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COMMUNITY SERVICES AND HEALTH
INDUSTRY SKILLS COUNCIL

ENVIRONMENTAL SCAN 2011



Community Services & Health
Industry Skills Council

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Australian Government

**Department of Education, Employment
and Workplace Relations**

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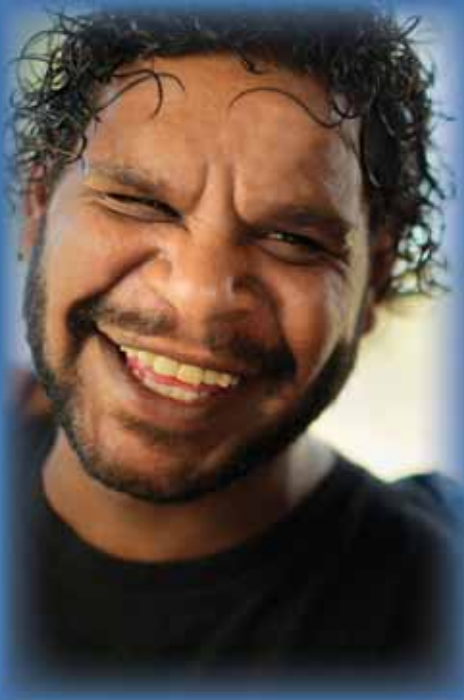
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CS&HISC has prepared this Environmental Scan to highlight grassroots industry intelligence about existing and emerging issues in the community services and health fields, especially with regard to workforce development.



Executive summary

The Community Services and Health Industry Skills Council (CS&HISC) is the nationally recognised industry skills council for the community services and health industries in Australia. The CS&HISC is one of 11 industry skills councils funded by the Australian Government to involve industry with the development of nationally applicable vocational education and training (VET). The CS&HISC is an independent company owned by its industry members. Its role is to bring together all relevant stakeholders to continually improve Australia's VET system.

CS&HISC has prepared this Environmental Scan to highlight grassroots industry intelligence about existing and emerging issues in the community services and health fields, especially with regard to workforce development. The scan is not designed to be a detailed economic analysis; rather, it draws on a wide range of background information and research, as well as interviews with industry representative bodies, to highlight the key findings and future priorities in the community services and health industries. The scan provides information to ensure ongoing currency of the national vocational qualifications and competency standards in the CHC08 Community Services and HLT07 Health Training Packages.

The scan comprises the collation of data from four central sources between January 2010 and February 2011:

- > consultation with the CS&HISC's stakeholders, both in person at events supporting development of the 2011 scan and via submissions
- > in-depth interviews and meetings with key industry stakeholders
- > analysis of current policy and workforce data
- > information gathered through the CS&HISC's industry engagement activities in 2010.

The scan will allow CS&HISC to work better with industry and with the Australian, state and territory governments to tackle emerging workforce development needs, and will inform the CS&HISC's ongoing development and improvement processes of the industries' national training packages. This is the fourth annual Environmental Scan and content from previous years has been retained where relevant.

In 2010, demographic changes in Australia intensified, and a range of government and industry initiatives are responding to these changes. The Environmental Scan 2011 draws these change factors together to influence workforce development and reform and improve community services and health outcomes for the Australian population.



Latest industry intelligence



Key messages

- > Increased demand for services and a corresponding increase in the number of people employed in community services and health continued in 2010. Workforce growth in community services and health was 8.6 per cent in 2010, with 1.3 million workers in the industries. Modelling to 2025 predicts continued growth in community services and health.
- > Across both the community services and health industries, more integrated service models continue to emphasise maintaining functional independence for individuals and meeting complex demands within community settings. This continues the need to develop more advanced career paths within service-provision roles and to develop management capacity.
- > In community services, organisations are dealing with increasingly complex client needs. Sector workforce capacity development focusing on job redesign and improved workforce conditions is needed to ensure the workforce and skill levels reflect the level of complexity required for service provision. Public funding for community services needs to enable more consistent workforce capacity development. Equal remuneration for community services workers may help to address recruitment and retention issues.
- > In health, emphasis on person-centred service delivery has seen increased demand for primary health and non-hospital-based services that can deliver appropriate care in a variety of settings. Realigning roles in health care delivery to include cross-disciplinary professional scope remains a priority, along with an identified need for assistant roles to meet demand for services. New health funding arrangements and increased operations of Health Workforce Australia provide context for workforce reform.
- > Improvements in quality and consistency of education and training provided in the community services and health are needed. Changes in education sector regulation provide one avenue to address this issue. The proposed merger of vocational and higher education regulatory arrangements in 2013 must support community services and health workforce development, skill articulation and career pathways, as well as retain the key features of each education sector.
- > An emerging workforce development agenda calls for better use of existing skills and leveraging of existing funding for VET on more strategic workforce development activity and innovation. This agenda is broader than skills delivery and qualifications and must be harnessed to support workforce growth and change in the community services and health industries.



1. Latest industry intelligence

1.1 Overview

Growth

The community services and health industries' workforce continued to grow rapidly in 2010 and these industries still form Australia's largest employer group, accounting for 11.4 per cent of the total workforce. In November 2010 there were almost 1.3 million community services and health workers, representing more than 100,000 more workers than the previous year and a national growth rate of 8.6 per cent.¹

Table 1: Employment in community services and health, 2006–2010

	2006	2007	2008	2009	2010
Total employed in community services and health	1062.9	1095.4	1127.9	1193.2	1296.2*
Increase on previous year (%)	5.1	3.1	3	5.8	8.6

*includes 1.0 NFD health care or social assistance. 59 per cent of workers were employed in health areas and 40 per cent in community services in 2010 (see Appendix B for further detail).

Source: Australian Bureau of Statistics, 2010, *Labour force, Australia, Detailed, Quarterly, November 2010*, ABS Cat. No. 6291.0.55.003.

The all-industries workforce growth rate of 3.3 per cent was exceeded in each state and territory, with New South Wales and Queensland adding almost 70,000 new workers and each of Tasmania and the ACT seeing almost 20 per cent increases.

Table 2: State and territory workforce totals and increases in 2010

State/territory	ACT	NSW	Vic	Qld	SA	WA	Tas	NT
Number of people employed in November 2010 ('000s)	18.3	423.4	12.8	257.4	109.2	31.1	323.3	120.7
Increase on previous year	3.1	45.7	0.7	22.6	3.9	4.5	16.7	5.6
Increase on previous year (%)	20	12.1	5.8	9.6	3.7	17	5.4	4.9

Source: Australian Bureau of Statistics, 2010, *Labour Force, Australia, Detailed, Quarterly, Nov 2010*, ABS Cat. No. 6291.0.55.003.

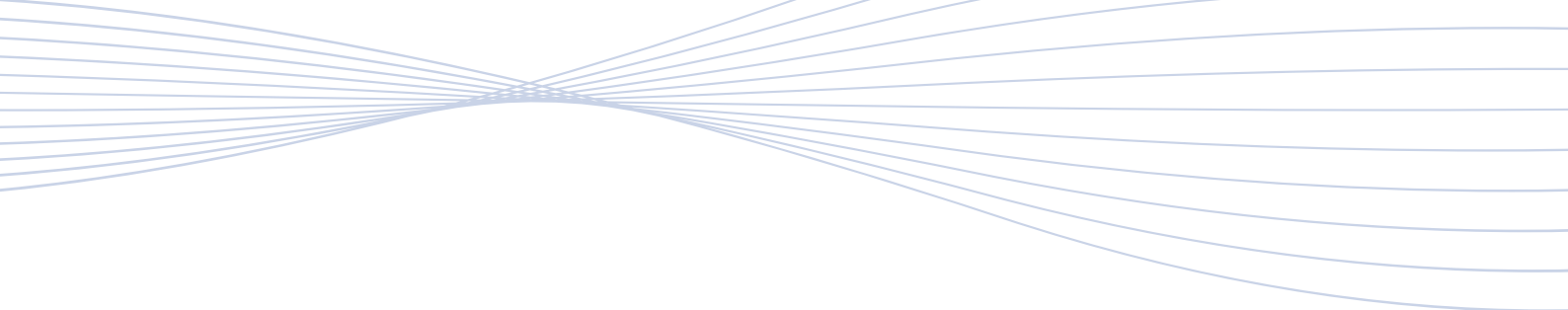
The projected workforce growth in community services and health in the five years to 2014–15 is 3.3 per cent per year, with 211,500 new jobs needed.² This workforce growth trend is not new, with community services and health accounting for 20 per cent of all new Australian jobs in the 10 years to 2009.³ Further-reaching projections see the community services industry growing second fastest out of all Australian industries, at a rate of 4 per cent per year to 2025. According to Skills Australia's modelling, the two highest-growing occupations to 2025 will be welfare associate professionals (2.8 per cent per year) and carers and aides (2.6 per cent per year).⁴

1 Australian Bureau of Statistics, 2010, *Labour force, Australia, Detailed, Quarterly, November 2010*, ABS Cat. No. 6291.0.55.003.

2 Department of Education, Employment and Workplace Relations (DEEWR), 2010, *Employment outlook for health care and social assistance*, SkillsInfo, www.skillsinfo.gov.au.

3 DEEWR, 2010, *New Jobs 2009 – Employment trends and prospects for Australian industries*, SkillsInfo, www.skillsinfo.gov.au.

4 Skills Australia, 2010, *Australian workforce futures: A national workforce development strategy*, p. 22 (using Access Economics modelling).



As noted in last year's Environmental Scan, industry growth in 2009 was remarkable in the context of the global financial crisis and the contraction of other industries, but unsurprising considering Australia's demographic changes.

Demographic trends

The intensifying impact of demographic changes was reflected in 2010 workforce growth in community services and health, with life expectancy increasing to 84 years for females and 79 years for males.⁵ The median age of Australians has increased by more than five years over the past two decades, to almost 37 in 2008.⁶ Over the same period, the proportion of Australians aged 65 or over rose from 10.8 per cent to 13.3 per cent.

Between 2010 and 2050, the number of people in Australia aged over 85 is expected to increase four-fold, from 0.4 to 1.8 million. Services for older people will also need to cater for an increasingly diverse population, with an expected increase in the number of clients from non-English-speaking backgrounds.⁷

There are currently 4 million Australians with a disability.⁸ It was estimated in 2010 that 1.5 million people required help with core daily activities, and the number of people with this high level of disability expected to increase to almost 2.3 million by 2030.⁹ Despite the increasing life expectancy of older Australians, the prevalence of poor health and disability increases with age.

Workforce characteristics

The community services and health industries employ a large proportion of older workers, with nearly half their workforce aged 45 years or older, compared with 35.9 per cent for all industries. Of their workers, 80 per cent are female, and more than 40 per cent work only part time. Mature-aged employees have been a main source of the industries' employment growth over the past decade, with many workers aged between 55 and 64, many of whom are now approaching retirement.¹⁰

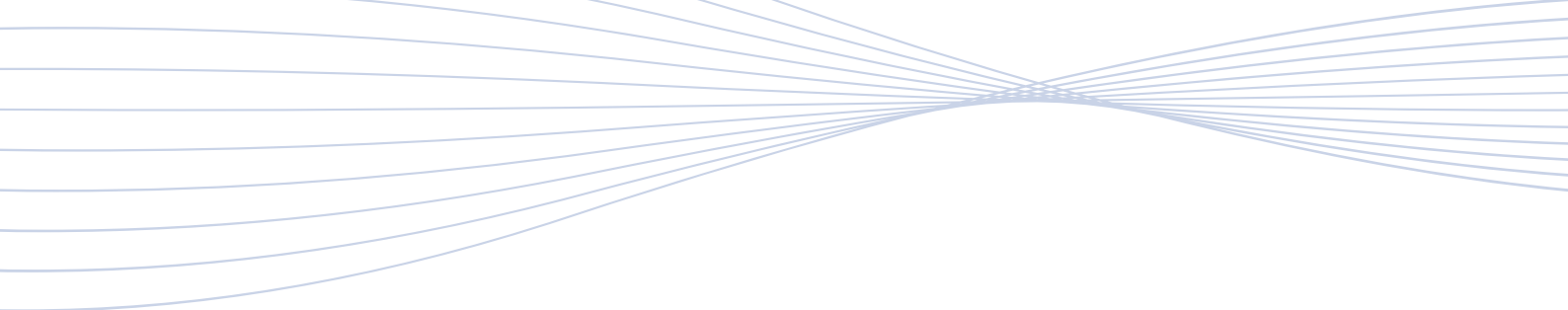
The ageing population is expected to see the number of workers per retirees decline from 5 today to 2.7 in 2050.¹¹ The capacity of the community services and health workforce is doubly affected by the ageing of the population, with older workers retiring and increased demand being created in the client base. Stakeholders have reported that workforce growth is also being impeded in regions experiencing growth in the resources industry.

Workforce policy and reform drivers

Service models across both the community services and health industries continue to emphasise maintaining functional independence for individuals and meeting the complex demands of chronic disease and co-morbidities within community settings. Service policy is increasingly focused on client choice and participation, enabling clients' social inclusion

5 Australian Institute of Health and Welfare, *Australia's health 2010*, AIHW.
 6 Australian Bureau of Statistics, 2008a, *Population by age and sex, regions of Australia*, 2008, ABS Cat. No. 3235.0.
 7 Productivity Commission, January 2011, *Caring for older Australians (draft report)*.
 8 Australian Bureau of Statistics, 2010, *Disability, ageing and carers, Australia: Summary of findings, 2009*, ABS Cat. No. 4430.0.
 9 Australian Institute of Health and Welfare, *Australia's welfare 2009*, AIHW.
 10 Department of Education, Employment and Workplace Relations (DEEWR), 2010, *Employment outlook for health care and social assistance*, SkillsInfo, www.skillsinfo.gov.au.
 11 Australian Government, *Australia to 2050: Future challenges – 2010 intergenerational report*, p. viii.





and connectedness, and empowering and engaging clients in the management of their own health and wellbeing. The ageing of the population is a key driver for policy change and reform as well as workforce growth: it brings with it greater consumer awareness and expectation of services, and this will increase as members of the 'baby boomer' generation become more active consumers of community services and health care.

These drivers are not new: they were outlined in the Environmental Scan 2010, as were the key workforce development challenges to which they give rise. The workforce development challenges, however, become ever more acute as demand grows and needs change. The pace of workforce growth in 2010 and the increase in demand have intensified the need to establish new services, roles and sustainable careers.

Continuing workforce development challenges include the need to expand cross-disciplinary practice and case coordination and management roles and approaches; establish new and expanded roles and skills to meet complex needs; and establish more effective service and workforce planning and effective management and leadership, especially to facilitate change.

A number of initiatives have either developed or emerged in 2010, and these will influence workforce policy and reform directions in the short and medium term; they are generally geared to the long term. At a high level these include industry factors as well as education, skills and workforce development factors.

1.2 Industry factors

Workforce and skill development challenges in the community services and health industries have been well documented in this Environmental Scan and elsewhere. Actions to address these challenges have been undertaken at various levels. They include, for example, the development of new competency standards and qualifications to support new roles and innovation. Changes to policy and funding models that address and acknowledge workforce development challenges will bring about longer-term impacts on service delivery.

Key community services industry contexts for skills growth

1.2.1 Disability long-term care and support scheme proposal

Disability services are usually capped and are differently structured across jurisdictions. Client access is limited or uneven and, as services and access improve, unmet need is further revealed. The number of Australians with high levels of disability is expected to increase by over 50 percent by 2030.¹² Consumer-driven service quality improvement, individually funded services and frameworks, community development approaches and rights-based services are driving change generally, as is the National Disability Strategy. The long-term care and support scheme proposal currently being examined by the Productivity Commission is well supported and, if implemented, would provide lifetime service entitlement from the point of disability identification. Development of the future workforce required to address change drivers and deliver a potential long-term care and support scheme will require funding models to accommodate new roles, more effective recruitment, retention and training and sectoral coordination. CS&HISC has developed a workforce capacity plan for the disability sector in consultation with industry stakeholders, and this is currently being considered by government agencies. The Productivity Commission study is due to conclude in mid-2011.

A universal, entitlement-based system of access to client-centred disability support, if adopted, will require complementary changes to services and work roles.

