC	Community Services			CHCAGE003	Coordinate services for older people
Year 3: 2018 – 2019	CHC	Community Services			CHCAGE004	Implement interventions with older people at risk
Year 3: 2018 – 2019	CHC	Community Services			CHCAGE005	Provide support to people living with dementia
Year 3: 2018 – 2019	CHC	Community Services			CHCAGE006	Provide food services
Year 3: 2018 – 2019	CHC	Community Services			CHCDIS001	Contribute to ongoing skills development using a strengths-based approach
Year 3: 2018 – 2019	CHC	Community Services			CHCDIS002	Follow established person-centred behaviour supports
Year 3: 2018 – 2019	CHC	Community Services			CHCDIS003	Support community participation and social inclusion
Year 3: 2018 – 2019	CHC	Community Services			CHCDIS004	Communicate using augmentative and alternative communication strategies
Year 3: 2018 – 2019	CHC	Community Services			CHCDIS005	Develop and provide person-centred service responses
Year 3: 2018 – 2019	CHC	Community Services			CHCDIS006	Develop and promote positive person-centred behaviour supports
Year 3: 2018 – 2019	CHC	Community Services			CHCDIS007	Facilitate the empowerment of people with disability
Year 3: 2018 – 2019	CHC	Community Services			CHCDIS008	Facilitate community participation and social inclusion
Year 3: 2018 – 2019	CHC	Community Services			CHCDIS009	Facilitate ongoing skills development using a person-centred approach
Year 3: 2018 – 2019	CHC	Community Services			CHCDIS010	Provide person-centred services to people with disability with complex needs
Year 3: 2018 – 2019	CHC	Community Services			CHCHCS001	Provide home and community support services
Year 3: 2018 – 2019	CHC	Community Services			CHCHCS002	Coordinate and monitor home based support
Year 3: 2018 – 2019	CHC	Community Services			CHCPAL001	Deliver care services using a palliative approach

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 3: 2018 – 2019	CHC	Community Services			CHCPAL002	Plan for and provide care services using a palliative approach
Year 3: 2018 – 2019	HLT	Health			HLTAHA001	Assist with an allied health program
Year 3: 2018 – 2019	HLT	Health			HLTAHA002	Assist with the application and removal of casts
Year 3: 2018 – 2019	HLT	Health			HLTAHA003	Deliver and monitor client-specific physiotherapy programs
Year 3: 2018 – 2019	HLT	Health			HLTAHA004	Support client independence and community participation
Year 3: 2018 – 2019	HLT	Health			HLTAHA005	Support the delivery and monitoring of physiotherapy programs for mobility
Year 3: 2018 – 2019	HLT	Health			HLTAHA006	Assist with basic foot hygiene
Year 3: 2018 – 2019	HLT	Health			HLTAHA007	Assist with podiatric procedures
Year 3: 2018 – 2019	HLT	Health			HLTAHA008	Assist with podiatry assessment and exercise
Year 3: 2018 – 2019	HLT	Health			HLTAHA009	Assist with the rehabilitation of clients
Year 3: 2018 – 2019	HLT	Health			HLTAHA010	Assist with the development and maintenance of client functional status
Year 3: 2018 – 2019	HLT	Health			HLTAHA011	Conduct group sessions for individual client outcomes
Year 3: 2018 – 2019	HLT	Health			HLTAHA012	Support the development of speech and communication skills
Year 3: 2018 – 2019	HLT	Health			HLTAHA013	Provide support in dysphagia management
Year 3: 2018 – 2019	HLT	Health			HLTAHA014	Assist and support the use of augmentative and alternative communication systems
Year 3: 2018 – 2019	HLT	Health			HLTAHA015	Deliver and monitor a hydrotherapy program
Year 3: 2018 – 2019	HLT	Health			HLTAHA016	Support the fitting of assistive equipment
Year 3: 2018 – 2019	HLT	Health			HLTAHA017	Assist with social work
Year 3: 2018 – 2019	HLT	Health			HLTAHA018	Assist with planning and evaluating meals and menus to meet recommended dietary guidelines

