2015 ENVIRONMENTAL SCAN

BUILDING A HEALTHY FUTURE:
SKILLS, PLANNING AND ENTERPRISE

Community Services & Health
Industry Skills Council

BUILDING A HEALTHY FUTURE:
SKILLS, PLANNING AND ENTERPRISE

The Community Services and Health Industry Skills Council has prepared this Environmental Scan to highlight industry intelligence about existing and emerging trends in the community services and health industry, especially with regard to workforce development.

As the Industry Skills Council for this industry, our role is to lead, advise and assist on workforce development and develop the national work-based qualifications that are integral to ensure quality care and support for all Australians.

INTRODUCTION TO CS&HISC

The Community Services and Health Industry Skills Council (CS&HISC) provides the direction for workforce development for Australia's Community Services and Health industry.

We drive this development by:

- providing advice and intelligence
- developing skills
- supporting growth
- working in collaboration.

ADVICE

We gather industry information and other research and share it with governments and government agencies, employers, unions, trainers, workers and potential workers so that decisions affecting our industries support the development and growth of our workforce and reflect client needs.

SKILLS

We have developed 160 qualifications, 1,198 competencies and 80 skill sets that form the national Vocational Education and Training (VET) standards for community services and health. These standards support a broad range of job roles carried out by 800,000 plus workers in Australia, and form the Community Services Training Package and the Health Training Package. Our training packages are used to ensure consistency and quality in training, and support workforce development.

WORKFORCE GROWTH AND DEVELOPMENT

We influence workforce development using a four-level strategy:

- national/industry: developing information and workforce predictions on policy and reform implications
- state/sector/region: developing models to operate in specific locations that connect agencies working in the same sector to strengthen the service outcomes
- enterprise: showcasing and supporting best-practice models for service delivery through workforce planning and training including growing foundation skills
- individual: helping existing and potential workers access career advice and pathway information.

COLLABORATION

We maintain a two-way relationship with government advisory bodies, unions, peak bodies, associations, state and territory advisory boards and training providers to bridge the information gap on issues and activities impacting our workforce.

CS&HISC is one of 11 nationally recognised industry skills councils funded by the Australian Government. It is a not-for-profit company limited by guarantee and governed by an independent and industry-led Board of Directors.

Aboriginal and Torres Strait Islander People are advised that this publication may contain images of deceased persons.

BUILDING A HEALTHY FUTURE:
SKILLS, PLANNING AND ENTERPRISE

CONTENTS

KEY INSIGHTS

In 2014, the Environmental Scan (EScan) highlighted the need for a national community services and health workforce plan to address the challenges facing the Community Services and Health industry. These challenges are even more evident 12 months on. There is an increasing need to respond nationally, regionally and locally to increased demand for services in the context of changes in funding, policy and models of service delivery.

This EScan builds on last year's key messages, using the latest evidence to consider the role of the community services and health workforce in building a healthy future. In particular, EScan 2015 looks at the role of vocational education and training (VET) in developing the future workforce in light of current policy developments in the VET sector.

PROVIDERS ARE TRANSITIONING TO NEW MODELS OF SERVICE DELIVERY

Growth in demand for care and support services remains strong. However, growth in funding for these services has continued to decline.In response, governments are introducing new funding models as part of a drive to improve efficiency while providing choice and quality services to clients. Overall, funding for care and support services is becoming more contestable with a greater emphasis on financial contributions from consumers.

These changes are impacting how services are delivered and which organisations provide them. Individual enterprises now need to compete with new and existing service providers. Service providers are already responding by reviewing their business and administrative processes, employing more workers and changing the skill mix of their workforce.

INCREASED DEMAND FOR SKILLS TO SUPPORT INDUSTRY CHANGE

As industry adapts to a new funding and service delivery environment, there is evidence of increased demand for different roles and specific skills. To meet this increased demand the industry will need more workers. It is expected that one in every four new jobs created between 2013 and 2018 will be in the Community Services and Health industry.

There is also evidence of increased demand for specific skills and changing roles. Industry stakeholders have identified the following key trends:

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

Overall, enrolments in community services and health qualifications continue to grow. Between 2009 and 2013 the largest growth in enrolments was for qualifications aligned to Child Care Worker and Community Worker. The growth in enrolments in community services qualifications has been particularly strong in Victoria and South Australia, where demand-driven models of funding have been introduced.

ONGOING NEED TO INVEST IN WORKFORCE PLANNING AND DEVELOPMENT

To adapt to a new funding and service delivery environment, the Community Services and Health industry must continue to develop its workforce to meet demand. Strategies to attract, recruit and retain skilled workers need to consider potential barriers to workforce development, including pay and conditions.

Our industry has benefited from investing in workforce planning and development activities that support the attraction, recruitment, ongoing development and retention of appropriately skilled workers. However, uncertainty regarding workforce development opportunities and the lack of a strategic national community services and health workforce plan may act as barriers to implementing further workforce development initiatives.

VET HAS A CRUCIAL ROLE TO PLAY IN BUILDING A HEALTHY FUTURE

Workforce growth and skills development requires an effective and efficient VET system. However, analysis of

training data and industry feedback suggests that there is considerable scope to improve the quality and efficiency of training for VET-qualified workers in the Community Services and Health industry. Furthermore, overall funding for VET declined by 25% between 1999 and 2011, and has continued to decline.

Changes to State and Territory VET funding are coming into effect at the same time as new national VET structures and processes are being considered. This is an opportunity for industry and the VET sector to reflect on the ongoing role of VET in the development of a care and support workforce that is responsive to current and future needs.

As we transition to new approaches in VET the Community Services and Health industry will still need to develop its workforce in response to increased and changing demand. The VET sector can support the Community Services and Health industry by:

- ensuring that training package design supports the development of transferable skills and enables existing workers to continuously develop their skills for a changing industry
- engaging the full breadth of the care and support industry, including smaller sectors and service providers, in the development of industry relevant qualifications
- supporting access to, and use of, industry relevant data and research in prioritising training package content for development
- working to improve the performance of training providers to ensure the delivery of quality training that meets the needs of learners and employers.

As the Industry Skills Council for the Community Services and Health industry, CS&HISC continues to engage with industry and utilise the latest research and data in the development of training packages. We also continue to promote the need for an appropriately trained and available community services and health workforce.

Service providers are reviewing their business and administrative processes

Industry must continue to develop its workforce to adapt to a new funding and service delivery environment

Workforce growth and skills development requires an effective and efficient VET system

01.
**LATEST
INTELLIGENCE**

THE COMMUNITY
SERVICES AND
HEALTH INDUSTRY
NOW EMPLOYS

12%

OF THE TOTAL
AUSTRALIAN
WORKFORCE

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1 IN 4

NEW JOBS BETWEEN
2013 AND 2018 WILL
BE IN OUR INDUSTRY

BETWEEN 1999
AND 2011 OVERALL
FUNDING FOR VET
REDUCED BY

25%

01. **LATEST INTELLIGENCE**

Overview

Strong growth in demand for health and community services continues to be evident. At the same time, growth in funding for services has reduced (Productivity Commission, 2015). As a result, Australia is actively transitioning to consumer-directed and more contestable funding models and increasingly consumers are being asked to make financial contributions for their care and support. These changes are impacting who provides care and support services and how these services are delivered.

Organisations in the Community Services and Health industry are already responding to these changes by reviewing their business and workforce models, employing more workers and changing the skill mix of their workforce. An effective and efficient vocational education and training (VET) system is required to support workforce growth and skills development.

The VET system is undergoing transformative change. Changes to State and Territory funding are coming into effect at the same time as new national structures and processes are being considered. The VET sector will need to manage these changes while working with industry to develop the community services and health workforce required to meet future demand. Industry stakeholders are looking forward to having greater certainty about VET policy and funding as this will support effective workforce planning.

EVOLUTIONS IN SERVICE DELIVERY

Demand for health and community services continues to grow. Population ageing is expected to increase demand for aged care and related services. The number of people aged over 65 with a disability is expected to reach 4.1 million by 2051 (Nepal, et al., 2011). By 2051, over 1 million people aged over 65 are estimated to 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 (around 1.3 million in each category) (Nepal, et al., 2011).

Early Childhood Education and Care is another sector responding to increased demand, largely driven by population growth. Over four years to 2012, the number of children in child care increased by 20% (Australian Government Department of Education Employment and Workplace Relations, 2013).

The number of children aged under five is expected to increase to 2.2 million by 2031 and 2.6 million by 2051 (Australian Bureau of Statistics, 2014a). Meeting this growing demand is a challenge, even with the recent expansion of child care services. Child care providers continue to report waiting lists and skills shortages.

Other sectors are also experiencing increased demand for services. Notably, demand for mental health services is predicted to rise between 135% and 160% by 2027, which will require almost 9,000 extra mental health professionals (Hosie et al., 2014). Data on government services also indicates increased provision across a range of services including child protection and homelessness (Productivity Commission, 2014).

Government spending in most community services and health sectors continues to increase. However the overall rate of growth has declined in real terms (Productivity Commission,

2015). When considered in relation to population size, funding has not changed for certain sectors including child protection, housing, homelessness and mental health.

Since the 1990s, the role of consumer contributions and 'user pays' models in health and community services has expanded. In child care, the 2014–15 Federal Budget announced a freeze on income eligibility thresholds for child care subsidies, which increases the cost of child care for consumers (Australian Government, 2014). In aged care, the Australian Government has increased the contribution expected from clients through a means-tested care fee that commenced on 1 July 2014 (Australian Government Department of Social Services, 2014a). More information on funding for services is included in Appendix I.

In the context of increased service demand and reduced growth in funding, service providers and governments alike are looking for ways to deliver health and community services more efficiently. Government efforts to drive efficiency improvements include activity-based and consumer-directed models of funding. For example:

- continued use of Activity Based Funding (ABF) for public hospitals

- national rollout of consumer-directed funding of aged care services

- development and regional trials of the National Disability Insurance Scheme (NDIS)

- reforms such as the New South Wales Government's *Going Home, Staying Home* program for specialist homelessness services that change funding to focus on areas where there is evidence of population need and greater client complexity.

Changes to hospital funding, which will come into effect in 2015, aim to ensure that more public hospitals receive their funding calculated using the ABF approach (Independent Hospital Pricing Authority, 2014). However, the 22014–15 Federal Budget announced that from 2017, Commonwealth funding to the States and Territories will no longer be calculated using the ABF approach (Australian Government, 2014). At the State and Territory level, there still appears to be a commitment to using ABF for distributing their share of health funding, albeit using different funding models.

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 choose their provider and by promoting competition between providers, be they existing or new.

The number of people aged over 65 with a disability is expected to reach 4.1 million by 2051

Demand for mental health services is predicted to rise between 135% and 160% by 2027

Consumer-directed funding models aim to drive improvements in efficiency and quality for clients

The move to consumer-directed care represents a transition to a more contestable and competitive market

The changing funding and service environment is driving service providers to develop new business models

Improving productivity is essential if the industry is to contain the costs associated with an ageing population

Health and community services providers are enhancing productivity through workforce planning and development

In aged care, Home Care Packages allocated on a consumer-directed care basis were introduced in 2013. The new Home Care Packages provide funding to older people living at home to access care services, support services, clinical services and a range of other services. All existing home care places are required to transition to the consumer-directed Home Care Packages Program by July 2015 (Australian Government Department of Social Services, 2014a).

The NDIS is also built on the principle of consumer-directed care. Evidence of new providers registering to deliver disability services suggests that the NDIS is promoting the entrance of new service providers. A key intention of the NDIS is to provide clients greater autonomy over services, however to date only 3% of clients are opting to manage their own plan.[i]

In addition to new funding mechanisms, regulatory mechanisms continue to be a feature of Australia's approach to promoting quality in the Community Services and Health industry. For example, the Australian Children's Education & Care Quality Authority (ACECQA) continues to monitor the implementation of the National Quality Framework in the Early Childhood Education and Care (ECEC) sector. Accompanying the changes in the aged care sector is a new regulator, the Australian Aged Care Quality Agency (The Quality Agency).