1.2.2 Funding pay equity in community services and sustainable bargaining

Competitive wages should strengthen workforce recruitment and retention.

Fair Work Australia is currently hearing a case for equal remuneration in the community services industry.¹³ Community services roles are complex and have historically been undervalued. Wage levels do not reflect comparable work, and funding and industry structures have not enabled bargaining resulting in enhanced roles and new services. Pay equity and the capacity for better bargaining within the sector will enable innovation and improvement in service delivery, more rewarding careers, better work-life balance for employees and greater competition for labour in the industry that must expand more strongly than any other by 2025.¹⁴

1.2.3 Caring for older Australians study

The *Caring for older Australians* draft report by the Productivity Commission in January 2011 proposes changes to aged care that include streamlining access to aged care services, facilitating greater choice for consumers in the type of care they receive, including enabling greater use of personal assets in paying for care, establishing a new regulator, removing limits on places and removing the distinction between low and high care and between ordinary and extra service status.¹⁵

The Productivity Commission acknowledges the CS&HISC priority that skill development must emphasise maintaining functional independence for individuals and meeting complex demands through enhanced roles and management capacity. The draft report notes that, while the expansion of roles will provide more rewarding career pathways for workers, better wages for aged care staff are needed. High turnover is cited as a problem, but not for organisations that invest in staff development and retention and other targeted management practices. Staff development through training is limited by the inability to 'backfill' workers, especially in regional areas. In considering a range of views, the draft report does not recommend licensing workers but instead ensuring that the "delivery of quality care is ... addressed through the accreditation process, training, professional development and other mechanisms".¹⁶

Key areas of focus for future skills in aged care include:

- > continued integration of community services and health approaches that support client preferences and independence through new and expanded roles (for example, more allied health in community settings)
- > improved management practices to support workforce retention and development
- > funding to support better workforce development, including through competitive wages and career pathways
- > improvements in the quality and consistency of vocational education and training (VET).

Greater choice for aged care consumers will mean expanding work roles to deliver services focused on older people's individual needs and preferences.

¹² Australian Bureau of Statistics, 2010, *Disability, ageing and carers, Australia: Summary of findings*, 2009, ABS Cat. No. 4430.0

¹³ Fair Work Australia, Equal Remuneration Case, www.fwa.gov.au/index.cfm?pagename=remuneration&page=introduction.

¹⁴ Skills Australia, 2010, *Australian workforce futures: A national workforce development strategy*, p. 22 (using Access Economics modelling).

¹⁵ Productivity Commission, January 2011, *Caring for older Australians (draft report)*.

¹⁶ *ibid.*, p. 367.



Stakeholder submissions to this Environmental Scan noted that the focus on community-based approaches in aged care has seen a reduction in growth of low-care services.

1.2.4 Health industry reforms

Health industry reforms adopted following the 2009 National Health and Hospitals Commission report were remodelled in early 2011 with equal funding for hospitals split between the Australian and state/territory governments. Growth funding will see the Australian Government increase hospital funding and ease looming pressure on state/territory budgets. A proposed new agency will pool all funding and direct it to new health and hospital networks. Activity-based funding will be nationally implemented, as will new performance and transparency arrangements. Regional health and hospitals networks and primary healthcare organisations (Medicare Locals) will become the major regional service providers. These structures will be located in common geographic regions to maximise the interface between hospitals and primary care as well as aged care.

The reforms also incorporate strategies for prevention and primary health care. Some stakeholders have noted that, while integration through health reform represents a step in the right direction for service delivery, these arrangements do not sufficiently include a wide enough range of sectors, such as oral health and mental health, or increase focus on community-based and preventative services versus acute services. Implementation of Medicare Locals may enhance this focus.

Health Workforce Australia

Health Workforce Australia (HWA) became operational in 2010. Its activities span the four major areas of workforce planning, policy and research; clinical training; innovation and reform of the health workforce; and recruitment and retention of international health professionals. HWA is progressing an extensive work plan¹⁷ against these four areas. Key activities include:

- > establishing a nationally consistent workforce-planning framework, with workforce scenarios to 2025
- > developing a national strategy for health workforce innovation and reform to guide investment by HWA and other stakeholders
- > expanding clinical placements and regional coordination of placements across 30 professions
- > undertaking 20 new 'caring for older Australians' workforce innovation projects
- > completing an Aboriginal and/or Torres Strait Islander health worker workforce review to support pending registration
- > providing funding for simulated learning environments for the development of professional and VET roles.

Better coordination and expansion of clinical placements should provide an avenue for greater integration and workforce innovation across community services and health, by increasing the participation of community services organisations in hosting placements.

Health reforms guarantee investment to support the hospital system and provide better linkages between acute and primary care but also highlight the need for more integrated and client-focused services

¹⁷ Health Workforce Australia, Workplan December 2010 Progress Report, www.hwa.gov.au.

1.2.5 National Compact and Not-for-Profit Sector Reform Council

The National Compact has been established between the not-for-profit/'third' sector and government to strengthen partnerships and collaboration. The compact aims to build a stronger third sector in Australia and, through this, drive innovation, wellbeing and sustainability in communities. There are more than 500 National Compact partners, and most of these represent employers within the community services industry.

The council provides an avenue to improve skills and workforce development components in contracts for community services.

A new Not-for-Profit Sector Reform Council has also been established to drive reform in the sector. The council will examine the scope of a national 'one-stop shop' regulator, provide advice on streamlining tendering and contracting processes for government-funded not-for-profit organisations, consider the harmonisation of federal, state and territory laws on fundraising and support the implementation of the National Compact: *Working together*.

The council provides an avenue to improve skills and workforce development components in contracts for community services.

1.2.6 Children's services policy agenda

Significant change in the children's services sector is being driven by the Australian Government's policy agenda for early childhood education and child care. A new National Quality Framework has been established in partnership with all state and territory governments, and its implementation commenced on 1 July 2010. A new National Quality Standard covering seven areas will be used to measure early childhood education and care services. Area 4 in particular will have significant impact, introducing mandated qualifications for most children's services as well as changes to staff-to-child ratios. The removal of public training provider fees has already resulted in a large increase in delivery of the Diploma of Children's Services (Early Childhood Education and Care) in 2009.

The new National Quality Standard introduced mandated qualifications for most children's services as well as changes to staff-to-child ratios. A focus on improving quality of training and career pathways is still required.

Other elements of the policy agenda include the introduction of the Early Years Learning Framework and the development of *Investing in the early years: A national early childhood strategy*. This strategy responds to evidence of the importance of early childhood development and the benefits – and cost-effectiveness – of ensuring that all children experience a positive early childhood, from before birth through the first eight years of life. The strategy proposes an integrated and interdisciplinary model of service delivery that focuses on supporting families and communities to improve the health and wellbeing of children in their early years of development.

New services, work roles and skill sets will be needed to support an integrated early childhood development approach across community services and health. The early childhood development approach is client focused and integrated; however, tension remains between education and care due to the structural separation of workers in care roles being prepared by the VET sector and early childhood teachers being prepared by the higher education sector.



1.2.7 Aboriginal and/or Torres Strait Islander participation in education and work and Closing the Gap

- > Extensive investment in public health and health promotion through Closing the Gap initiatives, including those targeting the early years, and through the Indigenous Chronic Disease Package, is influencing the expansion of the workforce.
- > Health Workforce Australia (HWA) is currently undertaking a major workforce development project that aims to identify how the Aboriginal and/or Torres Strait Islander health worker workforce can be strengthened to deliver care in response to the known burden and distribution of disease within the Aboriginal and/or Torres Strait Islander populations. The project will inform the registration and accreditation of Aboriginal and Torres Strait Islander health workers in 2012 and the development of national standards, scope of practice, workforce roles, career pathways and interaction with other health professionals.
- > While there is a strong focus on Aboriginal and/or Torres Strait Islander health services, a stronger focus is needed on the community services workforce, the integration of community services and health and the non-government community services sector funded by government to deliver vital services.
- > Very high numbers of Aboriginal and/or Torres Strait Islander people are currently enrolled in and completing VET qualifications. VET is an effective pathway from school to work and into higher education.
- > Additional initiatives to assist Aboriginal and/or Torres Strait Islander people to 'break through' the Certificate III barrier are required, including initiatives that target language, literacy and numeracy development.
- > Effective models and approaches used to engage Aboriginal and/or Torres Strait Islander students in the higher education sector are multifaceted and include early and sustained establishment of relationships with potential students (as early as junior high school). These approaches focus on the depth and breadth of the relationship developing slowly over

VET is an effective pathway from school to work and into higher education, and while there is a strong focus on Aboriginal and/or Torres Strait Islander health services a stronger focus is needed on the community services workforce.

The number of informal carers is expected to drop due to the decrease in family sizes, preferences of some clients, increase in single or divorced people and increase in workforce participation, especially by women. Carers play a significant role in enabling people to stay in their own homes.

time to build trust; alternative pathways into courses, including academic, social and personal support and mentoring; culturally appropriate campuses and culturally safe places to seek support and network; and relevant Aboriginal and/or Torres Strait Islander health and cultural curricula.

1.2.8 Role of carers

In 2009, 2.6 million carers provided assistance to people who needed help due to disability or old age.¹⁸ The number of informal carers is expected to drop due to the decrease in family sizes, preferences of some clients, increase in single or divorced people and increase in workforce participation, especially by women. Carers play a significant role in enabling people with disabilities, older people and people with mental illness to stay in their own homes. This expected reduction in the number of

18 Australian Bureau of Statistics, 2010, *Disability, ageing and carers, Australia: Summary of findings, 2009*, ABS Cat. No. 4430.0.

informal carers may create an added hurdle to meeting increasing and changing demands for services in community settings and in clients' homes.

A National Carer Strategy is currently under development to improve recognition and outcomes for carers, as well as their levels of employment, education and wellbeing. Stakeholder feedback to this Environmental Scan has identified that greater support is needed to assist people's transitions into and out of carer roles. As carers develop skills similar to those in the traditional workforce, recognition of their existing skills against competency standards may assist in the transition into work roles in the community services and health industry for those carers choosing this option. Other areas of focus for strengthening carer roles includes support for young carers under 18 years of age and support in regional areas.

1.3 Education, skills and workforce development factors

Demand for community services and health care is growing, resulting in the need for new and changing roles and services. Changes in the education, skills and workforce development sectors provide opportunities and challenges for community services and health workforce policy and reform.

1.3.1 Education regulation changes

A new national VET regulator (NVR) will become operational in 2011. It will be responsible for national standards for regulation, including registered training organisation (RTO) registration, quality assurance and accreditation of VET qualifications. The new national regulatory model will place increased emphasis on active monitoring and the investigation of risk.

The NVR will work with industry skills councils to identify risks to the quality of VET and to increase industry confidence in the quality of the training and assessment of RTOs. Industry Engagement Officers will manage the NVR's relationships with industry bodies, including occupational licensing bodies, industry regulators and industry skills councils. Market intelligence will be shared through these processes and formal agreements developed and maintained with the NVR and industry bodies to inform the NVR's risk analysis team and its actions.

The establishment of the NVR provides an opportunity to improve national training and assessment consistency in community services and health sectors such as aged care, disability, alcohol and other drugs, children's services and allied health assisting. More consistent outcomes are needed to support quality, safety and delegation between professional and senior support/assistant roles.

Also becoming operational in 2011 is the new higher education regulator, the Tertiary Education Quality and Standards Agency (TEQSA). TEQSA will register higher education providers, evaluate their performance, monitor the quality of international education and streamline current regulatory arrangements.

It is intended that the NVR and TEQSA will merge in 2013 to form a single tertiary sector regulator. This may enable the better articulation needed between the VET and higher education sectors to support workforce change and career pathways in community services and health. The value of the different sectoral approaches, however, must be retained and enhanced.

New regulations need to improve quality and consistency of skills supplied to industry.



1.3.2 Workforce development agenda

A new workforce development agenda emerged in 2010, led by Skills Australia's *Australian workforce futures: A national workforce development strategy*. *Workforce futures* outlines workforce growth scenarios for the Australian economy to 2025, and identifies the potential need for 9 million new and replacement workers. Community services occupations are cited as being expected to experience the most significant growth to 2025.

The emergence of a workforce development agenda comes as Australia ranks only at mid-levels in OECD-rated productivity growth. *Workforce futures* calls for better use of existing skills and leveraging of existing funding for VET on more strategic workforce development activity and innovation. Such activity would include focusing on job design, recruitment and retention, management and leadership and improving links between worker performance and enterprise business strategy.

Following on from *Workforce futures*, Skills Australia has also proposed a rethink of VET through its 2010 discussion paper *Creating a future direction for Australian vocational education and training*. In the CS&HISC response to this paper, we noted that the training agenda has not had the required impact on productivity or on enterprises' take-up of competency standards, and that a new focus on workforce performance is needed to increase the capacity of organisations to meet demand and improve productivity.¹⁹ Responding to the Productivity Commission review of the VET workforce, we note that teaching and training processes and roles should refocus on workplace learning facilitation, performance improvement and organisational development.

VET reform and the emergence of a workforce development agenda must be harnessed to support industry and skills growth in the community services and health industries (particularly community services), and continuing stakeholder input into these processes is critical.

Diagram 1 on the following page shows how the community services and health needs of the Australian population, now and in the future, are (or could be) addressed through workforce development and reform.

Changes and growth in the workforce are driven by the changing status of the population and the burden of disease. Reform orientation of health and community services structures responds to consumer needs by changing service delivery approaches, effectively using the existing workforce and planning for the future workforce. More consumer-focused approaches are influencing integration and sectoral change across the health and community services industries.

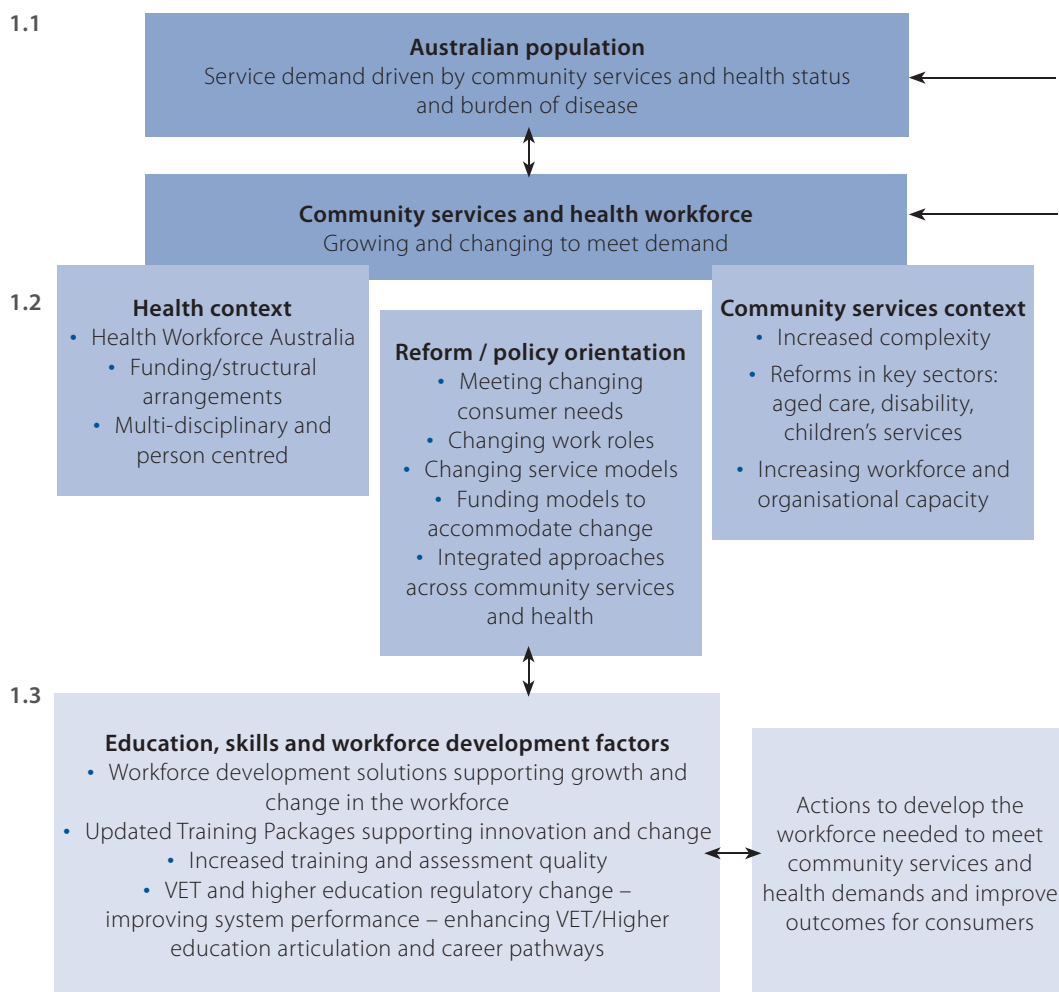
Workforce development and reform is enabled through industry-based strategies and plans and by leveraging and influencing policy and funding located in the education, skills and workforce development sector.