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 3: 2018 – 2019	HLT	Health			HLTAHA019	Assist with the monitoring and modification of meals and menus according to individualised plans
Year 3: 2018 – 2019	HLT	Health			HLTAHA020	Support food services in menu and meal order processing
Year 3: 2018 – 2019	HLT	Health			HLTAHA021	Assist with screening and implementation of therapeutic diets
Year 3: 2018 – 2019	HLT	Health			HLTAHA022	Prepare infant formulas
Year 3: 2018 – 2019	HLT	Health			HLTAHA023	Support the provision of basic nutrition advice and education
Year 3: 2018 – 2019	HLT	Health			HLTAHA024	Work within a community rehabilitation environment
Year 3: 2018 – 2019	HLT	Health			HLTAHA025	Contribute to client flow and client information management in medical imaging
Year 3: 2018 – 2019	HLT	Health			HLTAHA026	Support the medical imaging professional
Year 3: 2018 – 2019	HLT	Health			HLTFSE001	Follow basic food safety practices
Year 3: 2018 – 2019	HLT	Health			HLTFSE002	Provide ward or unit based food preparation and distribution services
Year 3: 2018 – 2019	HLT	Health			HLTFSE003	Perform kitchenware washing
Year 3: 2018 – 2019	HLT	Health			HLTFSE004	Serve cafeteria customers
Year 3: 2018 – 2019	HLT	Health			HLTFSE005	Apply and monitor food safety requirements
Year 3: 2018 – 2019	HLT	Health			HLTFSE006	Prepare foods suitable for a range of client groups
Year 3: 2018 – 2019	HLT	Health			HLTFSE007	Oversee the day-to-day implementation of food safety in the workplace
Year 3: 2018 – 2019	HLT	Health			HLTFSE008	Conduct internal food safety audits
Year 3: 2018 – 2019	HLT	Health			HLTFSE009	Apply cook-freeze and reheating processes
Year 3: 2018 – 2019	HLT	Health			HLTHSS001	Operate an incinerator
Year 3: 2018 – 2019	HLT	Health			HLTHSS002	Perform general maintenance and provide assistance to tradespersons
Year 3: 2018 – 2019	HLT	Health			HLTHSS003	Perform general cleaning tasks in a clinical setting

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 3: 2018 – 2019	HLT	Health			HLTHSS004	Handle and move equipment, goods and mail
Year 3: 2018 – 2019	HLT	Health			HLTHSS005	Undertake routine stock maintenance
Year 3: 2018 – 2019	HLT	Health			HLTHSS006	Collect and manage linen stock at user-location
Year 3: 2018 – 2019	HLT	Health			HLTHSS007	Handle medical gases safely
Year 3: 2018 – 2019	HLT	Health			HLTHSS008	Perform routine servicing of plant, equipment and machinery
Year 4: 2019 – 2020	CHC	Community Services			CHCAOD001	Work in an alcohol and other drugs context
Year 4: 2019 – 2020	CHC	Community Services			CHCAOD002	Work with clients who are intoxicated
Year 4: 2019 – 2020	CHC	Community Services			CHCAOD003	Provide needle and syringe services
Year 4: 2019 – 2020	CHC	Community Services			CHCAOD004	Assess needs of client with alcohol and other drugs issues
Year 4: 2019 – 2020	CHC	Community Services			CHCAOD005	Provide alcohol and other drugs withdrawal services
Year 4: 2019 – 2020	CHC	Community Services			CHCAOD006	Provide interventions for people with alcohol and other drugs issues
Year 4: 2019 – 2020	CHC	Community Services			CHCAOD007	Develop strategies for alcohol and other drugs relapse prevention and management
Year 4: 2019 – 2020	CHC	Community Services			CHCAOD008	Provide advanced interventions to meet the needs of clients with alcohol and other drugs issues
Year 4: 2019 – 2020	CHC	Community Services			CHCAOD009	Develop and review individual alcohol and other drugs treatment plans
Year 4: 2019 – 2020	CHC	Community Services			CHCLAH001	Work effectively in the leisure and health industries
Year 4: 2019 – 2020	CHC	Community Services			CHCLAH002	Contribute to leisure and health programming
Year 4: 2019 – 2020	CHC	Community Services			CHCLAH003	Participate in the planning, implementation and monitoring of individual leisure and health programs
Year 4: 2019 – 2020	CHC	Community Services			CHCLAH004	Participate in planning leisure and health programs for clients with complex needs
Year 4: 2019 – 2020	CHC	Community Services			CHCLAH005	Incorporate lifespan development and sociological concepts into leisure and health programming