IMPLICATIONS FOR COMMUNITY SERVICES AND HEALTH PROVIDERS

The move to consumer-directed care 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 industry, including multi-nationals and Australian supermarket chains (Heffernan, 2014; Needham, 2014).

The move to a more competitive environment is driving organisations to find new ways of working in order to continue to be viable businesses. This trend will particularly affect smaller, less commercially-experienced service providers who will need to gain skills in marketing, business analysis, financial modelling and the use of new technologies in order to remain competitive.

Without the continued presence of a diverse range of providers, there is a risk that consumer choice may be reduced. If service provision were to be restricted to a few large providers, competition would decline, ultimately reducing the benefits offered by a contestable market.

New business models

The implementation of consumer-directed funding models and the emphasis on person-centred care is driving service providers to develop new business models. Due to the emphasis on consumer choice, and the increasingly complex care needs that are characteristic of an ageing population, services will need to be restructured to be more responsive to clients' needs.

In this context, key considerations for service providers may include how to:

• effect a cultural shift from not-for-profit to not-for-loss in a competitive market environment

• coordinate or integrate different services in order to be more responsive to clients' needs, and potentially make efficiency savings

- educate clients about the implications of the new funding environment, manage their expectations and support them to make informed choices
- ensure financial sustainability by proposing new or additional services to clients and by consolidating services through mergers and acquisitions.

As the industry transitions 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 is effectively managed to ensure consumers are protected and to prevent market failure. Regulators and peak agencies will have a role in supporting industry both to manage risk and to identify opportunities in a more fluid market.

Driving productivity improvements

Improving productivity is essential if the Community Services and Health industry is to contain the costs associated with an ageing population. Advancements in the use of technology are acknowledged as the major source of increases to productivity, especially in health care (Australian Government Department of Industry, 2014a). However, in a human services industry, technological advances cannot respond to all needs. The direct interface between workers and consumers is critical to quality care, prevention of illness and injury, and to effective early intervention.

The use of information technology (IT) to drive productivity is a key trend. However, there is a risk that these productivity gains will not be fully realised due to incompatibility issues among existing IT systems, the initial cost of development and deployment and the complexity of maintaining these systems within small- to medium-sized care organisations.

Telehealth is being used to speed up the diagnosis and treatment of medical conditions and to improve access to services in regional areas. There are also opportunities to expand telehealth in disability services, particularly in rural and remote areas, with supervision increasingly occurring through mobile phone and tablet technology.

Community services providers are reporting gains from implementing mobile technology to assist with scheduling and routing. Medical and dental practices are also introducing new software to better track patients and proactively identify potential issues for early intervention. This is increasing the efficiency of these businesses and will lead to better management of health conditions over time.

Health and community services providers are enhancing productivity through workforce planning and development. Workforce interventions to increase efficiency are discussed in more detail in the following chapter. There is also evidence that the size and skill mix of the workforce is already shifting in response to changes in service demand and delivery.

WORKFORCE GROWTH

Changes in service demand and delivery are impacting the size and skill mix of the workforce. Employment in the Community Services and Health industry has grown by 3.8% each year over the last ten years, compared to 2% across all industries (Australian Bureau of Statistics, 2014b). As a result, our industry now employs 1.4 million workers, which is more than any other industry, and accounts for 12% of the total Australian workforce (Australian Government Department of Employment, 2014a).

The rate of growth has been particularly remarkable in community services. Figure 1 (on page 12) shows that employment in community services increased by 80% between 2000 and 2014, compared to an average growth across all industries of 32%.

This growth in the community services and health workforce is characteristic of Australia's transformation to a service-based economy (Australian Government Department of Industry, 2014a). Projections indicate that the workforce is likely to continue to grow.

It is projected that 229,400 new jobs will be created in the Community Services and Health industry between 2013 and 2018 (Australian Government Department of Employment, 2014a). Figure 2 (on page 12) shows the 10 occupational groups specific to health and community services that are predicted to have the largest actual growth between 2013 and 2018. These projections suggest particularly strong growth in VET-qualified occupations such as aged care and disability support workers (classified as Aged and Disabled Carers).

Figure 1: **Relative growth in employment between 2000 and 2014**
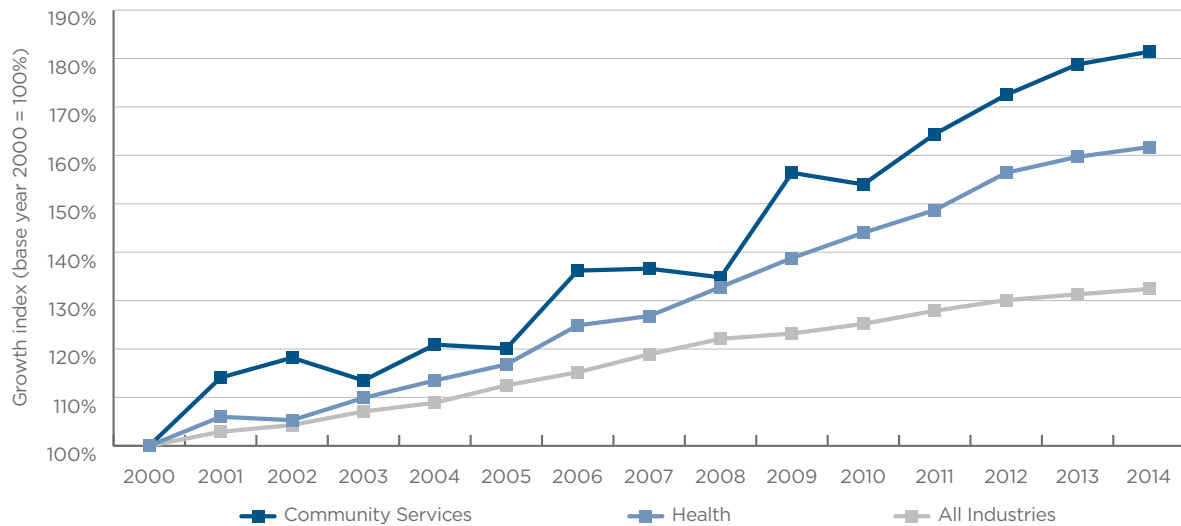
Source: Australian Bureau of Statistics (2014b). Detailed Labour Force Survey cat.no. 6291.0.55.003, accessed Dec 2014

Notes:

1. Figure does not show actual growth, but shows relative growth in employment in relation to the numbers employed in 2000. Reference month for series is May, however only February data available for 2000.

2. Industry groupings were defined using ANZSIC sub-divisions. 'Health' includes Hospitals, Medical and Other Health Care Services. Community Services includes Residential Care Services and Social Assistance Services. The category Health Care and Social Assistance nfd (not further defined) was excluded from these calculations.

Figure 2: **Projected growth in selected health and community service specific occupational groups, 2013–2018**

Projected increase in roles between 2013 and 2018
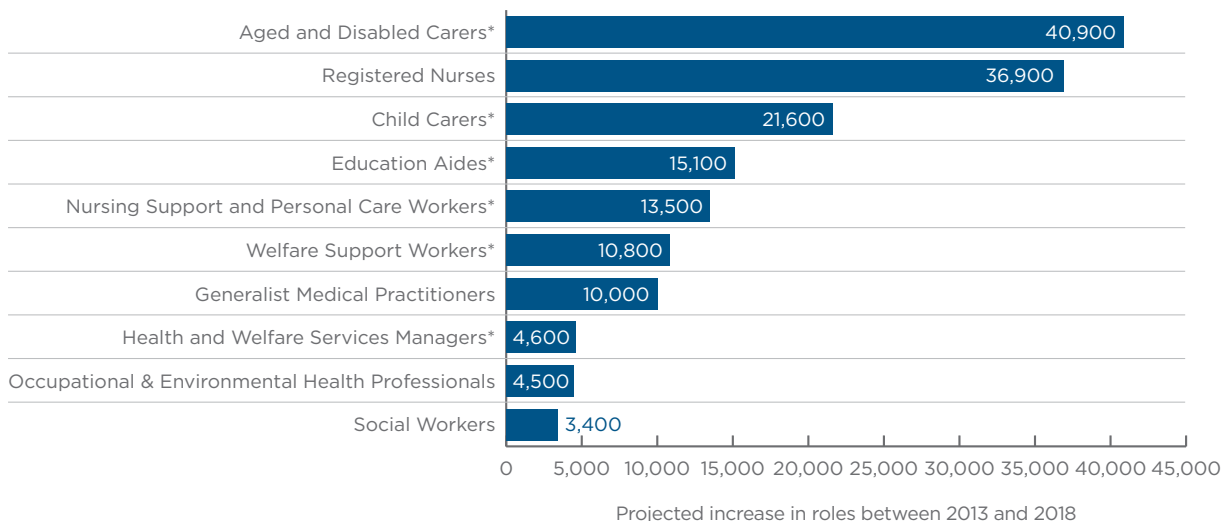
Source: Australian Government Department of Employment (2014a). Occupational projections, (projected change) to Nov 2018

Notes:

1. *indicates groups that include occupations aligned to VET qualifications.

2. Data presented is based on projections rounded to the nearest hundred.

Appendix C2 shows historical and projected growth rates for broader occupational families (developed by CS&HISC), indicating particularly strong growth for Community Services Workers and Support Workers in Home & Community Settings and Childhood Education and Care Workers. These projected changes in the workforce have significant implications for the delivery of education and training. Already, there have been large increases in the uptake of training in areas such as aged care and child care, as highlighted in Chapter 3.

Despite ongoing growth in demand for workers, few occupations within the Community Services and Health industry are currently in shortage (Australian Government Department of Employment, 2014b). Child care workers were the only VET-qualified community services or health occupation reported to be in shortage in the latest skills shortage list, with shortages most pronounced for Diploma qualified child care workers (Australian Government Department of Employment, 2014b). However, feedback from industry suggests regional shortages of certain occupations persist. Evidence of occupational and skill shortages is included in Appendix C.

In addition, to avoid future shortages it is important that sector specific and longer term projections are considered in workforce planning. For example, the full national rollout of the NDIS is expected to require the disability workforce to double in size (Treasury, 2013). In aged care, there were 350,000 workers in 2012 (King et al., 2013), and the latest estimate is that the sector will need 1.3 million workers by 2050 (Centre of Excellence in Population Ageing Research, 2014b).

Recognising the contribution of informal carers

There are approximately 2.7 million informal (unpaid) carers in Australia (Australian Bureau of Statistics, 2013b). *The National Carer Strategy* recognises the need to provide legislative and financial support to informal carers (Centre of Excellence in Population Ageing Research, 2014a). Without proper support there is a risk that informal carers will retreat from providing care. Factors affecting the ongoing participation of informal carers need to be considered in workforce planning for the Community Services and Health industry.

Care responsibilities can reduce the employment prospects of carers. Changes in workplace policies and culture are vital: 61% of unemployed carers would work an average 18 hour week if they could access flexible work arrangements (Adair, Williams & Taylor, 2013). Given the skills that informal carers develop, there may also be employment opportunities for them within the Community Services and Health industry (ACIL Allen Consulting, 2014b).

Shift to a more qualified workforce

The qualification profile of the community services and health workforce is changing. Table 1 (on page 14) shows workers in the industry by their highest level of qualification. Between 2006 and 2011, the proportion of workers with a Certificate III or higher increased, while the proportion of workers with no qualification decreased. These changes are independent of workforce growth, which suggests that the community services and health workforce is becoming more qualified. This trend is particularly evident in the ECEC sector (Spotlight 1 on page 15).