Actions to enable workforce development and reform are measured against improved community services and health outcomes for the Australian population.

Australia must leverage its investment in VET towards workforce development solutions beyond the delivery of skills and qualifications only.

¹⁹ CS&HISC, 3 December 2010, *Creating a future direction for Australian vocational education and training* (discussion paper submission) www.cshisc.com.au.

Diagram 1 – EScan 2011: meeting health and community services needs through workforce growth and reform



Identified workforce development needs



2. Identified workforce development needs

Workforce development needs in the community services and health industries, and the trends affecting these needs, remain relatively constant. Table 3 on the following pages updates the workforce development challenges and implications for 2011, building on those identified in previous years' Environmental Scans.

The need for new or expanded roles and functions in cross-disciplinary practice, case management, case coordination and service coordination are emphasised to address the increased focus on client functional independence, as are the greater complexity in client needs and the demand for more client/person-centred service delivery approaches.

Workforce planning skills are not widely available in community services and health, and these skills are needed to prioritise education, training and career development opportunities. These skills are needed at the organisational level as well as at sectoral, state/territory, regional and national levels. The need for increased management and leadership capacity is emphasised again, especially in order to facilitate change.

Stakeholders have again identified the likely increase in more multiskilled assistant roles with a common foundation articulating into more specialised roles, and working across the allied health, nursing and medical professions.

Some stakeholders have proposed a merger of the HLT07 Health and CHC08 Community Services training packages as a strategy to enable production of a workforce that is more integrated and focused on current and future client needs.

Stakeholders have also identified the need to enhance workforce supply through increased community awareness of changes in industry and how job roles, education and training and careers contribute to future service delivery. Raising the profile and capacity of the industries is also needed to battle the drift of workers to other industries in a strong economy, especially in Western Australia and other resource-rich regions.

Cluster-based or regional approaches enable the breadth of stakeholders to identify workforce development and skills problems, draw on existing policy and resources and design specific and sustainable solutions. These approaches should be actively fostered in the community services and health industries, with outcomes evaluated and disseminated to support future collaboration and policy directions.



Table 3: Workforce development challenges and implications

Challenge	Implications
Shift towards service models that emphasise prevention, primary, community and home-based services, client functional independence and person-centred approaches	Need for increase in funding and coordination to meet more complex skills and workforce development requirements within sectors
	Training packages to integrate skills as they emerge
Need to build leadership, management and workforce planning and change capacity	Need to develop new roles to support workforce planning, job design and change management
	Greater uptake of supervision/management streams in training packages, and changes to packages where required
	Improved career pathways and remuneration
Increased complexity of client needs	Increase in demand for workers with higher-level skills, especially higher-level clinical skills
	Increase in funding and coordination to meet skills and qualifications requirements within sectors
Increased use of assistant and advanced practitioner roles	Development of career pathways into specialist and professional service-delivery roles
	Strengthening of assistant roles working across allied health, nursing and medical areas in the community services and health industries
	Supplementing of certificate and diploma-level training package qualifications with higher-level qualifications, such as advanced practice and management roles and other skill sets
	Development of multi-specialty practice or multidisciplinary teams within primary care that involve allied health, nursing and medical practitioners
	Need to work with and reform occupational licensing arrangements
Policy focus on integrated models of service delivery	Using health industry reform processes to promote and establish more integrated approaches and further reform
	Further development of training packages to promote cross sectoral/industry skill and competency clusters
	Development of cross-sectoral/industry career paths
	Development of a system of registration and accreditation to assist in labour flows of health professionals across states and territories

Challenge	Implications
Need to enhance capacity in community services	Need to implement community services-wide and targeted sector strategy and planning that addresses key workforce development areas, including conditions, recruitment and retention, skill development and training, job design and sustainable employment structures
	Workforce strategy, planning and sustainability to be reflected in funding and policy arrangements
	Need to address pay inequity between government and not-for-profit agencies
	Need to develop classification structures within awards that promote well developed career pathways and include skill formation/training drivers
	Need to develop better VET-higher education articulation pathways that map to career structures
	Need to explore skilled migration strategies for aged care and disability sectors
Labour shortages in rural and remote areas	Greater need to change skills mixes and work practices to address shortages of doctors, nurses and allied health professionals
	Need to fund regional projects driven by key stakeholders at local level, to produce collaborative and sustainable workforce planning and development solutions
	Need to improve technologies that provide remote access to specialist advice
	Need to increase e-learning and simulation centres to improve access to training
	Need to increase clinical placements in rural and remote areas
Increased use of technology in service delivery and workforce development	Need to increase e-learning and simulation centres to train staff more cost-effectively
	Need to increase focus of technology in work roles, improving service delivery and attracting new workers



2.1 Community services

The increase in complexity of clients' needs is a continuing factor affecting workforce development in the community services industry. The community services industry and workforce is predicted to increase significantly over the next 15 years, and in order to meet this growth, along with the changing demands and more integrated services, the industry must expand its capacity.

The industry's reliance on public funding for the delivery of community services through contracting mechanisms means that "government policies and programs shape the financial and operational context within which non-government agencies work, and the constraints within which ... the workforce is managed".²⁰ The complexity of work in the community services industry has increased in advance of the structure of these arrangements. Future arrangements will need to enable the capacity and sustainability of the workforce required to deliver services.

A number of workforce strategies and plans have been produced recently within sectors of the community services industry. Common themes have emerged from these which should potentially inform all-of-industry responses. They include:

- > raising the profile of the community services industry and its various sectors to support the attraction of new workers
- > enhancing worker transferability within the community services and health internal labour market by highlighting links between key sectors such as aged care, disability, mental health and children's services
- > improving funding arrangements to include conditions of employment required for effective service delivery; competitive arrangements can erode conditions and service quality
- > improving coordination between stakeholders across sectors; lack of coordination can limit access in competitive environments
- > redesigning jobs to reflect the complexity of work, especially where work has been undervalued such as in community mental health and disability services
- > improving the quality outcomes of training systems and taking advantage of the new workforce development agenda.

Recent sectoral strategies and plans have been produced in the disability, mental health and family relationships sectors with themes commonly affecting other sectors, such as the youth and social housing/homelessness sectors. The Productivity Commission's *Contribution of the not-for-profit sector* report recommended that workforce planning be undertaken across the community services industry to support growth.²¹ The range of work undertaken in this area provides scope for pan-sectoral/all-of-industry planning, and a range of individual sectoral plans could also be implemented. The workforce development agenda led by Skills Australia and recommending greater investment in workforce development activity broader than training should also be leveraged to support growth in community services.

The equal remuneration case for community services currently being heard by Fair Work Australia aims to increase wage rates for community services workers to equitable levels and



²⁰ Meagher, G & Cortis, N, *The social and community services sector in NSW: Structure, workforce and pay equity issues*, Faculty of Education and Social Work, University of Sydney, 3 April 2010, retrieved from www.industrialrelations.nsw.gov.au.

²¹ Productivity Commission, 2010, *Contribution of the not-for-profit sector*, Productivity Commission Report, Commonwealth of Australia

make the industry more competitive in the labour market. CS&HISC made two submissions to this case outlining the complexity of work in the industry and drawing on the structure of the CHC08 Community Services Training Package,²² as well as demonstrating how work is undervalued in the disability services²³ and community mental health²⁴ sectors. Increased wage levels reflected by increased funding by governments would be a significant step for community services workforce growth and enhanced service delivery.

Workforce development in community services is crucial to key Australian Government agendas, including social inclusion and the National Compact with the not-for-profit sector. The Australian Government's minister for social inclusion recently announced the formation of a Not-for-Profit Sector Reform Council. One of the functions of this council will be to provide advice on streamlining tendering and contracting processes for government-funded not-for-profit organisations. The council's agenda may also potentially address community services workforce development issues and solutions through policy, programs and contractual structures.

Disability services

Demand for disability services is growing at a rate of about 7.5 per cent per year.²⁵ Clients have more complex health needs, dual or multiple disabilities, substance use problems and challenging behaviours. Person-centred planning and personalised approaches to support are expanding, and the provision of standardised services in specialist facilities is declining. The abilities of workers need to expand to achieve good outcomes through negotiation with people with disabilities, their families and communities, often in unsupervised environments. Community development approaches also need to be expanded to support personalised services. Another challenge is that more clients have had recent contact with the criminal justice system and/or substance use problems, and workers often do not have the skills or experience to deal with the extent of these multi-layered issues.

Individual/personalised funding will increase client-directed services, including those drawn from mainstream areas such as hospitality and domestic cleaning. This model may give rise to greater demand for coordination, information and advocacy to support consumer choices. There is also the potential for disability services consumers to access training and skill development to support the management of their own services. People with disabilities may also play a greater role in training for disability workers in person-centred practices.

Another workforce development challenge is the need for more allied health therapy services. A recent valuable program targeting support for children with autism will soon be extended to children with other disabilities. Due to the popularity of the program its expansion is likely to exacerbate the shortage of therapy services. The continuing expansion of the mining industry will also place increased pressure on disability services workforce growth.

As part of the National Disability Strategy, the Australian Productivity Commission is undertaking an inquiry into a long-term care and support scheme for people with disability in Australia. The study will consider the establishment of a national disability insurance scheme

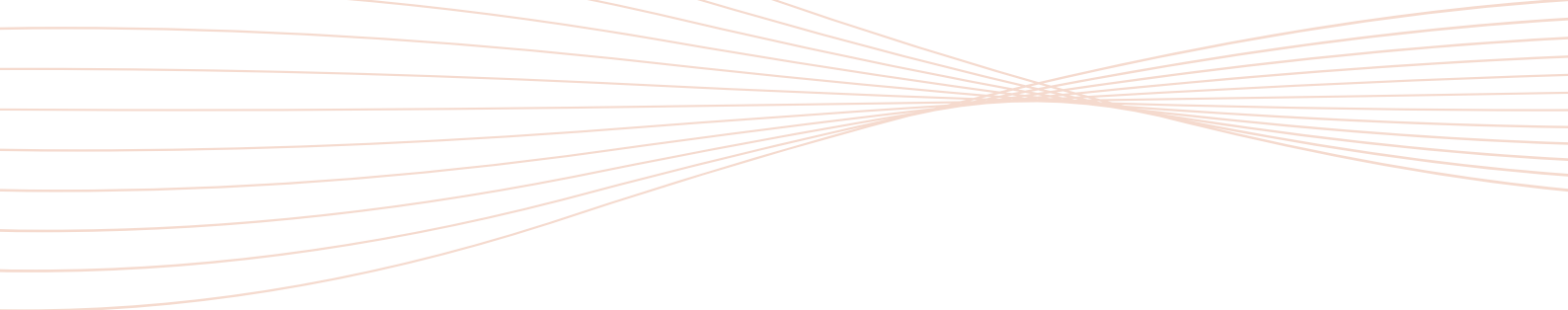
22 CS&HISC, 12 October 2010, *Witness statement W4, Australian Services Union, Fair Work Australia*.
www.fairwork.gov.au, equal remuneration case.

23 CS&HISC, October 2010, *An examination of workforce capacity issues in the disability services workforce: Increasing workforce capacity* (publication forthcoming, pending approval by government agencies).

24 CS&HISC, October 2009, *Mental health articulation project synthesis report: Main findings and recommendations*,
www.cshisc.com.au.

25 Disability Investment Group, 2009, *The way forward: A new disability policy framework for Australia*, p. 13, FaHCSIA, Canberra.





which would establish universal service provision based on need. If adopted, the implications will be far reaching, as service and workforce design would fall in behind such a scheme. Submissions to date appear supportive of the proposed scheme.

Stakeholders have recommended enhancing the person-centred skills of health professionals, as they are often the first point of contact within community services and health for people with disabilities.

Ageing and disability issues are increasingly converging, and policy approaches will be expected to support greater links between the sectors. The separate Productivity Commission studies in aged care and disability report due in mid-2011 are also expected to acknowledge this convergence.

CS&HISC recently completed a disability workforce capacity project on behalf of state/territory and Australian Government disability agencies. This report is forthcoming pending review by relevant state/territory ministers with responsibility for disability services. The report addresses capacity issues common across community services areas, including recruitment, service funding, job design, employment standards and training quality.

The United Nations' Convention on the Rights of Persons with Disabilities and the potential national disability insurance scheme are key drivers for the design of future services and workforce, as is the overarching National Disability Strategy.

Mental health services

A new National Mental Health Workforce Strategy and Plan is forthcoming. CS&HISC was involved in the development of this strategy, which promotes greater integration across community-managed, government and consumer stakeholder approaches. Better integration and collaboration across different services, with clients as the focus, should improve client outcomes provided through bio-medical and recovery-oriented models.

The peer and consumer workforce is gaining stronger currency in the mental health sector, and CS&HISC is currently adding peer/consumer worker competency standards to the CHC08 Community Services Training Package. The community-managed mental health sector is represented by state/territory peak groups as well as the national body Community Mental Health Australia (CMHA). CMHA is an emerging body that in 2010 made progress in establishing a strategic direction.

A number of research studies are forthcoming in the community mental health area, including a review of the Queensland community mental health workforce, the national plan and a national workforce study commissioned by the National Mental Health Workforce Advisory Committee. The Community Services and Health Workforce Council in Queensland is developing a community mental health skills formation strategy over the next 18 months. This strategy aims to determine workforce and skills solutions through collaboration with service providers and other stakeholders, with an initial focus on specialisation, education and training, growth and professional identify.

As with the disability services sector, there are common issues for workforce growth across the community mental health and other community services sectors, such as retention, funding to support workforce development activity, competitive pay levels and job design. The range of workforce strategies and demonstrated impact of community mental health services will support expanded investment in these services.

The recent report *Community-managed mental health in Victoria: The case for investment* highlights the case for more community mental health services. The report draws on recommendations in the CS&HISC *Mental health articulation* report, which supported integration across medical, talking and social rehabilitation approaches and identified the need to “systematically assess the skills and knowledge required to work effectively in the sector, with a view to developing a unified body of psychosocial practice from which to derive an evidence-based workforce strategy”.²⁶ It also highlights the risk of fragmented care under new national health reforms under which Medicare Locals take on high-prevalence mental illness and acute hospitals take on low-prevalence psychotic disorders. Recovery-oriented approaches require a holistic perspective, and policy arrangements that split responsibility by mental disorder may be counter to successfully designed services and work roles.

Stakeholder feedback on training package development has recommended enhancing care coordination roles and expanding the skills needed to respond to increasingly complex client health and social problems, including trauma-informed care and provision of talking therapies. As indicated above, previous reports have recommended further work on the design of new roles and broader workforce strategy to enable the sector to address increasingly complex needs and develop more integrated and client-focused approaches across the *medical–talking therapies–social rehabilitation* continuum.

Alcohol and other drugs and intersecting sectors

Increased complexity of client issues in the alcohol and other drugs sector means workers are dealing with a range of factors including criminal justice, intellectual disability, acquired brain injury, past trauma and child protection. Similarly, substance use issues arise in other sectors. These sectoral crossovers illustrate how future services need to be more integrated. The Australian Centre for Child Protection is currently leading a project titled ‘Protecting and nurturing children: Building bridges between services, building capacity within services’, which will identify links between children’s and adults’ services including alcohol and other drugs services.²⁷ The project will be carried out at 12 sites around Australia and will develop strategies to:

- > increase the knowledge and skills of practitioners within adult services to provide “child and family inclusive practice”
- > enhance the capacity of adult services and children’s and family services to work together.