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 4: 2019 – 2020	CHC	Community Services			CHCLAH006	Coordinate planning, implementation and monitoring of leisure and health programs
Year 4: 2019 – 2020	CHC	Community Services			CHCLAH007	Conduct a program for children and young people with special needs
Year 4: 2019 – 2020	CHC	Community Services			CHCLAH008	Provide leisure education
Year 4: 2019 – 2020	CHC	Community Services			CHCLAH009	Apply concepts of human psychology to facilitate involvement in leisure programs
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS001	Work with people with mental health issues
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS002	Establish self-directed recovery relationships
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS003	Provide recovery oriented mental health services
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS004	Work collaboratively with the care network and other services
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS005	Provide services to people with coexisting mental health and alcohol and other drugs issues
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS006	Facilitate the recovery process with the person, family and carers
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS007	Work effectively in trauma informed care
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS008	Promote and facilitate self advocacy
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS009	Provide early intervention, health prevention and promotion programs
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS010	Implement recovery oriented approaches to complexity
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS011	Assess and promote social, emotional and physical wellbeing
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS012	Provide support to develop wellness plans and advanced directives
Year 4: 2019 – 2020	CHC	Community Services			CHCMHS013	Implement trauma informed care
Year 4: 2019 – 2020	CHC	Community Services			CHCPWK001	Apply peer work practices in the mental health sector

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 4: 2019 – 2020	CHC	Community Services			CHCPWK002	Contribute to the continuous improvement of mental health services for consumers and carers
Year 4: 2019 – 2020	CHC	Community Services			CHCPWK003	Apply lived experience in mental health peer work
Year 4: 2019 – 2020	CHC	Community Services			CHCPWK004	Work effectively in consumer mental health peer work
Year 4: 2019 – 2020	CHC	Community Services			CHCPWK005	Work effectively with carers as a mental health peer worker
Year 4: 2019 – 2020	CHC	Community Services			CHCPWK006	Promote and conduct mental health peer work
Year 4: 2019 – 2020	HLT	Health			HLTAIN001	Assist with nursing care in an acute care environment
Year 4: 2019 – 2020	HLT	Health			HLTAIN002	Provide non-client contact support in an acute care environment
Year 4: 2019 – 2020	CHC	Community Services			CHCADV001	Facilitate the interests and rights of clients
Year 4: 2019 – 2020	CHC	Community Services			CHCADV002	Provide advocacy and representation services
Year 4: 2019 – 2020	CHC	Community Services			CHCADV003	Represent clients in court
Year 4: 2019 – 2020	CHC	Community Services			CHCADV004	Represent organisation in court or tribunal
Year 4: 2019 – 2020	CHC	Community Services			CHCADV005	Provide systems advocacy services
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS001	Address the needs of people with chronic disease
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS002	Assist with movement
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS003	Increase the safety of individuals at risk of suicide
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS004	Assess co-existing needs
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS005	Conduct individual assessments
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS006	Facilitate individual service planning and delivery
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS007	Develop and implement service programs
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS008	Develop strategies to address unmet needs
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS009	Facilitate responsible behaviour
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS010	Maintain a high standard of service