Employment in community services increased by 80% between 2000 and 2014

In aged care there were 350,000 workers in 2012, this will need to increase to 1.3 million by 2050

There are approximately 2.7 million informal (unpaid) carers in Australia

Table 1: **Community Services and Health industry workforce by highest level of qualification in 2006 and 2011**

Highest qualification achieved	2006		2011		Change in share, 2006 – 2011 (%)
	n	%	n	%	
None (unqualified)	210,954	24.2%	218,211	19.7%	-4.5%
Certificate I & II	12,972	1.5%	14,915	1.3%	-0.2%
Certificate III & IV	125,620	14.4%	181,590	16.4%	2.0%
Advanced Diploma/Diploma	138,677	15.9%	180,281	16.3%	0.4%
Bachelor Degree	288,957	33.2%	371,625	33.6%	0.4%
Postgraduate	94,459	10.8%	140,042	12.7%	1.9%
Total	**871,639**	**100.0%**	**1,106,664**	**100.0%**	**N/A**

Source: Australian Bureau of Statistics (2013d), Employed persons by occupation, by highest qualification achieved, from SuperDataHub custom data, accessed January 2015

Note: Uses data for 'Health Care and Social Assistance' industry, ANZSIC classification most closely aligned to the Community Services and Health industry.

Increased utilisation of assistant level roles

Rising labour costs[ii] and historical shortages of university-qualified workers have prompted providers to increase workforce capacity by introducing new assistant level roles or by expanding the scope of existing assistant roles (Yu, Bretherton & Buchanan, 2013). For example, an evaluation of nurse's assistant trials in Victoria has reported cost savings (by way of reduced overtime), positive patient feedback and increased workforce capacity (Yu, Bretherton & Buchanan, 2013).

Feedback from industry continues to report increased use of allied health assistants. For example, Victoria's Allied Health Assistant project, which is currently in its third phase, has been extended to include allied health assistants in community and ambulatory care. Queensland is also expanding the use of allied health assistants in specific clinical and geographical areas (especially rural and remote regions), and is examining the use of physician assistants.

Demand for CALD workers

A rise in the number of Culturally and Linguistically Diverse (CALD) aged care consumers has increased demand for CALD aged care workers and workers with skills to work with an increasingly diverse client group (Australian Institute of Health and Welfare, 2014). This is part of a broader industry-wide demand for culturally appropriate services.

As explored in the 2014 EScan, nearly one in five workers in our industry speaks a language other than English at home and a growing number of aged care workers originate from overseas (CS&HISC, 2014). In addition, the 2014 – 15 Federal Budget announced the allocation of $20 million to provide culturally appropriate residential aged care services in Western Sydney (Australian Government, 2014).

CHANGES TO VET FUNDING

An effective and efficient VET system is required to support ongoing growth and skills development in the community services and health workforce. Recent policy in the VET sector has been dominated by the State-by-State introduction of demand-driven funding systems, reductions in funding, and increased competition from for-profit providers.

Figure 3 (on page 16) shows that between 1999 and 2011, government spending on VET (on a per annual hour basis) reduced by 25%. This is in stark contrast to the relative increase in funding for higher education and schools over the same period (Australian Workforce and Productivity Agency, 2013). More recent data indicates that since 2011, funding for VET has continued to decline (Productivity Commission, 2015). This reduction in VET funding coincides with increased demand for VET-qualified workers.

Spotlight 1: Sector in Focus – Professionalisation in Early Childhood Education and Care (ECEC)

The National Quality Framework (NQF), introduced in 2012, requires providers to ensure that education and care is delivered by a mix of appropriately qualified workers.[iii] Table 2 shows ECEC workers in contact roles by their highest level of qualification before and after the NQF was introduced. Between 2010 and 2013 the proportion of these workers with an ECEC-related qualification increased from 69.8% to 82%, while the proportion without an ECEC-related qualification reduced from 30.2% to 18%.

Table 2: **ECEC contact staff by highest level of qualification achieved in 2010 and 2013**

Highest qualification achieved	2010		2013		Change in share, 2010 – 2013 (%)
	n	%	n	%	
Staff without an ECEC-related qualification	35,127	30.2%	23,168	18.0%	-12.3%
Total staff with an ECEC-related qualification	81,068	69.8%	105,867	82.0%	12.3%
Below Certificate III	2,717	2.3%	1,968	1.5%	-0.8%
Certificate III & IV	33,517	28.8%	46,660	36.2%	7.3%
Advanced Diploma/Diploma	28,571	24.6%	36,619	28.4%	3.8%
Bachelor degree and above	16,263	14.0%	20,619	16.0%	2.0%
Total paid contact staff	**116,195**	**100.0%**	**129,034**	**100.0%**	**N/A**

Source: The Social Research Centre (2014). 2013 National Early Childhood Education and Care Workforce Census

Notes:

1. Relevant ECEC qualifications include early childhood teaching, primary teaching, other teaching, child care, nursing (including mothercraft nursing), other human welfare studies, behavioural science and other early childhood education and care related qualifications.
2. Total includes paid contact staff only and excludes staff where qualification not specified.

Figure 3: **Relative change in government spending on different education sectors from 1999 to 2011**
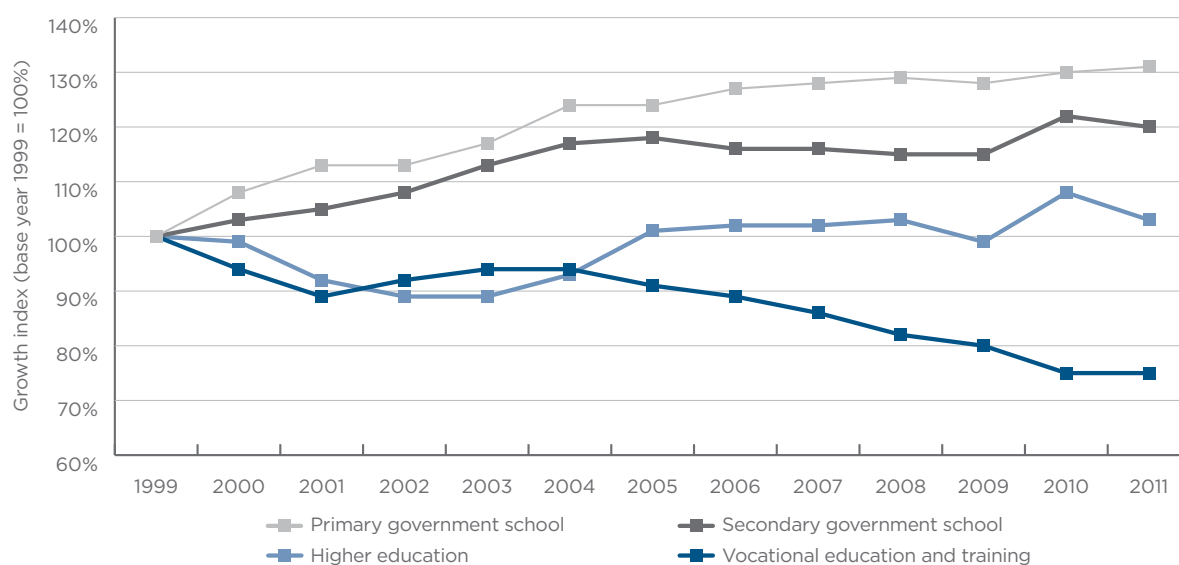
Source: Australian Workforce and Productivity Agency (2013). Future Focus: 2013 National workforce development strategy.

Notes:

1. Spending has been indexed to expenditure in 1999 (1999=100%).

2. Spending on school and higher education is on a per full time equivalent student basis, while spending on VET is on a per annual hour and includes State, Territory and Commonwealth government expenditure.

In April 2012 the Commonwealth Government and all States and Territories agreed upon a National Partnership Agreement on Skills Reform. The centrepiece of the agreement was the 'national training entitlement', a minimum responsibility of the States to provide all working age Australians a guaranteed subsidised place for at least Certificate III training at a provider of their choosing (Council of Australian Governments, 2012). This was the primary mechanism for opening access to government funding for private providers.

This move to a more contestable model of funding has had an impact on TAFE operations throughout Australia, with removal of courses, job losses and campus closures (Standing Committee on Education and Employment, 2014). Each State and Territory has developed its own subsidy program based on a demand-driven model of entitlement. The timetable for the rollout of these demand-driven entitlement models is set out in Table 3.

Table 3: **Implementation timetable of entitlement funding by State**

State or territory	Commencement date	Name of subsidy program
Victoria	2009	Victorian Training Guarantee
South Australia	2012	Skills for All
Queensland	July 2014	VET Investment Plan
New South Wales	January 2015	Smart and Skilled
Western Australia	January 2014	Future Skills WA
Tasmania	December 2014	Skills Fund Program
Northern Territory	2013	NT Training Entitlement
Australian Capital Territory	July 2014	Skilled Capital

Source: Standing Committee on Education and Employment (2014). TAFE an Australian Asset.

In each jurisdiction, certain qualifications are eligible for a subsidy while others are not. Subsidy programs target qualifications aligned to those occupations identified as priorities for the specific State or Territory. The aim is to mitigate any potential negative impact of the demand-driven approach on the capacity of each State and Territory to develop workforce capacity in priority areas. Community services and health qualifications feature prominently on the lists of eligible qualifications in most jurisdictions.

In addition, State and Territory governments have prioritised higher level community services and health qualifications, particularly those in aged care and disability, for VET FEE-HELP funding eligibility.[iv] The number of Registered Training Organisations (RTOs) approved to offer VET FEE-HELP has increased steadily, with 128 approved at the end of 2012 rising to 193 by the end of 2013 (Australian Government Department of Education, 2014a). This increase has been accompanied by an increase in the total amount of VET FEE-HELP payments (Table 4).

Recent government announcements suggest that the criteria for VET FEE-HELP eligibility will be reviewed to avoid misuse of this funding (Knott, 2015). It will be important to ensure that any changes in the eligibility criteria help target funding to areas and occupations where there is evidence of demand for workers.

PLANNING FOR A NEW VET SYSTEM

In 2014, a VET taskforce was established to drive reforms to the sector. Federal, State and Territory training ministers have agreed to reform priorities that promote quality in training and

Table 4: Growth in VET FEE-HELP providers and loans, 2010–2013

Year	Total VET FEE-HELP payments	Annual growth (% increase on previous year)
2010	$117,575,917	–
2011	$205,270,858	75%
2012	$324,617,430	58%
2013	$699,242,617	115%

Source: Australian Government Department of Education (2014a). VET FEE-HELP Statistics, accessed 19 March 2015, https://education.gov.au/vet-fee-help-statistics

assisting and recognising RTOs that are found to be 'highly compliant'. Reforms to the VET system that have been initiated so far include:

- a new VET Advisory Board and Australian Industry and Skills Committee are being established to replace a number of committees

- new regulatory standards for training providers and VET regulators to support a more risk-based approach to regulation

- the Australian Skills Quality Authority (ASQA) and the Western Australian Training Accreditation Council (TAC) have removed the requirement for training providers to apply for a change of scope to continue to deliver a training product that has been updated and endorsed as equivalent to the superseded product. This also saves providers from paying the fees associated with these changes.

The reforms may include changes to the nature of training packages[v] and how training package development is funded and managed (Australian Government Department of Industry, 2014b, 2014c). In addition, recommendations arising from inquiries into different aspects of the VET system may also change the way training is delivered and regulated. These include

the Senate and House of Representatives' national reviews of the TAFE system and a current Senate inquiry into the operation, regulation and funding of VET providers (Commonwealth of Australia, 2014; Standing Committee on Education and Employment, 2014).