A recent National Centre for Vocational Education Research (NCVER) report, *The role of VET in alcohol and other drugs workforce development*, based on research with employers, identified the potential for entry-level qualifications above Certificate IV and for new qualifications at vocational graduate level to address increasingly complex needs. The report also noted employers’ experiences of variable quality of training and assessment, but suggested that improved relationships between alcohol and other drugs employers and the VET sector would improve quality.

²⁶ Psychiatric Disability Services of Victoria (VICSERV), August 2010, *Community-managed mental health in Victoria: The case for investment* (discussion paper).

²⁷ White, M, Australian Centre for Child Protection, University of South Australia, ‘The protecting and nurturing Australia’s Children: building bridges between services, building capacity within services project, ACWA E-news, www.acwa.asn.au/ACWAeNews/acwaenewsarticle.php?recid=51 (accessed February 2011).





Children's services

The children's services sector is currently undergoing reform at national level, with key initiatives including the establishment of the national Early Years Learning Framework, a New Quality Standard and the implementation of a minimum level of teacher-led care. The National Quality Standard specifies minimum qualification requirements, as well as requirements for a "pedagogical leader".

A recent NCVER study highlights the fact that, although we have moved to an early childhood education and care approach, the separate VET (care) and higher education (education) streams for supplying skills and workers make the integration of these approaches difficult.²⁸ Further, wage levels for lower- and mid-level workers do not compete with other industries, and those of early childhood teachers similarly do not compete with those of their primary school counterparts. Wage parity, better articulation between skill levels and the formation of a more unified education and care identity may collectively improve retention. The NCVER study also highlights the highly variable results of training providers delivering children's services qualifications, and states that this issue is adversely affecting the sector and the value of government investment in training.

The CS&HISC Environmental Scan 2010 noted the establishment of the national early childhood development strategy, *Investing in the early years*. Early childhood development (ECD) services respond to a wide range of issues relating to children's education, care, health and wellbeing. The broad scope of service delivery as proposed in the strategy demands a qualified multidisciplinary workforce with up-to-date knowledge and skills in all aspects of early childhood development, as well as effective operation within an integrated service model and practice that is child and family focused. CS&HISC has proposed the development of new national competency standards and qualifications in the area of ECD, and this proposal is currently being considered by the Department of Education, Employment and Workplace Relations (DEEWR). The Productivity Commission commenced a study on the ECD workforce in October 2010 (the scope of this study also includes early childhood education and care). ECD services cut across traditional service-delivery silos, and the training package competency model similarly cuts across occupational silos. Work in this area has the potential to improve social outcomes for children and families through more integrated service delivery. In response to the National Quality Standard, there may also be scope to develop qualifications and/or competency standards reflecting the pedagogical leader.

CS&HISC has also recently completed a workforce study in the family day care sector which recommends enhancing small business skills and new skills for family day care coordinators, and providing better training, assessment and recognition approaches for workers who are sole traders and in many cases from culturally and linguistically diverse backgrounds.²⁹

Aged care

Key drivers in aged care include an ageing population, a government policy push towards community care and increasing consumer choice and expectations. Stakeholder submissions to this Environmental Scan have noted that the focus on community-based approaches to aged care has seen a reduction in the growth of low-care services in aged care.

28 Bretherton, Tanya, 2010, Workplace Research Centre, University of Sydney, Developing the child care workforce: Understanding 'fight' or 'flight' amongst workers, National Centre for Vocational Education Research (NCVER).

29 CS&HISC, *Family Day Care Workforce Development Research Project Final Report*, 2011 (forthcoming)

New and changing work roles and related issues include the following.

- > Registered nurse shortages are seeing enrolled nurses take on enhanced roles.
- > Consumer-directed care is seeing an increase in case manager, informant and advocacy roles.
- > Nurse practitioners are increasingly being employed.
- > Care workers are increasingly the key workers in aged care settings.
- > Emerging roles are developing that involve the operation and maintenance of assistive technology.
- > There are shortages of allied health workers in particular, as well as of other occupations, in regional and remote areas.

Care workers often do not have the required skills, even when they have the required qualifications. For this reason, stakeholders have reported a shortage in skilled care workers. Stakeholders have also reported a need for greater government investment in allied health services and in assistive technologies.

Dementia care and palliative care remain key areas of focus for future work roles. It is estimated that by 2026, more than one quarter of people aged over 80 in Australia will be from culturally and linguistically diverse backgrounds.³⁰ A National Palliative Care Strategy has been released which recommends access to palliative care skills across all care worker roles.³¹

The Australian Government implemented the Aged Care Education and Training Incentive program to run between 2010 and 2014. Under this program, existing care workers and enrolled and registered nurses will receive payments of up to \$3000 to complete qualifications.³²

As outlined in Section 1, the maintenance of clients' functional independence was identified in last year's Environmental Scan, and the Productivity Commission's Caring for older Australians report is a key driver for future services and work functions.

Some stakeholders have also proposed that migration policy should be used to support expansion of the nursing and care worker workforce.

Employment services

Employment services is a smaller sector within community services, but one that has the potential to play a key role in increased participation in the community services and health (and other) industries. There is high worker turnover in this sector, as competition is strong between this and other community services sectors. The National Employment Services Association is developing a new professional recognition framework to develop the sector as an employer of choice. The employment services sector has the potential to attract older people interested in re-entering the workforce in a different industry from the one they retired from. The Enterprise Based Productivity Places Program has been successful in this sector with the take-up of Certificate IV in Career Development.

30 Benevolent Society and Social Policy Research Centre, 4 October 2010, 'Supporting older people from culturally and linguistically diverse backgrounds', *Research to Practice Briefing*, Benevolent Society.

31 Australian Government Department of Health and Ageing, *Supporting Australians to live well at the end of life: National palliative care strategy 2010*.

32 Australian Government Department of Health and Ageing, Aged Care Education and Training Incentive Scheme, www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-aceti.htm (accessed February 2011).

2.2 Health

Major health industry developments in 2010 included Health Workforce Australia increasing its operations, the establishment of the Australian Health Practitioners Regulation Agency on 1 July and the progression of national health reforms.

As outlined earlier in this Environmental Scan, Health Workforce Australia (HWA) is progressing a broad agenda across four main areas: workforce planning, policy and research; clinical training; innovation and reform of the health workforce; and the recruitment and retention of international health professionals. A major focus for HWA in 2010 was the national roll-out of clinical placements across more than 20 health professions and the related establishment of regional coordination networks for these placements. HWA is now developing a single national model for health workforce planning, and has set workforce scenarios for up to 2025. The new regional clinical networks provide a potential avenue to foster innovation and reform at local level. There is potential scope for greater engagement of community services organisations both as clinical placement hosts and as sites for the development of new roles and approaches. HWA is also developing a national strategy for health workforce innovation and reform to guide investment by HWA and other stakeholders.

CS&HISC has established relationships with HWA and will be seeking to work in partnership with HWA to progress identified workforce development priorities. Key challenges for health workforce reform include engagement with the community services industry to foster more integrated and client-focused services, development of new roles and articulation of skills and careers at all levels.

The Australian Health Practitioners Regulation Agency (AHPRA) became operational on 1 July 2010, with national registration boards established for the main health professions. AHPRA coverage of VET sector roles includes enrolled nurses and dental prosthetists. Aboriginal and/or Torres Strait Islander health workers are scheduled for addition in July 2012. AHPRA has increased the International English Language Testing System (IELTS) score required for registration of health professions, and stakeholders have identified that this may present barriers to workforce growth through skilled migration. Another key change is that, from 2014, holders of Certificate IV enrolled and division 2 nursing qualifications will not be eligible for registration; leaving the Diploma only, as the registration qualification.

As identified in Section 1, in early 2011 a national agreement was reached between all Australian governments on hospital and health funding arrangements. Key changes include moving to equal funding between the Australian Government and the state/territory governments, with all funding to be distributed via a single national agency to health and hospital networks administered by state/territory governments. Medicare Locals will complement these networks through the provision of primary health care. Some stakeholders have noted that, while integration through healthcare reform represents a step in the right direction for service delivery, these arrangements do not include a sufficiently wide range of sectors, such as oral health and mental health, or increase focus on community-based and preventative services rather than acute services. The implementation of Medicare Locals may enhance this focus.

The new health and hospital arrangements will see a shift to case-mix/activity-based funding models nationally, which in turn will see enhanced roles for information managers and clinical coders. There is scope for new or expanded qualifications in this area at Certificate IV, diploma

and/or vocational graduate levels.

Occupational shortages are reported across a wide range of professions and specialties in the health industry. The scope and demand of nursing roles has expanded for both registered and enrolled nurses. Stakeholders currently report adequate nursing supply at university and VET levels; however, the large nursing cohort will be particularly affected by retiring 'baby boomers'.

Changing roles and emerging models

Changing roles and emerging models in health were identified as areas for future workforce development in the 2010 Environmental Scan. There are strong roles for allied health professionals in the day-to-day management of complications associated with ageing and chronic disease. A focus on improving and restoring function allows people to continue living independent and healthy lives in their own homes. Opportunities to address this issue include developing new multi-speciality services and multidisciplinary teams cutting across allied health professionals, medical practitioners and nurses, and increasing uptake and/or establishment of allied health assisting roles.³³

There will need to be a continued focus on ensuring that workforce development support is in place for new roles, which will involve updating training package qualifications, competency standards and skill sets. The training packages continuous improvement work plan includes examining links between key client support and assistant roles in the HLT07 and CHC08 training packages, especially between the direct client care (HLT07) and individual client support (CHC08) groups. Stakeholders have also identified the potential for higher-level allied health assistant roles (at diploma level) focusing on specialist functions and/or team leadership.

Work on new and integrated training package content in these areas is in the early stages and will require specific input from sectors, workplaces and regions seeking to implement new roles. Evidence bases about new roles should be clear, well supported and well communicated, as introduction of these often meets with resistance within professional groups where views may be diverse. However, professional associations have also been some of the strongest drivers for new roles in the past. New submissions proposed by stakeholders for addition to HLT07 include establishing social work assistant and orthoptic assistant roles.

Other emerging models are being driven by public health services seeking to limit client time spent in acute/hospital settings through better engagement with community-based services. Health coach roles are also being established by public health services to provide telephone-based advice and promote chronic disease self-management approaches.

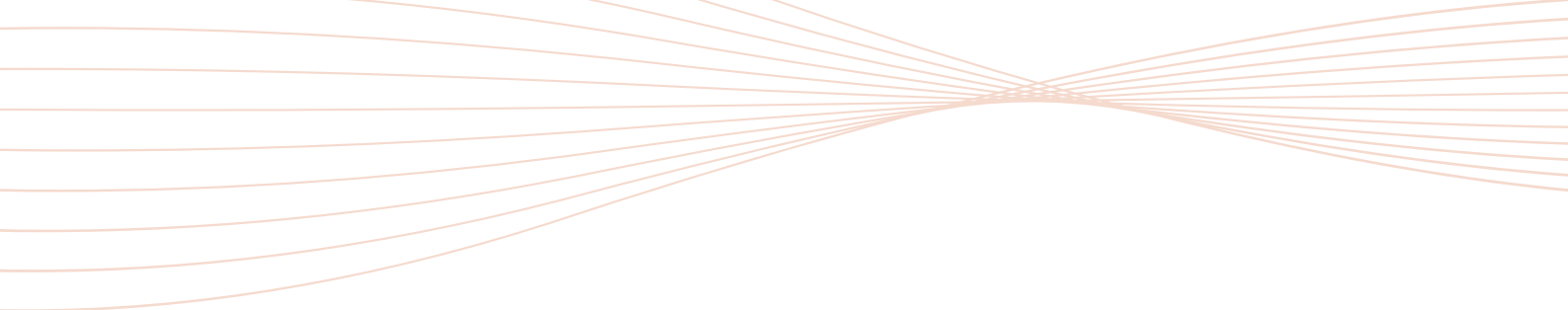
Complementary and alternative health care

Between 2003 and 2008, the number of complementary therapists in Australia grew by 61 per cent to 23,400.³⁴ Many complementary health services are covered by private health insurance, and 693,000 rebates were paid in 2008. This is about one-quarter to one-third the number of rebates paid for mainstream services such as physiotherapy and optical services. Relevant complementary health practitioners see training package

³³ CS&HISC, 2010, *Environmental Scan 2010*, pp. 18–19.

³⁴ *Australia's Health 2010*, pp. 356, 447–448, Australian Institute of Health and Welfare (AIHW).





qualifications as core to their professional identity, client safety and quality, and client and health fund confidence. This has been reaffirmed through CS&HISC consultation regarding changes to training package rules in 2010. Complementary health services are not subject to occupational licensure as the health professions are; however, practitioners must meet requirements such as the Code of Conduct for Unregistered Health Practitioners, established under the *Health Legislation Amendment (Unregistered Health Practitioners) Act 2006* in NSW. Traditional Chinese Medicine is, however, scheduled to be added to the national registration and accreditation scheme for the health professions in 2012.

Demand for remedial massage therapy is expanding, and is often located within allied health practices. The ageing of the population is one factor driving this expansion, as it is in other areas, and services are increasingly sought for preventative and rehabilitation purposes rather than for relaxation. The remedial massage therapy sector is exploring the development of a scope of practice to enhance quality and consistency of services. Similarly, greater consistency is needed in the implementation of qualifications, and some changes to competency standards and qualifications are recommended to enhance assessment consistency.

Aboriginal and/or Torres Strait Islander health and participation in the community services and health industries

Aboriginal and/or Torres Strait Islander people accounted for 3 per cent of Australia's total population, or 560,000 people, in 2010. A few years earlier, close to one-third of Aboriginal and Torres Strait Islander people lived in major cities, while just under one-quarter lived in remote areas. In contrast, the total population is much more concentrated, with more than two-thirds of people living in the major cities and only 2 per cent in remote areas.³⁵

Aboriginal and/or Torres Strait Islander peoples' participation in VET is strong, with this group accounting for 5 per cent of CHC08 Community Services and HLT07 Health training package enrolments in 2009. Effective community services and health care delivered to and by Aboriginal and/or Torres Strait Islander people can improve health and wellbeing outcomes and provide employment participation and careers.

Enhanced health and life outcomes for Aboriginal and/or Torres Strait Islander people are currently driven in a top-down approach through the implementation of Closing the Gap and other national policy frameworks and initiatives. These have led to a strong focus on Aboriginal and/or Torres Strait Islander health and on corresponding Aboriginal and/or Torres Strait Islander engagement in education and training and participation in the health workforce.

At present there is limited level of corresponding activity in community services. This may in part be due to the lack of community services workforce data available, but it is also due to the absence of national research and projects with a focus on the Aboriginal and/or Torres Strait Islander community services workforce. In 2010 CS&HISC produced a series of multimedia resources profiling participation in community services work roles. Further CS&HISC products supporting increased participation will be released in mid-2011.

As indicated earlier in this Environmental Scan, national registration and accreditation of Aboriginal and/or Torres Strait Islander health workers is scheduled for July 2012. Health Workforce Australia will be making a recommendation to the Australian Health Practitioners Regulation Agency regarding arrangements for regulation, and a new registration board will

35 Australian Bureau of Statistics, September 2010, *Australian social trends: Using statistics to paint a picture of Australian society*, p. 15.

finalise these arrangements. Stakeholders will undertake further work in this area leading up to registration, and key activities relating to corresponding accreditation will need to include identification of qualifications and competency standards, training and assessment delivery arrangements and transition arrangements for existing and new workers seeking registration.

Other developments in this area include the establishment of a new Aboriginal and Torres Strait Islander Health Worker Association providing a new professional framework for health workers.

Oral and dental health care

Demand for oral health services is increasing as the population ages and more people retain their teeth. Most oral and dental health services are provided in the private sector; in particular, more preventative services are provided in the private than in the public sector. This may reflect resource limits in the public sector and a greater reliance on the public sector for emergency treatment.³⁶

The main occupations in the oral and dental health sector are dentists, dental therapists, dental hygienists, oral health therapists, dental technicians and dental assistants. Other community services and health workers may also provide some basic services and referrals.