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS011	Meet personal support needs
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS012	Prepare and maintain beds
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS013	Provide basic foot care
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS014	Provide brief interventions
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS015	Provide individualised support
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS016	Respond to client needs
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS017	Provide loss and grief support
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS018	Provide suicide bereavement support
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS019	Recognise and respond to crisis situations
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS020	Respond effectively to behaviours of concern
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS021	Respond to suspected abuse
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS022	Facilitate independent travel
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS023	Support independence and wellbeing
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS024	Support individuals with autism spectrum disorder
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS025	Support relationships with carers and families
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS026	Transport individuals
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS027	Visit client residence
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS028	Provide client-centred support to people in crisis
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS029	Work with involuntary and mandated clients
Year 4: 2019 – 2020	CHC	Community Services			CHCCCS030	Determine and respond to carer needs
Year 4: 2019 – 2020	CHC	Community Services			CHCCOM001	Provide first point of contact
Year 4: 2019 – 2020	CHC	Community Services			CHCCOM002	Use communication to build relationships
Year 4: 2019 – 2020	CHC	Community Services			CHCCOM003	Develop workplace communication strategies

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 4: 2019 – 2020	CHC	Community Services			CHCCOM004	Present information to stakeholder groups
Year 4: 2019 – 2020	CHC	Community Services			CHCCOM005	Communicate and work in health or community services
Year 4: 2019 – 2020	CHC	Community Services			CHCCOM006	Establish and manage client relationships
Year 4: 2019 – 2020	CHC	Community Services			CHCDIV001	Work with diverse people
Year 4: 2019 – 2020	CHC	Community Services			CHCDIV002	Promote Aboriginal and/or Torres Strait Islander cultural safety
Year 4: 2019 – 2020	CHC	Community Services			CHCDIV003	Manage and promote diversity
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU001	Provide community focused health promotion and prevention strategies
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU002	Plan health promotion and community intervention
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU003	Provide sexual and reproductive health information to clients
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU004	Develop, implement and review sexual and reproductive health education programs
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU005	Work with clients to identify financial literacy education needs
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU006	Improve clients' fundamental financial literacy skills
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU007	Provide group education on consumer credit and debt
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU008	Share health information
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU009	Provide parenting, health and well-being education
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU010	Prepare and evaluate relationship education programs
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU011	Work with parents or carers of very young children
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU012	Facilitate couple processes in group work
Year 4: 2019 – 2020	CHC	Community Services			CHCEDU013	Facilitate adult learning and development
Year 4: 2019 – 2020	CHC	Community Services			CHCGRP001	Support group activities
Year 4: 2019 – 2020	CHC	Community Services			CHCGRP002	Plan and conduct group activities

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 4: 2019 – 2020	CHC	Community Services			CHCGRP003	Plan, facilitate and review psycho-educational groups
Year 4: 2019 – 2020	CHC	Community Services			CHCGRP004	Deliver structured programs
Year 4: 2019 – 2020	CHC	Community Services			CHCGRP005	Plan and provide group counselling
Year 4: 2019 – 2020	CHC	Community Services			CHCINM001	Meet statutory and organisation information requirements
Year 4: 2019 – 2020	CHC	Community Services			CHCINM002	Meet community information needs
Year 4: 2019 – 2020	CHC	Community Services			CHCLEG001	Work legally and ethically
Year 4: 2019 – 2020	CHC	Community Services			CHCLEG002	Interpret and use legal information
Year 4: 2019 – 2020	CHC	Community Services			CHCLEG003	Manage legal and ethical compliance
Year 4: 2019 – 2020	CHC	Community Services			CHCLLN001	Respond to client language, literacy and numeracy needs
Year 4: 2019 – 2020	CHC	Community Services			CHCLLN002	Support adult language and literacy learning
Year 4: 2019 – 2020	CHC	Community Services			CHCLLN003	Support adult numeracy learning
Year 4: 2019 – 2020	CHC	Community Services			CHCMGT001	Develop, implement and review quality framework
Year 4: 2019 – 2020	CHC	Community Services			CHCMGT002	Manage partnership agreements with service providers
Year 4: 2019 – 2020	CHC	Community Services			CHCMGT003	Lead the work team
Year 4: 2019 – 2020	CHC	Community Services			CHCMGT004	Secure and manage funding
Year 4: 2019 – 2020	CHC	Community Services			CHCMGT005	Facilitate workplace debriefing and support processes
Year 4: 2019 – 2020	CHC	Community Services			CHCMGT006	Coordinate client directed services
Year 4: 2019 – 2020	CHC	Community Services			CHCMGT007	Work effectively with the Board of an organisation
Year 4: 2019 – 2020	CHC	Community Services			CHCPOL001	Contribute to the review and development of policies
Year 4: 2019 – 2020	CHC	Community Services			CHCPOL002	Develop and implement policy
Year 4: 2019 – 2020	CHC	Community Services			CHCPOL003	Research and apply evidence to practice
Year 4: 2019 – 2020	CHC	Community Services			CHCPRP001	Develop and maintain networks and collaborative partnerships
Year 4: 2019 – 2020	CHC	Community Services			CHCPRP002	Collaborate in professional practice