CS&HISC has received feedback from stakeholders within the Community Services and Health industry and the VET sector about the current approach to developing the Community Services and Health Training Packages. This feedback indicates that while there may be some scope to improve the current approach, there is also strong support for preserving a national system of qualifications and a process for developing national standards that includes appropriate face-to-face consultation and guarantees input for smaller sectors.

As reforms are implemented, all stakeholders will need to work together to support a successful transition. RTOs will need to be supported to meet any new regulatory requirements. Employers will also need assistance to become familiar with how a revised system can support their business and workforce planning needs.

02.
IDENTIFIED WORKFORCE DEVELOPMENT NEEDS

1,100+

CS&H PROVIDERS HAVE ACCESSED THE NATIONAL WORKFORCE DEVELOPMENT FUND

AGED CARE WIN PARTICIPANTS INVESTED OVER

$4M

IN WORKFORCE DEVELOPMENT PROJECTS

INDUSTRY CHANGE

IS DRIVING DEMAND FOR CERTAIN ROLES AND SPECIFIC SKILLS

02. IDENTIFIED WORKFORCE DEVELOPMENT NEEDS

Overview

Increased demand for services and changes in the funding and service delivery environment are driving demand for different roles and specific skills. To compete in a care and support market, service providers will need to invest in workforce development activities that support the attraction, recruitment, retention of, and ongoing learning of, appropriately skilled workers.

Quality training plays a key role in successful workforce development. There remains a widespread concern in the industry about the quality of training provided by some RTOs. In addition, accelerating demand and the lack of financial incentives for work placements are driving industry concerns about future capacity to provide sufficient, high-quality work placements.

Reports from industry indicate recent innovations in workforce development. However, recent changes and current uncertainty about workforce development opportunities may make implementing further workforce development initiatives more difficult.

SKILLS IN DEMAND AND EMERGING ROLES

The previous chapter highlighted service expansion, new quality standards and changes to the way services are funded and delivered. These changes are driving demand for specific skills as well as roles. Industry stakeholders have identified the following key trends:

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

More information about roles and skills in demand, as identified by industry, is included in Appendix C.

The role of support workers

Support workers in aged care and disability, particularly in a home and community context, are increasingly expected to have a complex mix of diverse skills. These evolving roles require an increasingly broad range of competencies, including generalisable foundation skills as well as more complex and service specific skills. For example, industry stakeholders have highlighted the need for:

- English language, literacy, numeracy and digital literacy skills to fulfil reporting requirements
- communication and marketing skills to promote their organisation and its services in the context of a more consumer-directed and competitive market
- cultural competence and related communication skills to support working with an increasingly diverse client base

- specific additional competencies e.g. in oral health and foot care to respond directly to specific health and care needs
- health-related knowledge and skills to monitor health risks and make appropriate referrals to other services or senior staff
- skills and expertise to respond to increased demand for different leisure and wellbeing activities.

Increasingly providers are seeking workers skilled enough to manage working on their own within community care, and able to work with very complex mental health, disability and behavioural issues with both younger and aged care clients.

Home and community care provider, EScan 2015 survey response

Care coordination roles

The move to consumer-directed funding models is driving demand for workers skilled in care coordination, case management and service

brokering. This might involve expanding the scope of existing care and support workers or creating new roles.

Aged care and disability service providers have already responded by developing higher level roles that coordinate workers who provide care and support to clients. Some of these roles also include a brokering function to match clients with appropriate services.

> *[We have developed] a service facilitator role. It involves community networking [and] assisting the support staff to move to more individualised care.*
>
> Aged care provider, EScan 2015 interview

The introduction of these coordination roles provides a career development opportunity for care and support workers. Workers moving into these roles will require appropriate training to develop care coordination and management skills. There are also implications for how employers use pay and conditions to differentiate between different levels of care and support workers.

Advanced care roles

As life expectancy increases so does demand for complex care, both in aged care and across health and community services more broadly. This trend, coupled with changing client preferences, is driving demand for workers in care and support roles to extend their knowledge and skills. In some areas, this is leading to the creation of more specialised or advanced care and support roles.

Aged care services will increasingly need to meet more high-level and complex needs relating to the management of chronic disease and mental health issues. New roles for care and support workers that require more advanced or specialised skills are gaining recognition in both residential and community aged care, but are yet to be recognised in existing classification arrangements and pay rates.

Allied health assistants are increasingly being introduced across a range of acute, ambulatory and community care settings. The expansion of these roles is providing new opportunities for support

Support workers in aged care and disability are increasingly expected to have a complex mix of diverse skills

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New technologies need to be operated by appropriately skilled staff

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87% of service providers surveyed indicated that their organisation's leadership and management capability needed to be improved

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workers across the care and support industry to develop more specialised health knowledge and acquire new clinical skills.

In other areas, new models of service delivery are driving the creation of higher level support roles with a greater level of responsibility. For example, sustainable tenancy officers in social housing and senior practitioners in specialist homelessness services now work directly with clients over longer periods of time to address multiple needs and link them to available services. These roles provide new opportunities for career progression in housing and homelessness services.

The introduction of new roles into multi-disciplinary teams has implications for how the new roles are designed and embedded into existing practice. To promote existing workers' understanding of these new roles, employers are developing new supervision frameworks and sharing job descriptions.

Business leadership, management and administration skills

The changes in service delivery have also heightened the need for service providers to have effective business and administrative capabilities. Strong management and leadership skills supported by effective administrative processes are essential to effect organisational change.

Managers need a range of business skills to support organisations in the context of increased competition and more contestable funding. Skills in financial management and service costing, marketing and strategic business planning are more commonly associated with the for-profit industries; however, these skills are increasingly being required

by employers in the care and support industry, which are predominantly not-for-profit.

Employers have reported difficulties finding managers with both an understanding of the care and support industry and the business and commercial competencies required. In our stakeholder survey, 94% of respondents agreed, at least to some extent, that increasing capabilities in management and leadership was a priority for our industry. In addition, 87% of service providers surveyed indicated that their organisation's leadership and management capability needed to be improved.

The career path for administrative roles is developing, with practice manager and business manager roles becoming more common in private health settings (e.g. general practice, dental) (Primary Health Service provider, EScan 2015 interview; Dental Health Peak Body, EScan 2015 interview). With these roles in place, services can run more efficiently and clinical professionals can focus on delivering quality care.

In response to new service delivery models and funding arrangements, change management programs in the health sector were partly funded by Health Workforce Australia (HWA) to assist organisations to rethink the way they:

- organise their existing workforce to improve capability, capacity and efficiency
- deliver services to create greater access for consumers, be more responsive to consumer needs and preferences, and not compromise quality and safety of care

- sustain change through leadership and partnerships (Health Workforce Australia, 2014).

Technology skills

Service providers 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.

More specifically, 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.

TRAINING QUALITY

For VET to meet industry expectations on quality there are a number of interrelated factors that must come together:

- training packages must set clear, industry relevant competency standards and assessment requirements to support high-quality training outcomes
- VET regulators must work with RTOs to ensure that courses meet national standards (as defined by the relevant training package)
- RTOs should collaborate with employers to deliver training and workforce development activities that are informed by evidence-based approaches to learning and assessment and by local employer needs

- employers should support quality training by offering workplace-based learning and assessment as part of qualifications, ensure effective on-boarding of new VET graduates and provide ongoing workforce development opportunities for their workers.

Training outcomes

The intended outcome of VET training and assessment, alongside appropriate induction by employers, is a workforce equipped with the right skills and knowledge to respond to industry needs. Consistent, quality outcomes are supported by having clear, industry relevant, national competency standards and assessment requirements. However, while training packages define the parameters that support quality outcomes, they cannot control the implementation of these standards in training courses and workforce development activities.

Stakeholders continue to report concerns about variability in the quality of the skills and knowledge of VET graduates. To help address these concerns about poor practice in VET, new legislation has been proposed. Furthermore, some employers have developed relationships with trusted, approved training providers. In some instances the employer only accepts students for work placements and recruits employees from these approved RTOs. Alternatively, some organisations have chosen to deliver training in-house as an Enterprise RTO and/or informally through customising their own training sessions.

Training delivery

It is felt by some industry stakeholders that VET regulators lack the necessary powers to identify and act on poor quality training.

Examples of poor practice in training and assessment reported by industry stakeholders include:

- inappropriate use of online training and assessment
- RTOs that lack the appropriate facilities to develop learners' practical competencies
- Learners that are inadequately prepared for workplace-based learning
- poor assessment practices
- VET practitioners who lack the required skills
- learners allowed to complete whole qualifications within weeks.

Stakeholders from a number of industry sectors reported that some RTOs are failing to develop graduates with the required practical competencies because of inadequate or inappropriate delivery methods. When used appropriately, quality online training is a useful tool in the provision of effective and efficient training and assessment. However, it is not always appropriate, particularly for the training and assessment of practical skills.

[Child care] is seen as a cash cow by RTOs. Learners are being signed off when they're not competent, qualifications are being delivered too quickly and/or online. Child care providers are picking up the training deficit… [there are] stark differences between graduates from different Cert III providers.

Children's Services Provider, EScan 2015 interview

The development of practical competencies requires learning and assessment to be conducted in a combination of real workplace and simulated workplace environments. RTOs need to provide access to both real workplace environments and simulated environments equipped with industry relevant tools. It is essential for the safety of learners and clients that RTOs support learners to develop the skills and knowledge they need to operate safely in a real workplace.

Stakeholders from a number of sectors identified the need to invest in the ongoing development of VET practitioners' skills. VET trainers and assessors may need support to keep up to date with current industry practice and to develop specific competencies in training and assessment.

According to the Australian Qualification Framework guidelines, Certificate III and IV qualifications should typically be one or two years in duration. However, recent reports on the quality of training delivered in community services highlight variability in the duration of equivalent courses and the existence of very short courses (Australian Skills Quality Authority, 2013).

I find it incredulous that I can offer to do a Cert. IV in Disability over a 6 month time frame and there are providers that offer to do it over a week online, and at a significantly reduced fee. There is no competing with this.

Disability Trust NSW, submission to EScan 2015

Workplace learning and assessment

EScan 2014 highlighted the value of work placements as well as the difficulties associated with providing them. In addition, recent reports on the quality of training in specific community service sectors have highlighted divergent practices in respect to work placements. Simulation techniques are important for preparing graduates for work but are complementary to practical learning delivered via work placements.

As defined periods of workplace-based learning and assessment, work placements are crucial to the acquisition of competencies and the assessment of skills and knowledge in a relevant workplace context. Due to the role work placements play and evidence of variable practice, ASQA has recommended that certain qualifications should specify a minimum number of work placement hours for demonstration and assessment of required competencies (Australian Skills Quality Authority, 2013).

RTOs continue to report difficulties sourcing appropriate placements in community services and health organisations. VET placements continue to be unfunded and rely on a great deal of goodwill from employers (Buchanan, Jenkins & Scott, 2014). Employers and staff need to provide quality supervision, training and assessment while also responding to client need and increased demand for services. Without financial incentives, there is evidence that key players are beginning to retreat from providing work placements (Buchanan, Jenkins & Scott, 2014).

Increasingly, service providers will need to justify the costs of providing work placements. This first requires an accurate measure of what the costs of providing a work placement actually are, which can be challenging without national data to benchmark against. In the hospital sector, the Independent Hospital Pricing Authority (IHPA) has investigated the feasibility of transitioning teaching, training and research to an ABF system for public hospitals by 30 June 2018 (Independent Hospital Pricing Authority, 2014), however specific costs for VET students were not able to be assessed.

Given these issues, particularly in light of ongoing increased demand, there are concerns about the industry's future capacity to provide sufficient, high-quality work placements. Industry stakeholders have highlighted the need to better incentivise and support the provision of work placements.