Stakeholders have proposed a range of workforce development options to expand services and address shortages and poor distribution of workers. Career pathways for dental assisting are limited, and expansion of these may see greater retention of workers both in the sector and within community services and health in general. Stronger pathways would include progression into dental hygiene or other community services or health areas. CS&HISC recently developed oral health competency standards for non-oral health workers (in sectors such as aged care, disability and children's services), which will provide greater potential for links and career pathways between oral health services and broader community services and health roles. Dental hygiene qualifications are currently available in both the VET (via one South Australian registered training organisation) and higher education sectors. Other registered training organisations have expressed interest in establishing dental hygiene courses, and stakeholders have recommended the inclusion of an Advanced Diploma of Oral Health (Dental Hygiene) in the HLT07 Health Training Package to expand delivery and strengthen the pathway from dental assisting.

Stakeholder feedback has identified the potential for some expansion of oral health therapist and dental therapist roles in order to address unmet need. Such expansion may require changes to registration arrangements through the Australian Health Practitioners Regulation Agency. Health Workforce Australia will shortly commence a project to examine the consequences of national registration of dental hygienists and dental therapists. Although not within the scope of the project, the results may indicate the potential for enhanced services through changes in scope and roles.

Stakeholders have also made recommendations for changes and additions to dental technology competency standards and qualifications in the HLT07 Health Training Package. Special-needs dentistry has also been identified as an area of shortage or poor distribution.



2.3 New technology

New technology used in health and community services continues to change the way services are provided and give rise to requirements for new skills and work roles. Previous research has identified that caring roles are primarily 'hands-on' and therefore often intransigent to changes in technology; however, assistive and communications technologies do play an important role in the aged care and disability sectors. As these technologies play greater roles in these sectors, the jobs themselves can be more significantly structured around the technological aspects. Better information technology can also improve reporting and coordination requirements and potentially make this work more attractive to younger workers.³⁷

The Medical Technology Association of Australia sees greater scope for technology to enable people to stay in their own homes, and proposes that \$3.1 billion in health care spending can be saved through the use of products such as implantable cardiac devices that wirelessly transmit data, and other devices that monitor trends and trigger alerts.³⁸

Technology is also a significant factor in the creation of simulated learning environments, new education and training products (such as online learning and assessment strategies and products) and real-time online video links for providing health and community services. New and better-quality education and training products will enable the training of more people and the formation of new education and training work roles.

Telephone-based health services are also expanding, using communications technology to provide advice through roles including health coaching, counselling, service coordination and case management.

Health Workforce Australia has examined curricula across health professional education providers and identified common areas for delivery through simulated learning environments. Funding will be made available in 2011 to establish these around the country. Simulated learning environments will be available for the development of both VET sector and university-trained worker roles.

2.4 Taking advantage of the workforce development agenda

Skills Australia has contributed to the emerging workforce development agenda through the production of *Australian workforce futures: A national workforce development strategy*. Stakeholders providing feedback to this Environmental Scan were invited to comment on workforce development challenges, what is being done to address them and how the community services and health industries can best take advantage of the workforce development agenda indicated by *Australian workforce futures*.

Responses have been numerous and many of these have contributed to this Environmental Scan. Information not included here will contribute to future activity and research. Key issues and advice regarding workforce challenges and barriers to taking advantage of the workforce development agenda are outlined below.

- > Ongoing dialogue and participation of the community services and health industries is needed in the future formation of workforce development policy and activity.

³⁷ Productivity Commission, January 2011, *Caring for older Australians (draft report)*, p. 367.

³⁸ Medical Technology Association of Australia, 11 February 2011, Media release: 'Chapter missing in caring for older Australians', retrieved from www.mtaa.com.au.

- > Timely distribution of key information about workforce development and new opportunities is required.
- > The value proposition and return on investment in workforce development activity must be clear and supported by objective intermediaries.
- > Job design, recruitment and retention, leadership, mentoring and supervision are priority areas for workforce development solutions.
- > Enterprise Registered Training Organisations operate in a workforce focused context and can play a greater role in workforce development.
- > Incorporating service and/or workforce management training into VET qualifications will help build a workforce focused on workforce development solutions.
- > Similarly, VET practitioners adopting roles in workplace development and workplace learning will broaden input of the VET sector beyond qualifications.
- > Workforce development strategies could target specific sectors, such as Aboriginal and Torres Strait Islander health and mental health.
- > There is support for expanding collaborative/cluster workforce development projects.

Language, literacy and numeracy

The Adult Literacy and Life Skills Survey shows limited improvement in Australian language, literacy and numeracy levels with approximately 7 million Australians (46 per cent) with literacy levels lower than required to function fully in life and work.³⁹ *Australian workforce futures* identifies improved adult language, literacy and numeracy skills as fundamental to improved workforce participation, productivity and social inclusion and recommends substantially increased investment in programs such as the Workplace English Language and Literacy program. Community services and health stakeholders identify the same need in sectors such as childrens services and aged care with large cohorts at the Certificate III/entry level. Increased investment in language, literacy and numeracy in these sectors and across the community services and health industries will improve participation.

Although lower levels of language, literacy and numeracy among workers from cultural and linguistically diverse backgrounds and among Aboriginal and Torres Strait Islander workers may be a barrier, workers from these backgrounds can add value when working with a similarly diverse client-base.⁴⁰

Increasing participation in the workforce

A broader focus is also needed on increasing participation of latent workforces including students while still at school, unemployed and under-employed people, volunteers, retirees who may already have a skill base on which to draw, people with disabilities, new migrants and carers who have finished a caring role. *Australian workforce futures* also identifies increased participation as a key issue for supplying the workforce to 2025. Removing barriers to and enhancing opportunities for participation for these groups will support workforce growth in community services and health.

CS&HISC is expanding its operational focus on workforce development from 2011.

³⁹ Australian Bureau of Statistics (2008), *Adult Literacy and Life Skills Survey*, Summary results, Cat. No. 4228.0 (2006 reissue) pg. 5

⁴⁰ Martin, B. and King, D., *Who Cares for Older Australians? A Picture of the Residential and Community based Aged Care Workforce*, 2007, pg. 133, October 2008, National Institute of Labour Studies, Flinders University, Adelaide



Current impact of training packages



3. Current impact of training packages

3.1 Publicly funded enrolments data for HLT07 and CHCo8

Publicly funded enrolments in CS&HISC training packages increased to almost 200,000 on 2009 figures. In 2009, course enrolments in community services totalled 139,527, up 10 per cent from 2008 figures. In health, 2009 enrolments were 59,623, up 40 per cent from 2008.⁴¹

Table 4: Publicly funded enrolments in health and community services training packages, 2003–2009

Training package	2003	2004	2005	2006	2007	2008	2009
CHC02/08	84,435	90,965	99,275	107,310	113,530	124,733	139,527
HLT02/07	6,345	10,270	13,275	13,495	15,855	35,629	59,623
Total	90,780	101,235	112,550	120,805	129,385	160,362	199,150

Source: National Centre for Vocational Education and Research (NCVER), *Course enrolments in Community Services and Health Training Packages 2009*, req. no. 26101, NCVER, Adelaide.

Within the HLT07 Health Training Package, enrolments in the Diploma of Enrolled Nursing and Certificate IV in Allied Health Assistance more than doubled. The most significant increases in community services were in higher-level (advanced diploma and diploma) children's services qualifications, reflecting the removal of TAFE fees for these qualifications.

Table 5: Key enrolment increases, 2008–2009


Qualification	2008	2009
HLT51607 Diploma of Nursing (Enrolled/Division 2 nursing)	3,694	9,053
CHC50302 Diploma of Children's Services	13,111	20,592
CHC60202 Advanced Diploma of Children's Services	582	1,634
Certificate IV in Allied Health Assistance	565	1,387

CHC08 qualifications saw an increase in diploma-level qualifications driven by children's services. For HLT07, increases at Certificate II level were driven by first-response and health support services qualifications, with enrolled nursing pushing diploma-level qualifications up to 21 per cent.

Table 6: Publicly funded CHC08 and HLT07 enrolments by level, 2007–2009

Level	CHC			HLT		
	2007 (%)	2008 (%)	2009 (%)	2007 (%)	2008 (%)	2009 (%)
Certificate I	–	1	1	–	–	–
Certificate II	8	6	6	20	15	28
Certificate III	53	56	48	46	40	30
Certificate IV	19	17	19	16	25	20
Diploma	19	19	24	16	18	21
Advanced Diploma	1	1	2	2	2	1

⁴¹ NCVER, 2010, *Students and courses*.



These figures are for publicly funded enrolments only and do not include privately funded recognised training. Full tables including publicly funded enrolments in HLT07 and CHC08 are included in Appendix D.

Enrolments of Aboriginal and/or Torres Strait Islander people accounted for 10,162 or 5.1 per cent of HLT07 and CHC08 publicly funded enrolments in 2009.

3.2 Enterprise Based Productivity Places Program

Throughout 2010, CS&HISC continued to support the Australian Government's Skilling Australia for the Future policy through its involvement in the Productivity Places Program (PPP) and implementation of the Enterprise Based Productivity Places Program (EBPPP). The EBPPP was launched in November 2009 by then Minister for Education the Hon. Julia Gillard, making \$50 million available for funded training places until 2014.

The objective of the EBPPP is to assist individual enterprises to increase the productivity, skill levels and mobility of workers, by providing employees with opportunities to increase their qualification levels. The EBPPP differs from the mainstream PPP, as industry skills councils are playing a lead role in promoting the program, gathering information on industry training demand, managing the submissions and working in partnership with employers, national associations, peak bodies and RTOs throughout the life of the program. CS&HISC is also working with participants to determine how productivity and/or performance gains will be assessed following the training. Another unique aspect of the EBPPP is its eligibility criteria for applying for training: it is open to self-employed people and sole traders, a sector much in need of up-skilling across community services.

In total, 8150 individual training places were requested in 2009/2010 using CS&HISC's online training needs analysis tool, SevenScope. These requests came from 220 organisations, associations, peak bodies and consortia groups, and resulted in 10 per cent (914) of all training places being granted to 26 such groups and 32 RTOs. The breadth of training represented through the EBPPP in our industries covers 25 priority qualifications and 13 sectors, and 52 per cent of all allocations are small enterprises (less than 100 employees).

EBPPP case study

Within the NSW Department of Human Services (DHS), 28 participants have completed the Vocational Graduate Certificate in Community Services (Statutory Child Protection). Some graduates have been placed on the eligibility list to become manager case workers, the job role recommended by the Wood Royal Commission as requiring a higher-education qualification. DHS has now engaged the first group of learners to mentor a second group of 36 learners. This mentoring arrangement is intended to enhance the training experience and build on the learning of the first group.

Vocational graduate-level qualifications were introduced to the Community Services Training Package for the first time in CHC08. Qualifications at this level provide an additional high skill destination pathway and an alternative to higher-education qualifications.

3.3 Impact of skill sets and future funding

In late 2010 CS&HISC undertook research into the viability of more systematic funding for the implementation of skill sets; its report is due for release in early 2011. Preliminary recommendations from this research include the following.

- > There should be a systemic national funding arrangement for skill sets.
- > Significant barriers to effective and efficient use of skill sets must be addressed.
- > The existing skill sets and their packaging rules in the CHC and HLT training packages need to be reviewed and new skill sets developed to meet the diverse range of workforce skill development needs.
- > The community services and health industry sectors, employers and unions need greater knowledge about skill sets and the role of skill sets in meeting workforce skill needs.

Findings from the research included the following.

- > There is still a lack of awareness about the training packages and skill set options.
- > Training package arrangements need to have further levels of flexibility.
- > Funding skill sets is critical to support the increase in multidisciplinary job roles.
- > The lag time between identifying need and adding new skills sets and training package content needs to be reduced.
- > Existing skill sets for working with dementia, palliative care, chronic disease self-management and mental health are vitally needed to enhance service provision, and funding for this training is needed to keep up with workforce development demands.
- > Job roles are blurring and evolving and the training package system must be flexible to accommodate such changes, as must funding arrangements. Caution should be exercised in any skill-sets funding model, as the needs of the workforce change.
- > There is a perception that funding for skill sets would be abused by RTOs, and that there would be a proliferation of tailoring delivery for monetary gain only. Funding would therefore need to be driven by employer demand rather than by training organisations, in order to ensure that it is effective and efficient.

3.4 Fast-track qualifications a problem


A number of stakeholders have identified that qualifications are being delivered to candidates in short time periods with poor skill outcomes. There is particular evidence of this in the aged care and children's services sectors. Aged care stakeholders have advised that this activity contributes to a skills shortage in the existing workforce. Some employers in the children's services sector test potential employees for aptitude to work in the sector and then invest in in-house training, rather than employing graduates with Certificate III in Children's Services.⁴²

The NSW Vocational Education and Training Advisory Board (VETAB) has approached CS&HISC to participate in screening new RTO entrants in the children's services and aged care sectors. This work may inform national regulatory enhancement and consistency in other sectors, such as disability and health assisting.

The new national VET regulator will commence operations in 2011, and will appoint a community services and health case manager. These new

42 Bretherton, Tanya, 2010, Workplace Research Centre, University of Sydney, *Developing the child care workforce: Understanding 'flight' or 'flight' amongst workers*, National Centre for Vocational Education Research.





regulatory arrangements must be leveraged to improve recognised training delivery in high-growth areas of community services and health.

3.5 Key features of the CHCo8 and HLT07 training packages

The key features of these packages that support the workforce development challenges outlined earlier are presented below.

The CHC08 and HLT07 training packages have been structured to support current and emerging workforce development needs of the community services and health industries. Key structural features include:

- > greater skills integration and articulation through the identification of broad industry sector groupings and an improved approach to packaging competency standards to reflect current and potential work roles
- > increased number of qualifications at Certificate IV and diploma levels, reflecting the growth in demand for senior assistant roles and client-support roles
- > addition of skill sets to build on qualifications, provide broader career pathways and provide a skills base to expand services
- > higher-level qualifications in CHC08, including new vocational graduate certificate and diploma-level qualifications reflecting high-level skills and career pathway destinations.

Responding to demand for senior assistant and client-support roles

Both HLT07 and CHC08 include an expanded range of higher-level qualifications, especially at Certificate IV and diploma levels. The impact of these qualifications is better reflected in the public RTO enrolment data for 2009.

As identified in the 2009 and 2010 Environmental Scans, senior assistance and client-support roles at Certificate IV, diploma and advanced diploma level will play a major role in developing the community services and health workforces. As noted previously in this Environmental Scan, stakeholder feedback has identified the need to expand the scope, structure and flexibility of these qualifications to enable an increase in client-focused roles and services working across the health professions in acute, residential and community settings. Certificate IV in Allied Health Assistance provides a model for working across the allied health professions; however, future roles will need to be structured to broaden role content across both community services and health areas.

Skill sets and flexible application of competency standards

Expanding the skills base of the existing workforce is an industry priority. Skill sets were established to enable greater ability for existing workers to move into other areas. The Certificate IV in Allied Health Assistance again provides a model for flexibility, and CHC08 added a wide range of new skill sets to broaden worker pathways. Skill sets expanded in this way are critical for expanding and reforming the skills base of the workforce, and for overcoming the occupational 'silos' that frequently create barriers to effective service provision, particularly in regional areas.

Previous years' Environmental Scans have suggested that funding based on skill sets would support faster reform and career mobility in the community services and health industries, and this is supported by stakeholder feedback and through CS&HISC research referred to above.

Merging HLT07 and CHC08: taking integration a step further?

Further flexibility was structured into CHC08 by identifying greater transferability of skills between sectors (for example, between aged care, disability and mental health).

The HLT07 and CHC08 models rationalised industry sector groupings to encourage recognition of job roles through groups of competencies within the sector groupings (see Table 7).

Stakeholder feedback has identified the need for stronger integration, particularly between the direct client care and individual client-support groupings in HLT07 and CHC08. Some stakeholders have suggested that a single training package incorporating community services and health would more progressively address workforce change.