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 4: 2019 – 2020	CHC	Community Services			CHCPRP003	Reflect on and improve own professional practice
Year 4: 2019 – 2020	CHC	Community Services			CHCPRP004	Promote and represent the service
Year 4: 2019 – 2020	CHC	Community Services			CHCPRP005	Engage with health professionals and the health system
Year 4: 2019 – 2020	CHC	Community Services			CHCPRP006	Lead own professional development
Year 4: 2019 – 2020	CHC	Community Services			CHCPRP007	Work within a clinical supervision framework
Year 4: 2019 – 2020	HLT	Health			HLTAAP001	Recognise healthy body systems
Year 4: 2019 – 2020	HLT	Health			HLTAAP002	Confirm physical health status
Year 4: 2019 – 2020	HLT	Health			HLTAAP003	Analyse and respond to client health information
Year 4: 2019 – 2020	HLT	Health			HLTHPS001	Take clinical measurements
Year 4: 2019 – 2020	HLT	Health			HLTHPS002	Support health professional in the delivery of care
Year 4: 2019 – 2020	HLT	Health			HLTHPS003	Maintain medication stocks
Year 4: 2019 – 2020	HLT	Health			HLTHPS004	Measure spirometry
Year 4: 2019 – 2020	HLT	Health			HLTHPS005	Handle medical specimens
Year 4: 2019 – 2020	HLT	Health			HLTHPS006	Assist clients with medication
Year 4: 2019 – 2020	HLT	Health			HLTHPS007	Administer and monitor medications
Year 4: 2019 – 2020	HLT	Health			HLTHPS008	Provide clinical mentoring in the workplace environment
Year 4: 2019 – 2020	HLT	Health			HLTHPS009	Perform peripheral intravenous cannulation
Year 4: 2019 – 2020	HLT	Health			HLTHPS010	Interpret and use information about nutrition and diet
Year 4: 2019 – 2020	HLT	Health			HLTINF001	Comply with infection prevention and control policies and procedures
Year 4: 2019 – 2020	HLT	Health			HLTINF002	Process reusable medical devices and equipment
Year 4: 2019 – 2020	HLT	Health			HLTINF003	Implement and monitor infection prevention and control policies and procedures
Year 4: 2019 – 2020	HLT	Health			HLTINF004	Manage the prevention and control of infection

Planned review start (Year)	Training package code	Training package name	Qualification code	Qualification name	Unit of Competency code	Unit of competency name
Year 4: 2019 – 2020	HLT	Health			HLTINF005	Maintain infection prevention for skin penetration treatments
Year 4: 2019 – 2020	HLT	Health			HLTWHS001	Participate in workplace health and safety
Year 4: 2019 – 2020	HLT	Health			HLTWHS002	Follow safe work practices for direct client care
Year 4: 2019 – 2020	HLT	Health			HLTWHS003	Maintain work health and safety
Year 4: 2019 – 2020	HLT	Health			HLTWHS004	Manage work health and safety
Year 4: 2019 – 2020	HLT	Health			HLTWHS005	Conduct manual tasks safely
Year 4: 2019 – 2020	HLT	Health			HLTWHS006	Manage personal stressors in the work environment

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SkillsIQ Limited

Address GPO Box 4194 Sydney NSW 2001 | Level 1, 332 Kent Street, Sydney NSW 2000
Telephone 02 9392 8100 | Fax 02 9392 8199 | Web www.skillsiq.com.au

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