CS&HISC is aware of examples of workforce development initiatives where, in response to growing cost pressures, workplaces have been paid for staff time to mentor VET students completing their workplace hours. These initiatives have been extremely successful in terms of quality outcomes for both the employers and the students.

INNOVATIONS IN WORKFORCE DEVELOPMENT

Having a workforce development strategy to support staff engagement and progression is good practice. Feedback from industry suggests that financial considerations are increasingly driving service providers to participate in workforce development. However, service providers now have the difficult task of demonstrating the return on investment for workforce development activities. More research is needed to demonstrate return on investment rates for different workforce development strategies

Workforce development continues to be a priority for service providers. Change within the policy and funding environment is driving innovations in workforce development. As the market becomes more competitive, joint ventures, business partnerships and negotiated mergers may offer smaller organisations access to workforce development expertise as well as economies of scale.

Examples of workforce development approaches include:

- programs funded through government/industry co-contribution arrangements are supporting industry-led workforce development activities tailored to employers' needs

- the implementation of service reforms has been directly supported by national workforce development initiatives targeted at specific sectors

- regional collaboration between employers, training providers and other key stakeholders is guiding the design and delivery of initiatives that respond to shared regional workforce needs.

Industry led workforce development

Examples of where co-contribution funding has been used to support industry-led workforce development in the Community Services and Health industry include projects funded through the National Workforce Development Fund (NWDF) and the Aged Care Workforce Innovation Network (Aged Care WIN) program. NWDF has been accessed by over 1,100 health and community services providers. In the Aged Care WIN, 148 individual providers received $2.57 million in grant funding and contributed $3.38 million to deliver workforce development projects. Spotlight 2 provides examples of specific projects from the two programs.

Sector reform programs

National workforce development initiatives targeted at specific sectors aim to support the implementation of service reforms by developing skills and supporting access to training package qualifications.

Spotlight 2: Workforce Development Led by the Community Services and Health Industry

House with No Steps (HWNS) identified a need to update and develop their workers' operational capability and leadership skills to support the delivery of best practice services to their clients. Through the Federal Government's **NWDF**, HWNS were able to offer all staff the opportunity to update, broaden or extend their skills by undertaking a national qualification. To date 393 employees have undertaken qualifications in a range of areas including disability, aged care, youth and family services; increasing overall workforce capability. In addition, 50 employees achieved Certificate IV in Training and Assessment, creating a team of qualified trainers and mentors within the organisation.

One of the aged care providers that participated in the **Aged Care WIN** identified a need to communicate with staff and clients about consumer-directed care and aged care reforms in general. These communications needed to be accessible to those workers and clients with poor English language and literacy skills. Consultants worked with the organisation to engage staff members to develop a marketing and communications plan about consumer-directed care and the current reforms in aged care that was appropriate for this specific audience. Feedback from the provider indicated that the project had been successful; workers were more informed about the reforms and were also more motivated as they had a better understanding of their contribution to the bigger picture.

For example:

- the Long Day Care Professional Development Program (LDCPDP), a $200 million program to support LDC staff to meet the qualification requirements under the NQF (Australian Government Department of Education, 2014b)

- the Department of Social Services continues to provide assistance to aged care workers to undertake VET qualifications through the Aged Care Workforce Fund (Australian Government Department of Social Services, 2014b)[vi]

- the Department of Industry funded the Aged Care Workforce Innovation project which also sought to address workforce development issues posed by the aged care reforms.

Regional approaches

Regional approaches to workforce development also aim to support service reform. Regional approaches foster collaborative solutions to regional workforce needs. Notable examples are the Workforce Innovation Networks (WINs) in Aged Care and Disability.

The Aged Care WIN operated in 10 different regions. A Regional Reference Group (RRG) was established in each region to engage with a broader network of stakeholders and direct the design and implementation of collaborative projects. Projects were targeted to address regional workforce development priorities and supported by a combination of government funding and in-kind contributions from industry.

The Aged Care WIN provided $680,000 to fund 13 separate regional projects, while industry contributed a further $950,000 (a combination of cash and in-kind co-contributions). These projects provided strategic direction to workforce development in the aged care sector within participating regions, while also creating a platform for aged care providers to build on.

Examples of outputs from these projects include:

- regional workforce development strategies

- educational resources to support relevant skills development such as skills for consumer-directed care

- collaborative aged care leadership and succession planning models

- tailored recruitment, induction and training programs for new entrants.[vii]

As the market becomes more competitive, joint ventures, business partnerships and mergers may offer smaller organisations access to workforce development expertise

Pay and conditions need to be appropriate for the skills and experience expected of a given role

In an industry dominated by not-for-profit providers it is important that service providers have access to funding to support workforce development activities

Industry stakeholders continue to report difficulties accessing and interpreting relevant data to support workforce planning

The Disability WIN commenced in 2014 to support the implementation of the National Disability Insurance Scheme (NDIS). The program adopts a regional approach to workforce planning, by appointing eight workforce advisors to develop networks in each participating region. It aims to strengthen workforce planning capability in disability service organisations and stimulate innovation. The program is due for completion in April 2016 and will provide workforce development strategies, resources to support best practice and access to relevant training.

BARRIERS TO IMPLEMENTATION OF STRATEGIC WORKFORCE DEVELOPMENT

Barriers to implementing effective workforce planning and development strategies are evident, both at an individual provider level and at a broader system level. For example, EScan 2014 highlighted the need for a national community services and health workforce plan to support a more strategic and coordinated approach to workforce development.

In addition, feedback from service providers highlights a number of workforce development challenges:

- the costs associated with workforce development activities are prohibitive for smaller providers
- a lack of awareness among service providers about how training package standards can be used in workforce development limits the potential for individual and organisational development

- periodic funding for services makes longer term workforce and career planning more difficult
- the relatively low level of pay for certain roles, and a general lack of alignment between qualification levels and pay levels within our industry, act as a disincentive for increasing skills
- the prevalence of short shifts and casual employment for some roles reduces the attractiveness of jobs and careers, limits worker satisfaction and increases staff turnover.

As highlighted earlier, the expectations for certain roles are increasing and new, more advanced roles are being developed. Pay and conditions need to be appropriate for the skills and experience expected of a given role.

A Certificate IV qualification in health and community services is worth considerably less in the labour market than a Certificate IV in other fields, despite the very valuable contribution of these workers (Oliver & Walpole, 2014). Award rates for VET-qualified workers in the Community Services and Health industry are only slightly higher than the minimum wage and well below average weekly earnings, as illustrated by the sample of pay rates in Table 5.

In an industry dominated by not-for-profit providers it is important that service providers have access to funding to support workforce development activities. The NWDF and the Workplace English Language and Literacy Program (WELL) were well used by the Community Services and Health industry. Following the closure of NWDF and WELL, a new Industry Skills Fund will be established.

Table 5: **Award pay rates for selected VET-qualified roles in community services and health**

Classification	Award	Required qualification level	Award weekly rate (full-time)	As a % of full-time national min. wage[1]	As a % of AWOTE[2]
Children's Service Employee Level 3.1	Children's Services Award	Certificate III	$746.2	116%	51%
Children's Service Employee Level 4.1	Children's Services Award	Diploma	$879.0	137%	60%
Aged Care Employee Level IV	Aged Care Award	Certificate III	$746.2	116%	51%
Enrolled Nurse pay point 1	Nurses Award 2010	Diploma	$760.1	119%	52%

Source: Fair Work Commission (2014). Find an award, accessed January 2015

Notes:

1. Full-time national minimum wage as at 13 January 2015: $640.90.

2. Full-time Average Weekly Ordinary Time Earnings (AWOTE), trend, May 2014 ($1453.90). See ABS (2014) – Cat no 6302.0, Average weekly earnings Australia.

While the Community Services and Health industry has not been identified as a priority area for the fund, health and community services providers will still be eligible to apply for funding.

The 2014 EScan also highlighted the need for better data to support effective workforce planning. The implementation of the Unique Student Identifier (USI) will improve the utility of training data and is a much welcomed development. However, industry stakeholders continue to report difficulty accessing and interpreting relevant data to support workforce planning. At a national level there is still a need for improved leadership and coordination of the collection and analysis of data related to the current and future community services and health workforce.
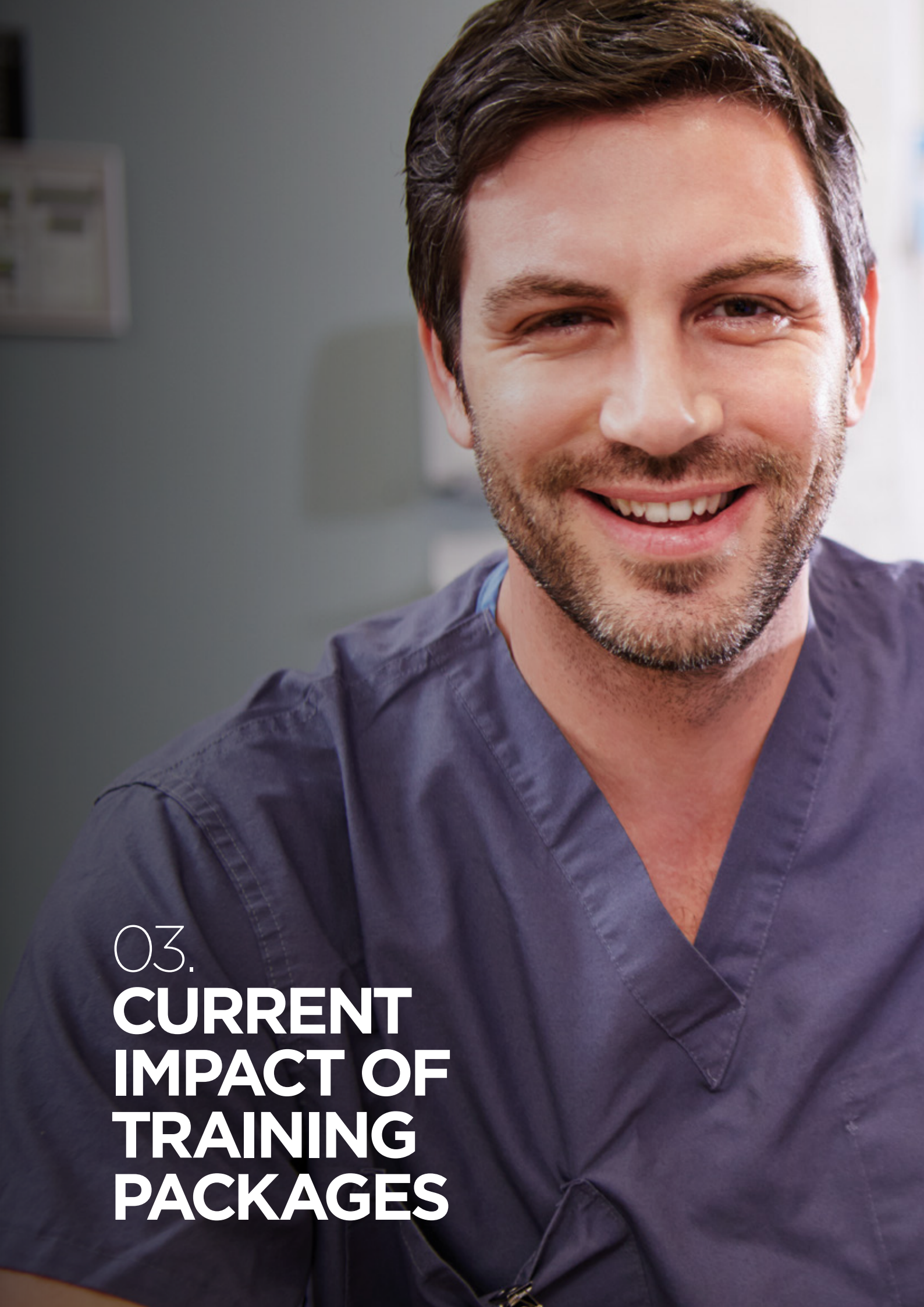
03.
CURRENT IMPACT OF TRAINING PACKAGES

ENROLMENTS
IN COMMUNITY
SERVICES
TRAINING UP BY

13.5%

SINCE 2012

85%

OF GRADUATES
SURVEYED THOUGHT
THEIR TRAINING
WAS RELEVANT
TO THEIR JOB

77%

OF NWDF
PARTICIPANTS FROM
OUR INDUSTRY
COMPLETED
QUALIFICATIONS

03. CURRENT IMPACT OF TRAINING PACKAGES

Overview

Training packages support consistency, currency and reliability of skills for community services and health work. Training packages should enable individuals to gain skills to meet service demand. Training packages also support organisational development to enable industry growth and change. This means that the impact of training packages should be understood in terms of how much they are used, the ways they are used, and with what effect.