Table 7: HLT07 and CHC08 industry sector groupings

HLT07	CHC08
Direct client care work	Individual client support
Technical support work	Community services and development work
Ancillary and business services work	Children's and youth services
Public health	Client services

Higher-level qualifications

The model for higher-level competency standards has been successfully established in CHC08, using the more recently available vocational graduate levels to establish competency standards and qualifications in areas including:

- > client assessment and case management
- > statutory child protection
- > family dispute resolution
- > community sector management.


Workers performing these roles may include those with undergraduate or postgraduate qualifications, including in law, psychology, social work, registered nursing or allied health; or those with VET qualifications in mediation, community services work or management; or those with work experience in the relevant area. The competency standards are available, at a high level, to facilitate service design and recruitment with a wider range of recognised pathways from VET, higher education and work experience.

As previously outlined, the Vocational Graduate Certificate in Community Services (Statutory Child Protection) is supporting development of new case manager roles previously only open to degree-qualified workers.

3.6 Industry engagement in 2010

In 2010 CS&HISC established two new Training Package Advisory Committees for HLT07 and CHC08. These committees will provide high-level advice on continuous improvement of the relevant training package. In 2010, however, these committees provided more operational support on priority projects established by the Department of Education, Employment and Workplace





Relations (DEEWR) and the National Quality Council (NQC). These projects aimed to (a) embed skills for sustainability into training packages and (b) move all qualifications to a one-third packaging model for all qualifications.

Training packages' critical role in the evolving community services and health workforce

Exceptions to the one-third packaging rule were available based on submission of business cases. CS&HISC developed these in consultation with industry where packaging rules were crucial to acceptable limitations and boundaries of work required for client safety. This work underscores the role training packages play in maintaining the quality and safety of work for the VET sector of the workforce. The role of training packages is increasingly important as the workforce evolves and VET-prepared workers take on more complex functions, work in greater partnership with registered health professionals and perform functions previously undertaken only by professionals.

Future directions of endorsed
components of training packages



4. Future directions for endorsed components of training packages

4.1 Training packages work plan 2010–2011

The continuous improvement work plan for HLT07 and CHC08 was updated in early 2010.⁴³ The plan included continuing qualifications and competency projects, as well as new proposals based on feedback received by CS&HISC and identified in the Environmental Scan. Table 8 presents a summary of the items on the current plan.

Table 8: Summary of continuous improvement of the Community Services and Health Training Packages work plan, 2010–2011

Cross training package

- Embed skills for sustainability across training packages
- Incorporate NQC requirements for increased consistency and flexibility in qualification packaging rules
- Review and enhance skill sets
- Update imported units
- Undertake ISC upgrades and other minor revisions

Community Services Training Package

- Oral health for community services workers
- Mental health work – peer support
- Mental health work – recovery-oriented community mental health and higher-level skills
- Language, literacy and numeracy (LLN) volunteer tutors
- Community services workers supporting clients with language, literacy and numeracy (LLN) issues
- Respite intake and coordination
- Children's services work

Health Training Package

- Submit Health Training Package for re-endorsement
- Oral health for non-oral health workers
- Hospital/health services pharmacy support work
- Health assisting/client-care work
- Aboriginal and/or Torres Strait Islander health work
- Health supervision and management
- General improvements across the Health Training Package

4.2 Training packages continuous improvement work plan for 2011–2012 and beyond

The next CHC08 and HLT07 training packages continuous improvement work plan will be released in the first half of 2011. The plan will again include continuing projects and new proposals identified through development of the Environmental Scan 2011, as well as direct feedback provided in 2010 and other CS&HISC engagement with industry.

Areas to inform the new work plan include, but are not limited to, those presented in Table 9.

43 CS&HISC, 2010/2011, *Continuous improvement of the Health and Community Services Training Packages 2010/2011 work plan*, www.cshisc.com.au (navigate to 'training packages' > 'training packages review').

Table 9: Areas to inform the new CHC08 and HLT07 training packages continuous improvement work plan

Training package area	Details
Complementary health	Changes submitted by stakeholders for kinesiology and massage therapy qualifications and competency standards
Oral health	Expand dental technology qualifications and competency standards
	Potential for addition of dental hygiene to HLT07
	Examine dental assisting qualifications to enhance career pathways
Service coordination, case coordination and case management	Review to examine capacity to support increase in client/person-centred service delivery. Existing content may meet these needs already, with focus required instead on implementation of roles/functions
Workforce planning and design	Competency standards and/or qualifications to support workforce planning and design
Expanded assistant and client-support roles across community services and health	Potential expansion to existing health assisting and client-care work project, highlighting increased focus on integrated community services and health care supporting clients' functional independence
	Addition of a social work assistant role
Children's services	New competency standards and qualifications to support family day care work roles, including both care workers and coordinators
	Other changes supporting greater integration of care and education approaches; potential addition of content reflecting a pedagogical leader role
	Changes driven by National Early Childhood Development Strategy and related policy, including Early Years Learning Framework, National Quality Framework and National Quality Standard
Disability services	Review content and structure, with changes reflecting sector policy drivers and feedback, including: <ul style="list-style-type: none"> • increased focus on person-centred and rights focus, driven by United Nations Convention on the Rights of Persons with Disabilities • community development skills • behaviour management resulting in reduction of restrictive interventions • person-centred skills for health workers • capacity for more allied health service delivery • expanding competencies focusing on specific disabilities • higher-level leadership and advanced practice • individual funding models • consumer managed services • potential national disability insurance scheme





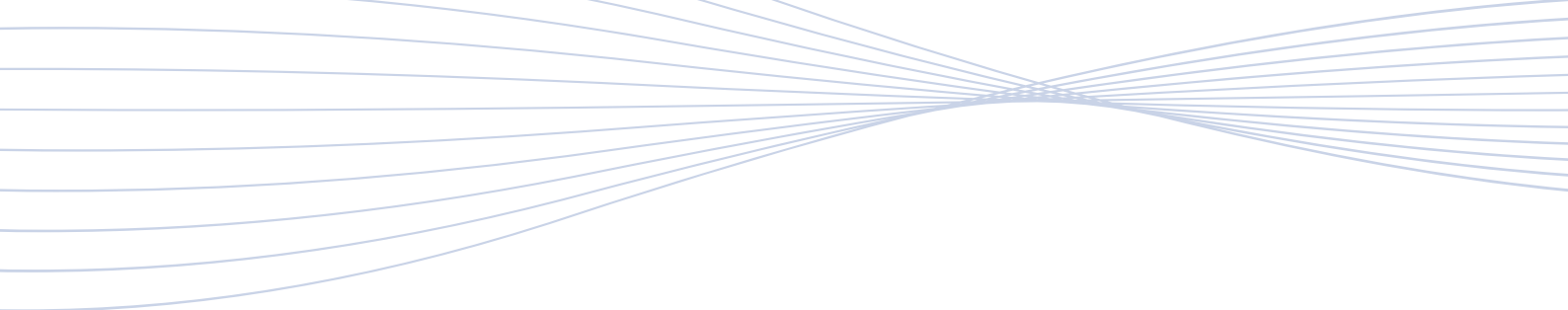
Mental health	<p>Examine expansion of care coordination roles and skills/practices to support increasingly complex needs, including trauma-informed care and talking therapies. Any development of training package content should be addressed in conjunction with broader community mental health workforce development objectives and identification of a unified body of knowledge/evidence about psychosocial rehabilitation/recovery-oriented practice</p> <p>This work would inform the existing 2010–2011 work plan proposal: 'Mental health work – recovery-oriented community mental health and higher-level skills'</p>
Health informatics/clinical coding	<p>Health reform will result in national adoption of case-mix models, resulting in greater need for health information and clinical coding roles. Training package development work to include review of existing competency standards and qualifications, with potential to expand qualifications and skill sets across Certificate III, IV, Diploma and higher</p>
Orthoptic assistant	<p>Examine development of competency standards, qualifications and/or skill sets supporting an orthoptic assistant role. Establishment of this role is driven by increased demand for ophthalmic services and shortage/poor distribution of orthoptists</p>
Higher-level skills in mental health, disability services and alcohol and other drugs	<p>Examine potential for higher-level competency standards, qualifications or skill sets reflecting advanced practice and practice leadership in key sectors</p>
Enrolled/Division 2 Nursing	<p>Examine implications for future removal of Certificate IV in Nursing (Enrolled/Division 2) as a qualification supporting registration and accreditation</p>
Potential for merging the HLT07 and CHC08 training packages	<p>Examine implications of a merger of the HLT07 and CHC08 training packages</p>

The updated continuous improvement plan will be available on the CS&HISC website (www.cshisc.com.au) in the first half of 2011.

Bibliography

- > Australian Bureau of Statistics, 2008a, *Population by age and sex, regions of Australia, 2008*, ABS Cat. No. 3235.0.
- > Australian Bureau of Statistics, 2010a, *Australian social trends: Using statistics to paint a picture of Australian society* (September 2010), p. 15.
- > Australian Bureau of Statistics, 2006 *Australian and New Zealand Industry Classification (ANZSIC)*, 2006 (Revision 1.0) Cat. No. 1292.0
- > Australian Bureau of Statistics, 2010b, *Disability, ageing and carers, Australia: Summary of findings*, 2009, ABS Cat. No. 4430.0.
- > Australian Bureau of Statistics, 2010c, *Labour force, Australia, Detailed, Quarterly, November 2010*, ABS Cat. No. 6291.0.55.003.
- > *Australian Bureau of Statistics (2008), Adult Literacy and Life Skills Survey, Summary results, Cat. No. 4228.0 (2006 reissue)*
- > Australian Government Department of Health and Ageing, Aged Care Education and Training Incentive Program website, www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-aceti.htm.
- > Australian Government Department of Health and Ageing, 2010, *Supporting Australians to live well at the end of life: National Palliative Care Strategy 2010*.
- > Australian Government, 2010, *Australia to 2050: Future challenges – 2010 intergenerational report*, p. viii.
- > Australian Institute of Health and Welfare, *Australia's health 2010*, AIHW.
- > Australian Institute of Health and Welfare, *Australia's welfare 2009*, AIHW.
- > Benevolent Society and Social Policy Research Centre, 4 October 2010, 'Supporting older people from culturally and linguistically diverse backgrounds', *Research to Practice Briefing*, Benevolent Society.
- > Bretherton, Tanya, 2010, Workplace Research Centre, University of Sydney, *Developing the child care workforce: Understanding 'fight' or 'flight' amongst workers*, National Centre for Vocational Education Research.
- > CS&HISC, 12 October 2010, *Witness statement W4, Australian Services Union, Fair Work Australia*. www.fairwork.gov.au, equal remuneration case.
- > CS&HISC, October 2009, *Mental health articulation project synthesis report: Main findings and recommendations*, www.cshisc.com.au.
- > CS&HISC, 2010, *Environmental Scan 2010*, pp. 18–19.
- > CS&HISC, October 2010 (publication forthcoming, pending approval by government agencies), *An examination of workforce capacity issues in the disability services workforce: Increasing workforce capacity*.
- > CS&HISC, 3 December 2010, *Creating a future direction for Australian vocational education and training* (discussion paper submission), www.cshisc.com.au.
- > CS&HISC, 2010/2011, *Continuous improvement of the Health and Community Services Training Packages 2010/2011 work plan*, www.cshisc.com.au (navigate to 'training packages' > 'training packages review').
- > CS&HISC (forthcoming in 2011), *Family day care workforce development research project final report*.
- > Department of Education, Employment and Workplace Relations (DEEWR), 2010, *Employment outlook for health care and social assistance*, SkillsInfo, www.skillsinfo.gov.au.
- > Department of Education, Employment and Workplace Relations (DEEWR), 2010, *New Jobs 2009: Employment trends and prospects for Australian*



- 
- industries*, SkillsInfo, www.skillsinfo.gov.au.
- > Disability Investment Group, 2009, *The way forward: A new disability policy framework for Australia*, p. 13, FaHCSIA, Canberra.
 - > Fair Work Australia, Equal Remuneration Case, www.fwa.gov.au/index.cfm?pagename=remuneration&page=introduction.
 - > Health Workforce Australia, *Workplan December 2010 progress report*, www.hwa.gov.au.
 - > Martin, B. and King, D., *Who Cares for Older Australians? A Picture of the Residential and Community based Aged Care Workforce, 2007, October 2008*, National Institute of Labour Studies, Flinders University, Adelaide
 - > Meagher, G & Cortis, N, 3 April 2010, *The social and community services sector in NSW: Structure, workforce and pay equity issues*, Faculty of Education and Social Work, University of Sydney, retrieved from www.industrialrelations.nsw.gov.au.
 - > Medical Technology Association of Australia, 11 February 2011, Media release: 'Chapter missing in caring for older Australians', retrieved from www.mtaa.com.au.
 - > National Centre for Vocational Education Research (NCVER), 2010, *Students and courses*.
 - > Productivity Commission, 2010, *Contribution of the not-for-profit sector*, Productivity Commission Report, Commonwealth of Australia.
 - > Productivity Commission, January 2011, *Caring for older Australians* (draft report).
 - > Psychiatric Disability Services of Victoria (VICSERV), August 2010, *Community-managed mental health in Victoria: The case for investment* (discussion paper).
 - > Skills Australia, 2010, *Australian workforce futures: A national workforce development strategy*.
 - > White, M, Australian Centre for Child Protection, University of South Australia, 'The protecting and nurturing Australia's children: Building bridges between services, building capacity within services project', ACWA E-news, www.acwa.asn.au/ACWAeNews/acwaenewsarticle.php?recid=51.

Appendix A:

Report of previous continuous improvement

Training Package HLT07 Health

Brief summary of change	Industry imperatives/rationale for change	Date submitted to NQC Secretariat	Date endorsed by NQC or ISC upgrade	Date made public through NTIS
Medical imaging units of competency	New skills for existing workers such as allied health and patient care assistants to support professionals in provision of medical imaging services	June 2010	22 July 2010	TBC
Minor changes to qualifications	<ul style="list-style-type: none"> Changes in terminology to ensure consistency Increasing flexibility by allowing broader choice of elective units 	n/a	June 2010	July 2010

Training Package CHCo8 Community Services

Brief summary of change	Industry imperatives/rationale for change	Date submitted to NQC Secretariat	Date endorsed by NQC or ISC upgrade	Date made public through NTIS
Development and humanitarian assistance qualifications, skill sets and competency standards	New pathways for development and humanitarian assistance workers	April 2010	June 2010	June 2010
Minor changes to qualifications	<ul style="list-style-type: none"> Changes in terminology to ensure consistency Increasing flexibility by allowing broader choice of elective units 	n/a	June 2010	July 2010



Appendix B:

Methodology

The following four main sources of data were used in the preparation of this Environmental Scan:

- > consultation with CS&HISC's stakeholders, both in person at events supporting development of the 2011 Scan and via submissions;
- > in-depth interviews and meetings with key industry stakeholders;
- > analysis of current policy and workforce data; and
- > information gathered through CS&HISC's industry engagement activities in 2010.

Information from previous year's Environmental Scans has also been retained where relevant. These multiple sources allow for cross-validation of findings and identification of priority themes. These themes have been presented in this Environmental Scan. It is not possible to assess coverage and representation through consultation and data collection strategies alone, because of the lack of data on the numbers and types of services operating within the community services and health industries.

Given the immense complexity and diversity of the community services and health industries, including issues of jurisdictional and sectoral diversity, much more detailed and diverse information was collated than could be presented in this Environmental Scan. CS&HISC will use the information collected to inform its future research and policy agenda.

Key research questions

The following key research questions guided interviews, meetings, workshops and policy analysis undertaken in production of this Environmental Scan:

- > General: How has the demand for or nature of services changed? What are the drivers of these changes? How is demand for services likely to evolve? What new or changing work roles are emerging? What are the expected broad workforce trends for the next five years?
- > Workforce development challenges: What are the current and emerging occupational shortages? What inhibits improving workforce development in the community services and health industries? What workforce development trends exist? How does workforce planning need to inform future workforce supply?
- > Addressing workforce development challenges: What has been achieved to date in addressing workforce development challenges? What else is needed to address the workforce development challenges faced by our industries now and into the future? What are the policy or funding leverage mechanisms to address them? What are the barriers and opportunities?
- > The role of training packages: How effectively are the training packages for community services and health supporting workforce development needs? What critical changes are needed to assist the industries in meeting its skills needs?
- > Responding to the new workforce development policy environment: How can the community services and health industries best respond to the new workforce development policy environment informed by Skills Australia's *Australian workforce futures: A national workforce development strategy*? Where are the most effective/needed areas of focus for workforce development policy (e.g. employment and job design, recruitment and planning, as well as skills, education and training)?