Overall, enrolments in the Community Services and Health Training Packages continue to grow. The demand-driven VET-funding models are associated with very strong growth for community services qualifications. For example, in Victoria and South Australia, the first States to implement a demand-driven model, community services enrolments more than doubled between 2009 and 2013.

Analysis of enrolment and completion data suggests that there is considerable scope to improve the efficiency of training for VET-qualified workers in the Community Services and Health industry. Overall, the proportion of community services and health learners that go on to complete a qualification has fallen since 2009. While survey data about recent graduates' views on their training suggests that community services and health training is generally relevant to graduates' jobs, there is still room for improvement.

UPTAKE OF COMMUNITY SERVICES AND HEALTH QUALIFICATIONS

In 2013, there were 261,593 publicly funded enrolments in the Community Services Training Package and 70,209 enrolments in the Health Training Package. This represents an increase on 2012 figures of 13.5% and 3.8%, respectively.

This growth was largely driven by increased enrolments in South Australia and Victoria. Figure 4 shows that the number of Community Services Training Package enrolments in both Victoria and South Australia increased by over 120% between 2009 and 2013. This is compared to an average growth of 65% for all other States and Territories.

Victoria and South Australia are the only two States to have fully implemented a demand-driven model for funding VET prior to 2013. This suggests that demand-driven models may have the potential to

dramatically increase the number of enrolments. However, each State and Territory has its own model of demand-driven funding that is reviewed annually, making it difficult to generalise across States. For example, each State and Territory has a different list of qualifications that are funded as priorities. Ongoing analysis of enrolment trends as they relate to VET funding policy at a State and Territory level will be important in informing future policy development.

Figure 5 shows that South Australia has also had strong growth in enrolments in the Health Training Package, which increased by 121% between 2009 and 2013. Growth in Health Training Package enrolments in Victoria was more modest at 26%, while the number of enrolments in the other States and Territories has remained fairly constant over the five year period.

Using occupational families proposed by CS&HISC, recent growth in enrolments can be considered in relation to groups of occupations. Table F1 in the appendices shows that between 2009 and 2013, there was a notable increase in course enrolments for qualifications aligned to occupations in 'Child Care, Education and Development Workers' and 'Community Service Workers'.

As highlighted in Chapter 1, there is expected to be increased demand for workers in both occupational families between 2013 and 2018.

See Appendix F for detailed analysis of the latest Community Services and Health Training Package enrolment data, and Appendix G for trends in the learner profile.

Figure 4: **Relative change in Community Services Training Package enrolments by selected State/Territory, 2009 – 2013**

Source: NCVER VOCSTATS (2014d) Students and Courses, accessed December 2014

Figure 5: **Relative change in Health Training Package enrolments by selected State/Territory, 2009 – 2013**

Source: NCVER VOCSTATS (2014d) Students and Courses, accessed December 2014

Overall, enrolments in community services and health qualifications continue to grow

Between 2009 and 2013 the largest growth in enrolments was for qualifications aligned to 'Child Care Worker' and 'Community Worker'

The number of community services enrolments in both Victoria and South Australia increased by over 120% between 2009 and 2013

EFFICIENCY IN THE VET MARKET

Data on the number of qualification completions provides a useful measure of productivity in the VET market. Figure 6 shows that growth in qualification attainment has been strong, particularly for Certificate IV, Diploma, and higher qualifications.

Further analysis of training data suggests relatively low proportions of those that enrol in a qualification go on to complete. Figure 7 presents data on the proportion of learners that complete a qualification, based on the number of completions as a proportion of the previous year's enrolments, by qualification level. The figures presented, based on a simple calculation, are within the ranges of those found in an NCVER report using more detailed data to model completion rates (NCVER, 2014c).

There are however limitations associated with calculating completion rates using publically available training data.[viii] For

example, in some jurisdictions, learners wishing to complete a specific component of a qualification are required to enrol in the full qualification for data collection purposes. This means that any completion rates calculated for the VET sector do not accurately describe the proportion that actually fail to complete.

The analysis shows that after significant improvements between 2004 and 2009 at Certificate III and higher levels, the proportions of learners that completed their qualifications declined, particularly in 2012. While the cause of this decline is unclear, it suggests that more needs to be done to improve our understanding of why learners fail to complete their training. Further research in this area could then be used to drive retention strategies within the VET system.

One area for future research should be the impact of employer-led workforce development on efficiency of training. A recent report

on the impact of workforce development activities found relatively high completion rates for learners enrolled in qualifications funded through the Enterprise-Based Productivity Places Program (EBPPP) (ACIL Allen Consulting, 2014a). The most up-to-date data for learners in community services and health shows that 61% of 1,087 EBPPP participants completed qualifications and 77% of the 3,254 National Workforce Development Fund (NWDF) participants completed qualifications (NWDF projects that had completed by January 2015 only).

Improving efficiency is not only about maximising the number of graduates from enrolments. There is also a need to ensure that the capabilities developed during training are relevant to graduates' employment aspirations. The general employment outcomes for graduates with community services and health qualifications are very strong, with around 89% of graduates employed or in further study (NCVER, 2014a).

Figure 6: **Community Services and Health completions by qualification level, 2002–2012**
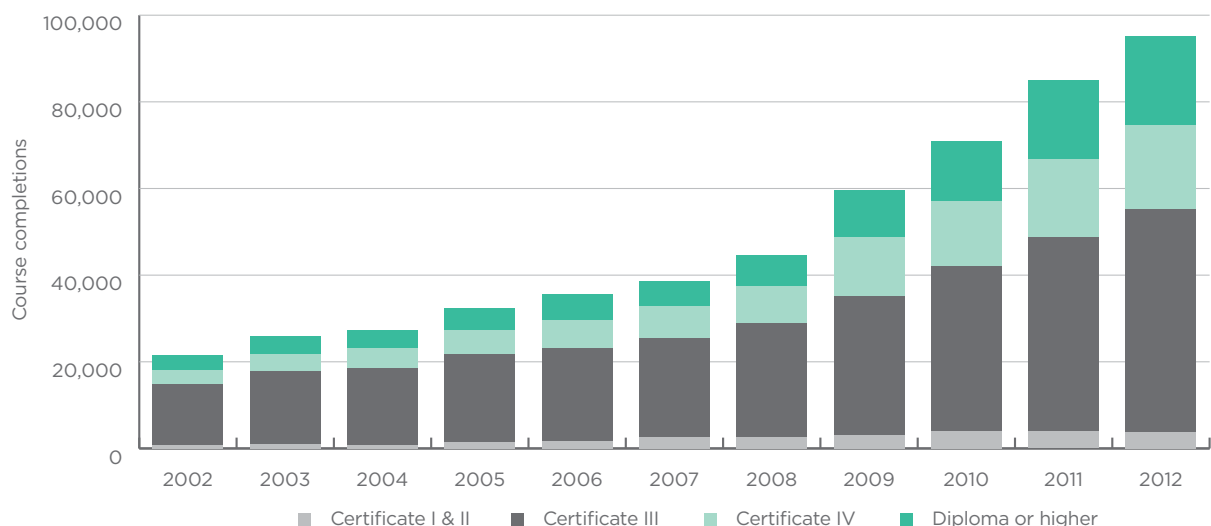
Source: NCVER VOCSTATS (2014d) Students and Courses, accessed December 2014

Figure 7: **Proportion of learners that complete a qualification, by qualification level 2004–2012**
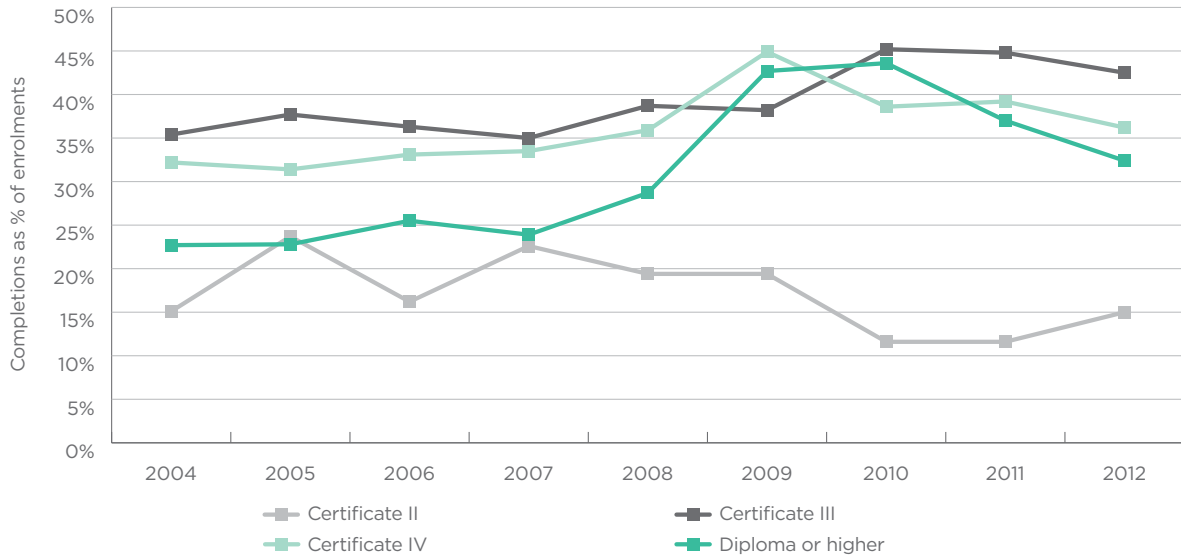
Source: NCVER VOCSTATS (2014d) Students and Courses, accessed December 2014

Note: For diploma level and higher, the conversion ratio is calculated as the number of completions as a proportion of enrolments two years prior.

Figure 8 suggests that the proportion of recent community services and health graduates actually employed in our industry has been falling since 2009. However, this is not the best indicator of a qualification's relevance to employment outcomes, since these figures only relate to Health Care and Social Assistance (the ANZSIC industry category that is the closest fit to the Community Services and Health industry). Some qualifications, such as those in early childhood education and care, are aligned to occupations that are generally employed outside this category.

Figure 8: **Proportion of CS&H graduates employed in the Health Care and Social Assistance industry**
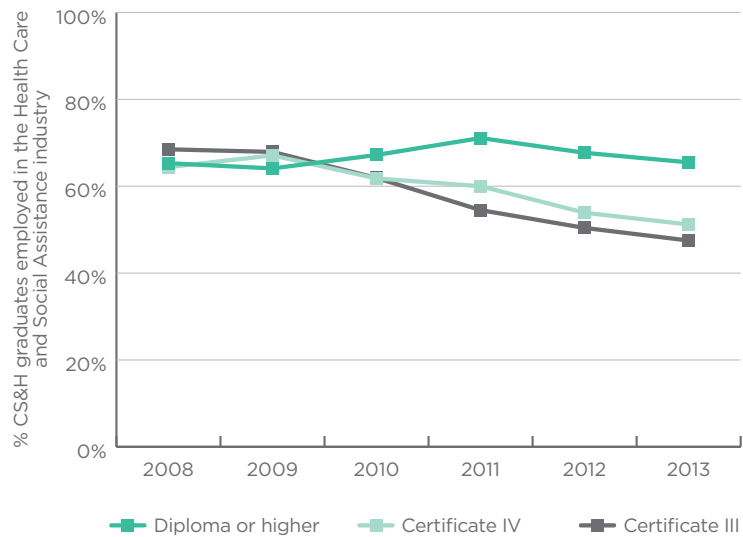
Source: NCVER VOCSTATS (2014b). Student Outcomes Survey, accessed January 2015

Note: Employment rates for Certificate I and II qualifications are not reported as they are considered to be preparatory and for delivery in schools.

Aligning workforce development activities to training packages enables service providers to respond consistently and effectively to changing service requirements.

Survey data about recent graduates' views on their training suggests that community services and health training is generally relevant to graduates' employment outcomes. In 2013, a high proportion (85%) of recent health and community services graduates reported that their training was either highly relevant or somewhat relevant to their main job (NCVER VOCSTATS, 2014b).[ix] See Appendix H for more detailed data on training outcomes.

NATIONAL STANDARDS AS TOOLS FOR WORKFORCE DEVELOPMENT

Some service providers are not familiar with how to use training package standards and qualifications as tools for workforce planning and development, other than as a guide for training. A more innovative and strategic approach draws on the standards to support whole of organisation development through activities including job redesign, recruitment, performance review and role transition. Aligning workforce development activities to training package standards and qualifications enables service providers to respond consistently and effectively to changing service requirements (see Spotlight 3).

Spotlight 3: **Sector in Focus – Workforce development at St Vincent de Paul Society (Vinnies)**

Each day across NSW the St Vincent de Paul Society's Specialist Homelessness Services assist hundreds of people experiencing, or at risk of, homelessness. Following successful tenders under the NSW Government's *Going Home, Staying Home* reforms, the Society needed to restructure its services, implement a new Client Service Delivery Model (CSDM) and revisit its organisational workforce strategy.

It was imperative that the new service delivery model be underpinned by Vinnies' values and delivered with consistency across the organisation, irrespective of region. Recognising the diverse skill levels of their workforce, and ensuring they were ready and equipped to meet the demands of the new model, the Society employed best practice workforce development and capacity building to support organisational, team and individual needs.

The Society developed a tailored capability matrix for Specialist Homelessness Services roles, aligned to the Australian Qualifications Framework. This provides a road map for staff working as support and case workers to ascertain their skills gaps and individual development needs. The capability matrix will also be used by managers to assess the capabilities of their staff and to provide feedback in an objective way.

As a minimum, case workers are required to have a Certificate IV in Community Services to meet the basic requirements of their role. The capability matrix will provide an opportunity for case workers and support workers to identify further learning and development needs beyond this base requirement. Flexible delivery methods will be used in recognition that people learn in different ways. Trauma Informed Care and Cultural Safety training is being rolled out to a broad cross-section of staff including case workers and support workers at the Society as part of the implementation of the new CSDM.

This whole of organisation approach to workforce development will place the St Vincent de Paul Society in a position to navigate changing service delivery requirements in the homelessness sector now and into the future.

04.
FUTURE DIRECTIONS OF TRAINING PACKAGES

TRAINING PACKAGES
UPDATED TO
RESPOND TO
INDUSTRY CHANGE

32%

FEWER UNITS OF
COMPETENCY
ACROSS BOTH
TRAINING PACKAGES

NEW ASSESSMENT
REQUIREMENTS HAVE
BEEN DEVELOPED

04. FUTURE DIRECTIONS OF TRAINING PACKAGES

Overview

The future of training packages and their use is being shaped by the current review of each training package and a series of reforms in the VET sector. For the Community Services and Health industry, VET reforms coincide with increased demand for services and changes to the way services are delivered and funded.

The current CS&HISC review of the Community Services and Health Training Packages is due for completion in late 2015. More broadly, potential changes to the design and development of training packages are being considered, while wider VET reforms concerning the operation, regulation and funding of both TAFE and private providers of VET have implications for training delivery.

This chapter provides detail on the progress made as part of the current CS&HISC review. Also considered are the broader VET context, ongoing challenges associated with training and workforce development in the Community Services and Health industry, and priorities for future development of the Community Services and Health Training Packages.

COMMUNITY SERVICES AND HEALTH TRAINING PACKAGES: CURRENT REVIEW

CS&HISC is working with industry to align the Community Services and Health Training Packages to the 2012 Standards for Training Packages and industry requirements. This current review has been an opportunity to review and update existing content to ensure both training packages support the delivery of industry relevant, high-quality training.

Qualifications in Children's Services and Aboriginal and Torres Strait Islander Health have already been reviewed and updated to align to the standards and have been well received. In addition, First Aid units have also been updated. Remaining content will be endorsed in two stages in June and December 2015. See Appendix A for the latest report on continuous improvement activities.

As part of the review, CS&HISC has made significant improvements to content in both the Community Services Training Package and Health Training Package. In addition to ensuring compliance with the new standards and AQF requirements including processes and structure, particular emphasis has been placed on:

- industry leadership on defining the job roles that the qualifications reflect
- capturing advice from the full range of industry and VET stakeholders
- updating content to address identified skill gaps and to promote workforce mobility within and between sectors
- supporting best practice in assessment
- minimising duplication and inconsistencies between qualifications.

Industry stakeholders have been engaged in this review through extensive consultation across all industry sectors. Industry feedback was used, together with analysis of industry relevant data and research, to identify priority areas for development. A combination of face-to-face and online consultation methods support the breadth of engagement and ensure in-depth feedback.

Service expansion and new models of service delivery are driving new requirements for existing roles, the creation of new roles and new opportunities for workers. The review process identifies where and how the training packages need to be updated in order to respond to new skill requirements. For example, qualifications aligned to assistant and support roles providing direct care and support to clients in aged care, disability and mental health services are being updated to include content on:

- working in consumer-directed services (including the new skills required for different roles)
- how to deliver person-centred care and support
- the shift from 'illness' to 'wellness' models of health and wellbeing.

Training package content is also being reviewed in response to service expansion and integration. Increasingly, the Community Services and Health Training Packages will be expected to support the development of workers with knowledge and skills across traditional sectoral boundaries. This has led to changes that aim to maximise cross-sectoral commonalities, while ensuring sector-specific requirements are not lost.[x]

CS&HISC has made significant improvements to the Community Services and Health Training Packages

The CS&HISC review process identified where and how the training packages needed to be updated in order to respond to new skill requirements

Increasingly, the Community Services and Health Training Packages will be expected to support the development of workers with knowledge and skills across traditional sectoral boundaries

To support best practice in assessment, the Community Services and Health Training Packages now clearly specify when assessment must be undertaken in the workplace, new requirements for minimum hours of work and more guidance on assessment. These requirements have been developed through close consultation with industry.

The process of removing duplication, and consolidating and rationalising training package content has resulted in approximately a 26% reduction in the number of qualifications and a 32% reduction in the number of units of competency across both training packages. This reduction will make the training packages easier to use. Ultimately, these changes aim to ensure that the Community Services and Health Training Packages support the delivery of industry relevant and quality training.

BROADER VET CONTEXT

Towards the end of 2014, two discussion papers were released regarding the potential reform of training packages (Australian Government Department of Industry, 2014b, 2014c). The core aims of the proposed reforms to training package processes are to ensure the national system of qualifications:

- reflects the technical and generic skills and knowledge that are required in jobs
- provides a basis for consistent assessment of competence in those skills across the training system
- provides a mechanism for the national portability of those skills
- is flexible enough to cater to the needs of different individuals, employers and industries, including the ability to introduce change over time.

At the same time, wider VET reforms concerning the operation, regulation and funding of both TAFE and private providers of VET are being considered. These reforms may also have implications for the future design, development and implementation of training packages.

Like the CS&HISC review of the Community Services and Health Training Packages, these proposed reforms seek to ensure that training packages support the delivery of industry relevant, high-quality training. An evaluation of the impact of the current CS&HISC review could provide a useful evidence base to inform decision making around future changes to the design and development of training packages.

ONGOING CHALLENGES

Looking at the design, development and delivery of the Community Services and Health Training Packages, there are a number of ongoing challenges to consider, including:

- ensuring new training package content reaches the market in the optimum time using the most efficient process
- using a reliable evidence base, including relevant training data, to make decisions about the development of training packages
- ensuring training packages support RTOs to deliver quality training.

Speed to market

The time-consuming nature of the current industry engagement process makes it difficult to ensure that training package content keeps pace with changing industry requirements. While there is room to make efficiency improvements to the current approach, care must be taken not to reduce the effectiveness of the industry engagement process, as this may have a negative impact on the industry relevance of qualifications.

Data to support training package development

The analysis of industry relevant data and research is used to inform the selection of priority areas for development. Recent changes in the collection and reporting of industry relevant data present both challenges and opportunities for the future development of community services and health qualifications.

Supporting quality training delivery

Having clear, industry relevant, nationally recognised competency standards and assessment requirements supports the delivery of consistent, quality outcomes. As such, one of the aims of the current review of the Community Services and Health Training Packages is to support the delivery of quality training.

Training packages include *Companion Volumes* that provide guidance on learning and assessing the required competencies and support quality delivery. There are also recent examples of where industry has led in the development of support materials for RTOs.[xi]

Future work in this area could involve developing the existing quality assured training package support materials or improving the availability and access of other support materials. Different types of materials might include:

- industry endorsed training and assessment tools
- template job descriptions aligned to training packages
- guidance on recognition of prior learning
- case studies and guidance on using training packages in workforce planning and development.[xii]

COMMUNITY SERVICES AND HEALTH INDUSTRY PRIORITIES

For the Community Services and Health industry, VET reforms coincide with increased demand for services and changes to the way services are delivered and funded. The Community Services and Health Training Packages need to support the ongoing development of the workforce to respond to industry changes.

Chapter 2 highlighted a number of industry identified priorities that training packages will need to respond to. For example, increased comorbidity and new models of service delivery are increasing the need for training packages to support the development of workers |with knowledge and skills across traditional sectoral boundaries. Further improvements in this area might be supported by introducing more streamed qualifications.

The future development of the Community Services and Health Training Packages will also need to support the:

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

In addition, as the demand for workers increases, the Community Services and Health industry may increasingly start looking internationally for new workers. This calls for Australia to look beyond the existing national qualifications system, to see how it might be aligned to international frameworks. CS&HISC notes that towards the end of 2014, the Australian Qualifications Framework Council sought views on aligning the AQF with qualification frameworks in New Zealand and Europe.