Key stakeholder interviews

In-depth data was collected through interviews with 12 key industry stakeholders drawn from the CS&HISC key stakeholder database, which was developed to support this Environmental Scan and the training package development process.

Participants were selected to provide a balance of sub-sectors, organisation types and research/policy agencies. Those chosen represented government health employers, nursing regulation, carers and consumers, allied health, oral health, disabilities and the broader health and community services sectors.

Events and workshops

Several workshops and meetings were held with key stakeholders in consultation with state/territory industry training advisory bodies (ITABs). Events were co-hosted with:

- > Health and Community Services Workforce Council, Queensland
- > New South Wales Community Services and Health Industry Training Advisory Board
- > South Australian Community Services and Health Skills Board
- > Victorian Community Services and Health Industry Training Board
- > Western Australia Community Services, Health and Education Training Council Inc.

Attendance at forums included participation from key stakeholder groups including government employers, private employers, not-for-profit employers, unions, peak bodies, professional associations and other government agencies.

Several meetings were also held with state/territory ITABs, including those listed above as well as the Northern Territory Human Services Training Advisory Council. More than 100 stakeholders attended these meetings, which considered research themes and identified methods for engaging stakeholders.

Submissions

Written submissions were received from 31 stakeholder organisations. Submissions were invited from more than 350 key stakeholder organisations, through the CS&HISC newsletter and at various events. The key research questions listed above were provided to support submissions.

Organisations providing submissions included:

- > major government employers
- > private employers
- > education and training policy bodies
- > registered training organisations
- > peak bodies
- > professional associations
- > community services not-for-profit bodies
- > specific sectors of oral health, mental health, medical technology, youth work, children's services, employment services, nursing and complementary therapies.



Policy and workforce data analysis

Given the important role played by government policy in determining the nature and capacity of services in the community services and health industries, CS&HISC assessed the most important recent policy announcements relating to community services and health for their relevance to workforce development.

Analysis of national datasets, including the Australian Bureau of Statistics Labour Force Surveys, and analysis conducted by the Australian Institute of Health and Welfare were used as indicators of workforce composition and trends. National Centre for Vocational Education Research (NCVER) data was used in publication of training package enrolments.

It is important to note that the system of industry classification used to develop the labour force data, ANZSIC (Australian Bureau of Statistics, 2006), captures industry sub-sectors at a broad level only, and that information to allow for meaningful disaggregation of workforce data was therefore not available. Table B-1 provides a labour force breakdown at the three-digit ANZSIC level.

Table B-1 – ANZSIC breakdown for health and community services, November 2010

Health care

Health Care and Social Assistance, (not further defined)	1.0
Hospitals	371.9
Medical and Other Health Care Services, (not further defined)	29.8
Medical Services	134.9
Pathology and Diagnostic Imaging Services	46.2
Allied Health Services	157.8
Other Health Care Services	25.3

Social Assistance

Residential Care Services	205.2
Social Assistance Services, (not further defined)	15.9
Child Care Services	114.7
Other Social Assistance Services	193.7
Health care and Social Assistance Total	1296.2

Source: Australian Bureau of Statistics, 2010, Labour force, Australia, Detailed, Quarterly, November 2010, ABS Cat. No. 6291.0.55.003 (via data request)

Industry engagement activities

The industry engagement activities that informed the production of this Environmental Scan included training package development and research projects, including those in the areas of oral health, language, literacy and numeracy, family day care, mental health and disability. Two training package advisory committees were established to guide overall changes to CHC08 and HLT07 in 2010, and the work of these groups also contributed to this Environmental Scan.

Appendix C:

Occupations and qualifications in demand

Tables C-1 and C-2 list qualifications in response to a request for in-demand occupations to inform the Productivity Places Program (PPP) in 2009. These tables remain unchanged since the 2009 and 2010 Environmental Scans.

The following should be noted when considering this information.

- > All qualifications, competency standards and skill sets from the CHC08 and HLT07 training packages should be considered PPP or other program priorities, where these are demonstrated as meeting enterprise productivity and skills growth needs for the community services and health industries.
- > The qualifications have been listed against the Australia/New Zealand Standard Classification of Occupations (ANZSCO).
- > Examples of occupational titles for qualifications may be sourced from the CHC08 and HLT07 qualifications frameworks and/or from the competency matrix 'Keyword Search' link at www.cshisc.com.au.
- > Examples of occupational titles used in the training packages do not necessarily correspond to ANZSCO titles, levels or descriptors. Where there is no corresponding ANZSCO classification, the entry in the first below column is marked 'N/A'. CS&HISC provided feedback to the Australian Bureau of Statistics (ABS) as part of a minor review of the ANZSCO. CS&HISC indicated to the ABS that further work is required to update the community services and health references to provide a more contemporary representation of the work, and that a deeper study is required to address the complexities of taxonomy – in particular, to more closely align the 'skill level' ascribed by the ABS with actual skill level.



Table C-1: HLT07 Health Training Package qualifications in demand

ANZSCO	Training package qualification	Code
411411 Enrolled Nurse	Certificate IV in Nursing (Enrolled/Division 2) Diploma of Nursing (Enrolled/Division 2) Advanced Diploma of Nursing (Enrolled/Division 2)	HLT43407 HLT51607 HLT61107
	Justification/evidence There is a general demand for nursing roles. Many registered nurses will be retiring in coming years and enrolled nurses will play a role in replacing retirees. Stakeholders note that enrolled nurse roles are expanding.	
423313 Personal Care 423312 Nursing Assistant	Certificate III in Health Service Assistance	HLT32507
	Justification/evidence This qualification provides a foundation entry level to the health industry. It is suitable for engaging new entrants and promoting the start of a health career.	
N/A	Certificate IV in Medical Practice Assisting	HLT43307
	Justification/evidence Medical practice assisting is a relatively new qualification and provides an additional role to support capacity of medical practices.	
423314 Therapy Aide 311215 Pharmacy Technician	Certificate III in Allied Health Assistance Certificate IV in Allied Health Assistance Certificate III in Nutrition and Dietetic Assistance Certificate III in Hospital/Health Services Pharmacy Support Certificate IV in Hospital/Health Services Pharmacy Support	HLT32407 HLT42507 HLT31507 HLT31407 HLT40507
	Justification/evidence Allied health assisting roles continue to play a major part in enabling expansion of services in both health and community services.	
311299 Medical Technicians Nec	Certificate IV in Audiometric Assessment Diploma of Hearing Device Prescription and Evaluation	HLT41307 HLT51307
	Justification/evidence Hearing services will be increasingly needed as the population ages. These qualifications support the role of audiometrists, who provide hearing services.	
N/A	Certificate III in Pathology Certificate IV in Pathology	HLT32607 HLT41807
	Justification/evidence Pathology services are fundamental to health industry growth and these qualifications will continue to be in demand as the health industry grows.	
399914 Optical Mechanic 399913 Optical Dispenser	Certificate IV in Optical Technology Certificate IV in Optical Dispensing	HLT43707 HLT43507
	Justification/evidence Optical services will be increasingly needed as the population ages. These qualifications support the role of optical technicians and dispensers, who provide optical services.	

ANZSCO	Training package qualification	Code
N/A	Certificate II in Indigenous Environmental Health	HLT21007
	Certificate III in Indigenous Environmental Health	HLT32307
	Certificate IV in Indigenous Environmental Health	HLT42407
	Diploma of Indigenous Environmental Health	HLT51107
	Justification/evidence These qualifications continue to represent roles needed to support environmental, social and economic sustainability in remote communities.	
411511 Aboriginal and/or Torres Strait Islander Health Worker	Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care	HLT21307
	Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care	HLT33207
	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)	HLT43907
	Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care)	HLT44007
	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)	HLT52107
	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Community Care)	HLT52207
	Justification/evidence Aboriginal and Torres Strait Islander health workers play a key role in the provision of services to communities. The Aboriginal and/or Torres Strait Islander health worker will become a registered health profession in 2012, and these qualifications will provide the basis accreditation of newly registered workers. These arrangements will be further developed in 2011.	
423211 Dental Assistant	Certificate III in Dental Assisting	HLT31807
	Certificate IV in Dental Assisting	HLT43007
	Justification/evidence Dental assisting roles remain in demand for the provision of oral health services. Stakeholders have identified potential to expand future career pathway options for dental assistants as part of enhancing recruitment, retention and service delivery.	
N/A	Certificate III in Dental Laboratory Assisting	HLT32707
	Justification/evidence This is a new role which supports expanded capacity in dental laboratories.	
411213 Dental Technician	Diploma of Dental Technology	HLT50507
	Justification/evidence Dental technicians do not require registration under the new national health professional regulatory arrangements. Dental technology, however, remains a pathway into dental prosthetics. Stakeholders have proposed enhanced qualifications in this area.	

Table C-2: CHC08 Community Services Training Package qualifications in demand

ANZSCO	Training package qualification	Code
272613 Welfare Worker 411711 Community Worker	Certificate II in Community Services Work	CHC20108
	Certificate III in Community Services Work	CHC30108
	Certificate IV in Community Services Work	CHC40708
	Certificate IV in Community Development	CHC40808
	Certificate IV in Community Services Advocacy	CHC41608
	Diploma of Community Development	CHC50708
	Diploma of Community Services Work	CHC50608
	Diploma of Community Services (Case Management)	CHC52008
	Diploma of Community Services (Financial Counselling)	CHC52108
	Justification/evidence Community services work qualifications are in demand at Certificates II–IV levels. These qualifications provide for broadly based and specialised roles for entering the industry. There is demand for case management roles and qualifications and this is expected to increase. Other pathways from community services work include those into community development, advocacy and financial counselling.	
134214 Welfare Centre Manager	Advanced Diploma of Community Services Management	CHC60308
	Vocational Graduate Diploma of Community Sector Management	CHC80108
	Justification/evidence Management roles continue to be in demand in the community services and health industry.	
411716 Youth Worker	Certificate IV in Youth Work	CHC41808
	Diploma of Youth Work	CHC51408
	Justification/evidence There is continuing demand for roles working with children and young people.	
411713 Family Support Worker	Certificate IV in Child, Youth and Family Intervention (Residential and Out of Home Care)	CHC41408
	Certificate IV in Child, Youth and Family Intervention (Child Protection)	CHC41508
	Certificate IV in Child, Youth and Family Intervention (Family Support)	CHC41608
	Justification/evidence Demand for child, youth and family intervention roles is expected to increase especially as more integrated approaches to service deliver are developed.	
423111 Aged or Disabled Carer	Certificate III in Aged Care	CHC30208
	Certificate IV in Aged Care	CHC40108
	Certificate III in Home and Community Care	CHC30308
	Certificate IV in Home and Community Care	CHC40208
	Justification/evidence Aged and home and community care are major growth areas. Certificate IV level roles can be expanded to support provision of services to meet more complex needs.	

ANZSCO	Training package qualification	Code
421111 Childcare Worker 134111 Child Care Centre Manager	Certificate III in Children's Services	CHC30708
	Certificate IV in Children's Services (Outside School Hours Care)	CHC41208
	Diploma of Children's Services (Early Childhood Education and Care)	CHC50908
	Diploma of Children's Services (Outside School Hours Care)	CHC51008
	Advanced Diploma of Children's Services	CHC60208
	Justification/evidence Children's services roles remain in demand and the new National Quality Standard guiding regulation of this sector specifies qualification requirements.	
423111 Aged or Disabled Carer 411712 Disabilities Services Officer	Certificate III in Disability	CHC30408
	Certificate IV in Disability Diploma of Disability	CHC40308 CHC50108
	Justification/evidence The incidence of disability continues to grow, as do demand for workers and skills in this area.	
272112 Drug and Alcohol Counsellor	Certificate IV in Alcohol and Other Drugs	CHC40408
	Diploma of Community Services (Alcohol and Other Drugs)	CHC50208
	Diploma of Community Services (Alcohol, Other Drugs and Mental Health)	CHC50408
	Justification/evidence Demand for services and skills in this area remains strong. Some stakeholders have advised that entry-level qualifications should increase to diploma level.	
4117 Welfare Support Workers 272112 Drug and Alcohol Counsellor	Certificate IV in Mental Health	CHC40508
	Diploma of Community Services (Mental Health)	CHC50308
	Diploma of Community Services (Alcohol, Other Drugs and Mental Health)	CHC50408
	Justification/evidence Demand for community-managed mental health services is strong and these qualifications will support growth in recovery-oriented mental health services.	
N/A	Certificate IV in Volunteer Program Coordination	CHC42708
	Justification/evidence Demand for volunteers grows in line with general industry growth.	

Appendix D

Australian vocational education and training statistics: Students and courses 2009, National Centre for Vocational Education Research

Course enrolments in HLT training package by qualification, by Indigenous status 2009.

Qualification	Indigenous	Not Indigenous	Not known	Total
HLT20102 Certificate II in Health Support Services (Stores)	0	0	0	0
HLT20302 Certificate II in Health Support Services (Laundry Support Services)	0	9	0	9
HLT20402 Certificate II in Health Support Services (Grounds Maintenance)	0	0	0	0
HLT20502 Certificate II in Health Support Services (General Maintenance)	0	0	0	0
HLT20602 Certificate II in Health Support Services (Food Support Services)	1	20	1	22
HLT20702 Certificate II in Health Support Services (Client/Patient Support Services)	1	25	0	26
HLT20802 Certificate II in Health Support Services (Cleaning Support Services)	0	21	5	26
HLT21007 Certificate II in Indigenous Environmental Health	9	0	0	9
HLT21007 Certificate II in Indigenous Environmental Health	142	12	2	156
HLT21107 Certificate II in Emergency Medical Service First Response	132	7,525	204	7,861
HLT21207 Certificate II in Health Support Services	256	6,850	1,585	8,691
HLT21307 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care	71	0	0	71
HLT30102 Certificate III in Pathology Specimen Collection	0	0	0	0
HLT30202 Certificate III in Non-Emergency Patient Transport	0	5	5	10
HLT30207 Certificate III in Non-Emergency Client Transport	0	18	20	38
HLT30402 Certificate III in Health Support Services (Laundry Support Services)	0	1	0	1
HLT30502 Certificate III in Health Support Services (Grounds Maintenance)	0	0	0	0
HLT30602 Certificate III in Health Support Services (General Maintenance)	0	0	0	0
HLT30802 Certificate III in Health Support Services (Client/Patient Support Services)	0	35	0	35
HLT30902 Certificate III in Health Support Services (Cleaning Support Services)	0	11	4	15
HLT31002 Certificate III in Health Support Services	0	9	0	9
HLT31102 Certificate III in Health service Assistance (Sterilisation Services)	0	29	2	31
HLT31107 Certificate III in Sterilisation Services	4	633	49	686
HLT31202 Certificate III in Health Service Assistance (Pathology Assistance)	0	0	0	0
HLT31302 Certificate III in Health Service Assistance (Operating Theatre Support)	0	3	1	4
HLT31402 Certificate III in Health Service Assistance (Hospital and Community Health Pharmacy Assistance)	2	40	0	42
HLT31407 Certificate III in Hospital/Health Services Pharmacy Support	1	167	5	173
HLT31502 Certificate III in Health Service Assistance (Nutrition and Dietetic Support)	0	40	29	69
HLT31507 Certificate III in Nutrition and Dietetic Assistance	14	578	115	707
HLT31602 Certificate III in Health Service Assistance (Client/Patient Services)	4	49	5	58
HLT31702 Certificate III in Health Service Assistance (Allied Health Assistance)	0	2	0	2
HLT31802 Certificate III in Dental Assisting	4	77	4	85
HLT31807 Certificate III in Dental Assisting	56	2,291	94	2,441
HLT32002 Certificate III in Mortuary Practice	0	0	0	0
HLT32007 Certificate III in Mortuary Theatre Practice	0	22	5	27
HLT32102 Certificate III in Prosthetic/Orthotic Technology	0	2	0	2
HLT32107 Certificate III in Prosthetic/Orthotic Technology	0	0	0	0
HLT32207 Certificate III in Population Health	0	4	0	4
HLT32307 Certificate III in Indigenous Environmental Health	22	1	0	23
HLT32407 Certificate III in Allied Health Assistance	26	786	183	995
HLT32507 Certificate III in Health Services Assistance	346	5,759	636	6,741
HLT32607 Certificate III in Pathology	9	761	31	801