ABBREVIATIONS

ABF
Activity Based Funding

ABS
Australian Bureau of Statistics

ACECQA
Australian Children's Education & Care Quality Authority

ACWVET
Aged Care Workforce Vocational Education and Training

AIHW
Australian Institute of Health and Welfare

AHA
Allied Health Assistant

AIN
Assistant in Nursing

ANZSCO
Australian and New Zealand Standard Classification of Occupations

ANZSIC
Australian and New Zealand Industrial Classification

ASQA
Australian Skills Quality Authority

AWPA
Australian Workforce and Productivity Agency

CALD
Culturally and Linguistically Diverse

CEPAR
Centre of Excellence in Population Ageing Research

CMHA
Community Mental Health Australia

COAG
Council of Australian Governments

CPD
Continuing Professional Development

CS&HISC
Community Services and Health Industry Skills Council

CHC
Community Services Training Package

DEEWR
Department of Employment, Education and Workplace Relations

DSS
Department of Social Services

ECEC
Early Childhood Education and Care

EN
Enrolled Nurse

HE
Higher Education

HLT
Health Training Package

ISF
Industry Skills Fund

LDC
Long Day Care

HWA
Health Workforce Australia

NCVER
National Centre for Vocational Education Research

NDIS
National Disability Insurance Scheme

NDS
National Disability Services

NEC
Not Elsewhere Classified

NFD
Not Further Defined

NQF
National Quality Framework

NSSC
National Skills Standards Council

NWDF
National Workforce Development Fund

PCA
Personal Care Attendant

RN
Registered Nurse

RPL
Recognition of Prior Learning

RTO
Registered Training Organisation

TP
Training Package

USI
Unique Student Identifier

VET
Vocational Education and Training

WIN
Workforce Innovation Network

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LIST OF APPENDICES

The appendices to this Environmental Scan can be downloaded as a separate document from the CS&HISC website. These appendices include supporting data and information and are listed below.

APPENDIX A: REPORT ON PREVIOUS CONTINUOUS IMPROVEMENT ACTIVITY

A1: Changes to CHC Community Services Training Package

A2: Changes to CHC08 Community Services Training Package

A3: Changes to HLT Health Training Package

A4: Changes to HLT07 Health Training Package

APPENDIX B: METHODOLOGY

B1: Stakeholder engagement participants by main role of their organisation

B2: Stakeholder engagement participants by geographical coverage of their organisation

B3: Stakeholder engagement participants by sectoral coverage of their organisation

APPENDIX C: COMMUNITY SERVICES AND HEALTH OCCUPATIONS AND SKILLS IN DEMAND

C1: Employment growth by industry, 2000 to 2014

C2: Recent and projected growth in selected Community Services and Health occupations

C3: Occupations in demand by most relevant ANZSCO classification and qualification

C4: Specific skills in demand by occupation and qualification

C5: System constraints and barriers to workforce development by occupation and qualification

APPENDIX D: COMMUNITY SERVICES AND HEALTH WORKFORCE PROFILE

D1: Community Services and Health industry workforce by highest level of qualification in 2006 and 2011

D2: ECEC paid contact staff by highest level of qualification achieved in 2010 and 2013

D3: Award pay rates for selected VET-qualified roles in community services and health

APPENDIX E: OCCUPATIONS ALIGNED TO COMMUNITY SERVICES AND HEALTH QUALIFICATIONS

E1: Alignment of occupations (6 digit ANZSCO) and job roles to Community Services and Health Training Package qualifications

APPENDIX F: COURSE ENROLMENTS FOR COMMUNITY SERVICES AND HEALTH TRAINING PACKAGES

F1: CS&H course enrolments by State/Territory, 2009–2013

F2: CS&H course enrolments by qualification level, 2009–2013

F3: CS&H course enrolments by occupation (6-digit ANZSCO), 2009–2013

F4: 2013 CS&H course enrolments compared with population data by State/Territory

F5: 2013 CS&H course enrolments by training package sector and State/Territory

F6: Detailed 2013 CS&H course enrolments totals by training package sector and State/Territory

APPENDIX G: LEARNER PROFILE FOR COMMUNITY SERVICES AND HEALTH TRAINING PACKAGES

G1: Indigenous learners enrolled in CS&H courses, 2009–2013

G2: CS&H course enrolments by learners' age, 2009–2013

G3: 2013 CS&H course enrolments by learners' area of remoteness and State/Territory

APPENDIX H: COMMUNITY SERVICES AND HEALTH TRAINING OUTCOMES

H1: CS&H qualification completions by qualification level, 2002–2012

H2: CS&H qualifications awarded in 2012 by training package sector and State/Territory

H3: Conversion of CS&H enrolments to completions by qualification level, 2004–2012

H4: CHC and HLT graduates either employed or in further study (All Industries)

H5: CHC and HLT graduates employed in Health Care & Social Assistance

H6: Reported relevance of CS&H graduates' training to job, 2009–2013

APPENDIX I: FUNDING

I1:   Change in real government expenditure, selected community service areas, 2009–10 to 2013–14

I2:   Change in real government and non-government recurrent health expenditure, 2009–10 to 2012–13

I3:   Relative change in government spending on different education sectors, 1999–2011

I4:   Change in number of VET FEE-HELP providers and total loan amounts, 2009–2013

ENDNOTES

i.   NDIS trials began in 2013 in the Hunter region in NSW, Barwon in Victoria and in South Australia and Tasmania. In 2014, additional trials began in Barkly in NT and Perth Hills in Western Australia. Full rollout will commence from July 2016. Following the first quarter of the second year the National Disability Insurance Agency (NDIA) reported that:

- 8,880 NDIS participants have an approved plan (as at 30 September 2014)
- most plans (81%) feature a combination of supports, the most common being community participation, daily tasks in shared living arrangements, and assistance with personal activities
- most NDIS participants (70%) had previously been accessing government services on alternative arrangements
- the cost of plans depends on the level of support required: 10% of NDIS participants have a plan worth more than $100,000 but such plans make up 49% of committed funding
- of the 1,494 NDIS registered service providers, 83% were not previously registered with the DSS (though some of these service providers may have previously been contracted by state and territory disability agencies)
- in the vast majority of cases (70%), the NDIA continues to manage the plan; 3% of clients opt for self-management and 28% use a combination of NDIA management and self-management (National Disability Insurance Agency, 2014).

ii.   Between 2003–04 and 2013–14, growth in unit labour cost has been highest in the Community Services and Health industry, together with the Education and Training industry (Australian Government Department of Industry, 2014a).

iii. Under the National Quality Framework, within each long day care centre or preschool, half of all educators who are required to meet the relevant educator to child ratios will need to have (or to be actively working towards) an approved diploma-level education and care qualification or above. The remaining educators will all be required to have (or be actively working towards) an approved certificate III level education and care qualification, or equivalent. There are also requirements for long day care and preschool services on providing access to early childhood teachers, which vary depending on the number of children attending a service (Australian Children's Education & Care Quality Authority, 2014).

iv. Since 2007 the Commonwealth Government has extended the income-contingent loan scheme previously available for university study, to some VET students. VET FEE-HELP is offered for studies at approved providers at the Diploma and higher level, and for State-based pilot/priority studies at the Certificate IV level (namely CS&H qualifications).

v.   A training package is a set of nationally endorsed standards and qualifications for recognising and assessing people's skills in a specific industry, sector or enterprise.

vi. Specifically, the Aged Care Workforce Vocational Education and Training (ACWVET) covers the following qualifications:

- Certificate III in Aged Care
- Certificate III in Home and Community Care
- Certificate IV in Aged Care
- Certificate IV in Home and Community Care
- Certificate IV in Leisure and Health
- Certificate IV in Frontline Management
- Diploma of Community Services Coordination
- Enrolled nursing

vii. Of the 13 Aged Care WIN regional projects, six aimed to improve the attraction, recruitment and engagement of new employees. These projects involved bringing together expertise from RTOs, employment agencies and aged care providers to design and develop new approaches to attracting, recruiting and retaining new entrants to the aged care workforce. Approaches vary according to regional need; more information about specific programs is available at **www.cshisc.com.au**.

viii. Without a unique student identifier to track individual students or other measures, it is impossible to distinguish between learners that leave a course from those that take longer than normal to complete it, or those who transfer to complete a different qualification. The measure is also unable to account for student preferences or isolate the effects of policy changes.

ix. The scope for the 2014 NCVER Student Outcomes Survey is all publicly subsidised graduates and module completers, as well as fee-for-service graduates, and module completers from TAFE and community education providers who finished their training in 2013. The reference period for the NCVER Student Outcomes Survey is 30 May 2014 (NCVER, 2014a). Graduates therefore completed their training between 5 and 17 months before completing the reference period.

x. Changes to the Community Services and Health Training Packages that aim to maximise cross-sectoral commonalities, while ensuring sector-specific requirements are not lost, include:

- a new Certificate III in Individual Support aims to develop competencies common to similar oles in different sectors while also providing the opportunity to specialise
- access to specific units in aged care, palliative care, mental health and/or dementia will support Assistants in Nursing (AIN) as they are increasingly required work in a range of different environments
- community workers are increasingly required to collaborate with different service providers to provide more holistic support to individuals. This has led to a consolidation of qualifications to support more flexibility and portability across community services.

xi. Examples of industry endorsed training and assessment tools include:

a. The National Mental Health Commission funded CMHA to develop all of the learning and assessment resources for the core units for the Certificate IV in Mental Health Peer Work. The Commission will soon be posting them free of charge on their website for anyone to use, including RTOs who may want to deliver the full qualification or units associated with it.

b. In alcohol and other drugs, the National Centre for Education and Training and Addiction (NCETA) has prepared resources to assist trainers to incorporate the latest evidence relating to cannabis in the core units of competency.

c. Financial Counselling Australia has provided materials for four core financial and legal units, and supported RTOs to deliver base training. The Financial and Consumer Rights Council has developed Diploma and Certificate courses with Victoria University and skills sets for integration into courses at RMIT, and managed courses including placements.

xii. Examples of case studies and guidance on using training packages in workforce planning and development include:

a. St Vincent de Paul has developed a capability map for its workers, as part of its transition under *Going Home, Staying Home*. This mapping is underpinned by training package standards and addresses perceived skills gaps including cultural competence and trauma informed care.

b. The Victorian Department of Human Services has developed a core spine of competencies for workers in various health roles. The core spine provides a common foundation of competencies facilitating movement between roles and settings as sector demand or personal career choices change and supports the creation of career paths and articulation opportunities. While it is not a qualification, these eight units can contribute to more than 35 health and community services qualifications.

NOTES

THE ENVIRONMENTAL SCAN
CONTEXT, PURPOSE AND AUDIENCE

Rapid advances in technology, seismic shifts in global demography and rise of the conscientious consumer are just some of the factors that have left economists and policymakers recognising the limited relevance of historical trends and data as a reliable indicator of the future.

Attempts to predict industry's future workforce and skill development needs can be particularly fraught as industries continue to evolve, converge or re-locate and as new job roles emerge while others become obsolete.

Leading developed nations are establishing 'early warning systems' to quickly detect the onset of trends and building agile vocational training systems capable of responding to issues once identified. Environmental Scans have been conceived on this basis.

Specifically, the Environmental Scan identifies the macro and micro factors currently impacting on the skill needs of the workforce and its composition, it considers how well the national training system, its products and services, and industry itself are responding.

Grassroots evidence and real-time intelligence from across Australia are what sets the Environmental Scan apart from other reports in the national training system. It captures intelligence gathered from on-going visits and conversations with industry, key stakeholders, regulators and critically, the people doing the jobs across the sectors, and who experience firsthand the impact of change. It also draws on a range of topical sources such as the latest industry, enterprise and government research, and international developments. A detailed methodology can be found at Appendix B.

As a document limited in size, the Environmental Scan does not seek to capture every issue within every sector. It is a snapshot of a continually evolving story that is intended to alert and inform a wide audience and enhance their capacity to act.

The Environmental Scan's formal audience is the Department of Education and Training and the body responsible for the endorsement of Training Packages. It's relevance however, extends far beyond and continues to be used extensively by state and territory governments, industry bodies, enterprises and many other stakeholders involved in skills and workforce development.

Environmental Scans are produced annually by Australia's Industry Skills Councils as part of their broader role in gathering industry intelligence and undertaking high-quality analysis of the skills needs and profile of the current and future workforce.

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This report has been developed and produced by the Community Services and Health Industry Skills Council with the assistance of the Workplace Research Centre, The University of Sydney.

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