Qualification	Indigenous	Not Indigenous	Not known	Total
HLT32707 Certificate III in Dental Laboratory Assisting	0	38	0	38
HLT32807 Certificate III in Health Support Services	24	681	205	910
HLT32907 Certificate III in Health Administration	4	145	23	172
HLT33107 Certificate III in Basic Health Care	559	2,112	516	3,187
HLT33207 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care	485	19	53	557
HLT40102 Certificate IV in Traditional Chinese Medicine Remedial Massage (An Mo Tui Na)	0	0	0	0
HLT40202 Certificate IV in Shiatsu	0	0	0	0
HLT40302 Certificate IV in Massage	0	13	0	13
HLT40307 Certificate IV in Massage Therapy Practice	14	1,159	113	1,286
HLT40402 Certificate IV in Health Support Services (Supervision)	0	3	0	3
HLT40407 Certificate IV in Health Supervision	0	40	12	52
HLT40502 Certificate IV in Health Service Assistance (Hospital and Community Health Pharmacy Technician)	0	0	0	0
HLT40507 Certificate IV in Hospital/Health Services Pharmacy Support	0	33	1	34
HLT40602 Certificate IV in Dental Assisting (Oral Health Education)	1	25	4	30
HLT40702 Certificate IV in Dental Assisting (Dental Radiography)	0	1	0	1
HLT40802 Certificate IV in Dental Assisting (Assistance during General Anaesthesia and Conscious Sedation)	0	0	0	0
HLT40902 Certificate IV in Complementary and Alternative Health Care Assistance	0	0	0	0
HLT41002 Certificate IV in Basic Emergency Care	0	0	0	0
HLT41007 Certificate IV in Health Care (Ambulance)	0	9	12	21
HLT41102 Certificate IV in Ambulance Communications (Despatch)	0	2	0	2
HLT41107 Certificate IV in Ambulance Communications	0	0	1	1
HLT41202 Certificate IV in Ayurvedic Lifestyle Consultation	0	0	0	0
HLT41207 Certificate IV in Ayurvedic Lifestyle Consultation	0	28	2	30
HLT41302 Certificate IV in Audiometry	1	4	0	5
HLT41307 Certificate IV in Audiometric Assessment	1	87	0	88
HLT41602 Certificate IV in Mortuary Practice	0	0	0	0
HLT41607 Certificate IV in Mortuary Theatre Practice	0	8	1	9
HLT41702 Certificate IV in Neurophysiology Technology	0	10	0	10
HLT41707 Certificate IV in Neurophysiology Technology	2	8	0	10
HLT41802 Certificate IV in Pathology Specimen Collection	0	0	0	0
HLT41807 Certificate IV in Pathology	1	227	2	230
HLT42002 Certificate IV in Health Service Assistance (Operating Theatre Technical Support)	0	0	0	0
HLT42007 Certificate IV in Operating Theatre Technical Support	0	4	0	4
HLT42202 Certificate IV in Health Services (Supervision)	0	0	0	0
HLT42307 Certificate IV in Population Health	0	18	0	18
HLT42407 Certificate IV in Indigenous Environmental Health	6	0	0	6
HLT42507 Certificate IV in Allied Health Assistance	24	1,262	101	1,387
HLT42607 Certificate IV in Anaesthetic Technology	0	20	22	42
HLT42707 Certificate IV in Aromatherapy	1	220	23	244
HLT42807 Certificate IV in Kinesiology	0	11	0	11
HLT43007 Certificate IV in Dental Assisting	6	530	40	576
HLT43207 Certificate IV in Health Administration	8	142	2	152
HLT43307 Certificate IV in Medical Practice Assisting	0	7	0	7
HLT43407 Certificate IV in Nursing (Enrolled/Division 2 nursing)	91	6,150	82	6,323
HLT43507 Certificate IV in Optical Dispensing	4	983	15	1,002
HLT43707 Certificate IV in Optical Technology	0	65	0	65

Qualification	Indigenous	Not Indigenous	Not known	Total
HLT43807 Certificate IV in Sterilisation Services	0	1	0	1
HLT43907 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)	146	0	8	154
HLT44007 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health (Community Care)	143	10	5	158
HLT50102 Diploma of Traditional Chinese Medicine Remedial Massage (An Mo Tui Na)	0	2	0	2
HLT50107 Diploma of Traditional Chinese Medicine Remedial Massage (An Mo Tui Na)	0	16	0	16
HLT50202 Diploma of Shiatsu and Oriental Therapies	0	2	0	2
HLT50207 Diploma of Shiatsu and Oriental Therapies	0	9	4	13
HLT50302 Diploma of Remedial Massage	0	91	3	94
HLT50307 Diploma of Remedial Massage	16	1,416	103	1,535
HLT50402 Diploma of Paramedical Science (Ambulance)	0	0	0	0
HLT50407 Diploma of Paramedical Science (Ambulance)	0	32	2	34
HLT50502 Diploma of Dental Technology	0	51	1	52
HLT50507 Diploma of Dental Technology	2	725	55	782
HLT50602 Diploma of Anaesthetic Technology	0	0	0	0
HLT50607 Diploma of Paramedical Science (Anaesthesia)	0	73	26	99
HLT51007 Diploma of Population Health	0	35	3	38
HLT51307 Diploma of Hearing Device Prescription and Evaluation	3	190	1	194
HLT51407 Diploma of Aromatherapy	0	13	1	14
HLT51507 Diploma of Kinesiology	0	21	0	21
HLT51607 Diploma of Nursing (Enrolled/Division 2 nursing)	253	7,483	1,317	9,053
HLT51707 Diploma of Reflexology	0	43	7	50
HLT52007 Diploma of Practice Management	2	52	17	71
HLT52107 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Practice)	7	0	0	7
HLT52207 Diploma of Aboriginal and/or Torres Strait Islander Primary Health (Community Care)	31	0	1	32
HLT60102 Advanced Diploma of Western Herbal Medicine	0	3	0	3
HLT60107 Advanced Diploma of Western Herbal Medicine	2	9	0	11
HLT60402 Advanced Diploma of Dental Prosthetics	0	14	0	14
HLT60407 Advanced Diploma of Dental Prosthetics	1	175	5	181
HLT60502 Advanced Diploma of Naturopathy	0	6	0	6
HLT60507 Advanced Diploma of Naturopathy	0	150	15	165
HLT60602 Advanced Diploma of Homoeopathy	0	0	0	0
HLT60607 Advanced Diploma of Homoeopathy	0	0	0	0
HLT61007 Advanced Diploma of Nutritional Medicine	0	1	0	1
HLT61107 Advanced Diploma of Nursing (Enrolled/Division 2 nursing)	6	402	15	423
HLT61307 Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health (Community Care)	1	0	0	1
Total	2,945	50,874	5,804	59,623

Australian vocational education and training statistics: Students and courses 2009

Course enrolments in CHC training package by
qualification, by Indigenous status 2009.

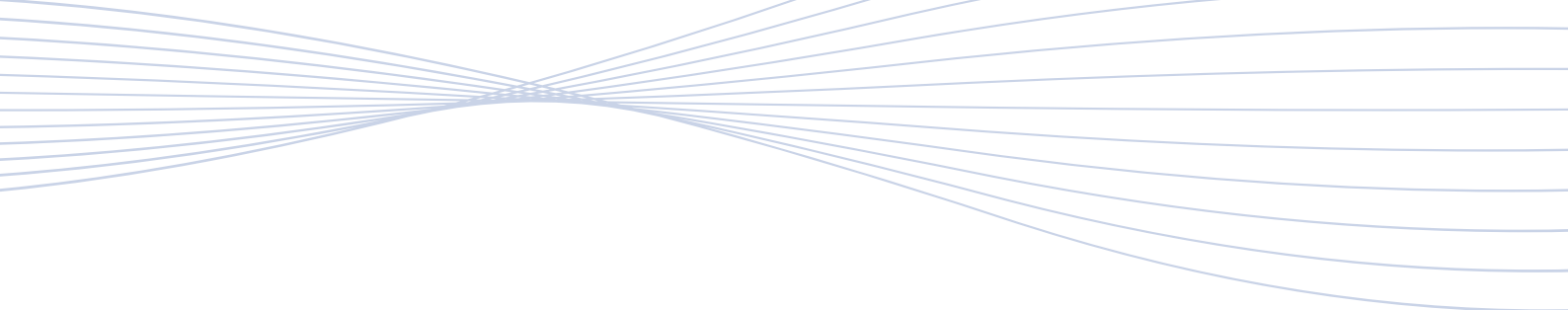
Qualification	Indigenous	Not Indigenous	Not known	Total
CHC10102 Certificate I in Work Preparation (Community Services)	115	520	374	1,009
CHC10108 Certificate I in Work Preparation (Community services)	1	2	0	3
CHC10208 Certificate I in Active Volunteering	0	15	1	16
CHC20102 Certificate II in Community Services Support Work	19	385	34	438
CHC20108 Certificate II in Community Services	11	74	6	91
CHC20199 Certificate II in Community Services (Aged Care Work)	0	0	0	0
CHC20202 Certificate II in Community Services Work	917	6,067	945	7,929
CHC20208 Certificate II in Active Volunteering	3	29	12	44
CHC20299 Certificate II in Community Services (Alcohol and Other Drugs Work)	0	0	0	0
CHC20302 Certificate II in Community Services (First Point of Contact)	76	35	13	124
CHC20399 Certificate II in Community Services (Children's Services)	0	0	0	0
CHC20499 Certificate II in Community Services (Community Work)	0	0	0	0
CHC20599 Certificate II in Community Services (Disability Work)	0	0	0	0
CHC30102 Certificate III in Aged Care Work	824	19,209	2,140	22,173
CHC30108 Certificate III in Community Services Work	30	80	6	116
CHC30199 Certificate III in Community Services (Aged Care Work)	4	18	2	24
CHC30202 Certificate III in Home and Community Care	187	5,068	355	5,610
CHC30208 Certificate III in Aged Care	17	857	106	980
CHC30299 Certificate III in Community Services (Alcohol and Other Drugs Work)	0	0	0	0
CHC30302 Certificate III in Disability Work	156	4,187	641	4,984
CHC30308 Certificate III in Home and Community Care	36	176	63	275
CHC30399 Certificate III in Community Services (Children's Services)	0	0	0	0
CHC30402 Certificate III in Children's Services	1,299	20,392	3,032	24,723
CHC30408 Certificate III in Disability	5	172	31	208
CHC30499 Certificate III in Community Services (Child Protection, Statutory Supervision, Juvenile Justice)	0	0	0	0
CHC30502 Certificate III in Employment Services	2	66	20	88
CHC30599 Certificate III in Community Services (Community Housing Work)	0	0	0	0
CHC30602 Certificate III in Youth Work	190	944	128	1,262
CHC30608 Certificate III in Active Volunteering	0	37	6	43
CHC30699 Certificate III in Community Services (Community Work)	0	0	0	0
CHC30702 Certificate III in Social Housing	11	8	0	19
CHC30708 Certificate III in Children's Services	48	1,102	60	1,210
CHC30799 Certificate III in Community Services (Disability Work)	0	0	0	0
CHC30802 Certificate III in Community Services Work	650	3,138	533	4,321
CHC30808 Certificate III in Education Support	1	78	6	85
CHC30899 Certificate III in Community Services (Mental Health Work non clinical)	0	0	0	0
CHC30902 Certificate III in Telephone Counselling Skills	0	0	0	0
CHC30908 Certificate III in Employment Services	10	1	0	11
CHC30999 Certificate III in Community Services (Youth Work)	0	0	0	0
CHC40102 Certificate IV in Aged Care Work	85	2,071	282	2,438
CHC40108 Certificate IV in Aged Care	3	221	14	238
CHC40199 Certificate IV in Community Services (Aged Care Work)	0	0	0	0
CHC40202 Certificate IV in Service Co-ordination (Ageing and Disability)	9	342	64	415
CHC40208 Certificate IV in Home and Community Care	0	22	43	65

Qualification	Indigenous	Not Indigenous	Not known	Total
CHC40299 Certificate IV in Community Services (Alcohol and Other Drugs Work)	0	7	8	15
CHC40302 Certificate IV in Disability Work	79	5,578	629	6,286
CHC40308 Certificate IV in Disability	4	242	47	293
CHC40399 Certificate IV in Community Services (Children's Services)	0	0	0	0
CHC40402 Certificate IV in Out of School Hours Care	27	484	55	566
CHC40408 Certificate IV in Alcohol and Other Drugs Work	0	16	0	16
CHC40499 Certificate IV in Community Services (Child Protection, Statutory Supervision and Juvenile Justice)	0	0	0	0
CHC40502 Certificate IV in Employment Services	26	334	56	416
CHC40508 Certificate IV in Mental Health	2	29	7	38
CHC40599 Certificate IV in Community Services (Community Housing Work)	0	0	0	0
CHC40602 Certificate IV in Youth Work	150	1,643	136	1,929
CHC40608 Certificate IV in Leisure and Health	0	66	26	92
CHC40699 Certificate IV in Community Services (Community Work)	0	0	0	0
CHC40702 Certificate IV in Youth Work (Juvenile Justice)	39	171	59	269
CHC40708 Certificate IV in Community Services Work	6	131	27	164
CHC40799 Certificate IV in Community Services (Disability Work)	0	0	0	0
CHC40802 Certificate IV in Social Housing	56	120	46	222
CHC40808 Certificate IV in Community Development	25	1	0	26
CHC40899 Certificate IV in Community Services (Mental Health Work non clinical)	0	0	0	0
CHC40902 Certificate IV in Community Services Work	381	4,784	303	5,468
CHC40999 Certificate IV in Community Services (Youth Work)	0	0	0	0
CHC41002 Certificate IV in Telephone Counselling Skills	0	15	6	21
CHC41008 Certificate IV in Community Services Advocacy	31	12	6	49
CHC41102 Certificate IV in Mental Health Work (Non-clinical)	96	2,447	118	2,661
CHC41202 Certificate IV in Community Services Advocacy	0	22	2	24
CHC41208 Certificate IV in Children's Services (Outside school hours care)	0	0	0	0
CHC41302 Certificate IV in Community Mediation	0	2	1	3
CHC41402 Certificate IV in Community Services (Information, Advice and Referral)	0	21	10	31
CHC41408 Certificate IV in Child, Youth and Family Intervention (Residential and out of home care)	35	22	4	61
CHC41502 Certificate IV in Marriage Celebrancy	2	57	48	107
CHC41508 Certificate IV in Child, Youth and Family Intervention (Child protection)	55	87	30	172
CHC41602 Certificate IV in Community Services (Lifestyle and Leisure)	43	1,285	131	1,459
CHC41608 Certificate IV in Child, Youth and Family Intervention (Family support)	29	23	3	55
CHC41702 Certificate IV in Alcohol and Other Drugs Work	121	1,471	76	1,668
CHC41708 Certificate IV in Education Support	0	4	5	9
CHC41802 Certificate IV in Community Services (Protective Care)	52	269	154	475
CHC41808 Certificate IV in Youth Work	0	15	1	16
CHC41902 Certificate IV in Community Development	18	129	0	147
CHC41908 Certificate IV in Youth Justice	8	40	4	52
CHC42002 Certificate IV in Community Services (Service Co-ordination)	16	153	15	184
CHC42008 Certificate IV in Employment Services	4	62	34	100
CHC42108 Certificate IV in Career Development	8	156	6	170
CHC42308 Certificate IV in Mediation	24	2	1	27
CHC42407 Certificate IV in Career Development	5	316	12	333
CHC42708 Certificate IV in Volunteer Program Coordination	0	6	0	6
CHC50102 Diploma of Disability Work	14	702	124	840
CHC50108 Diploma of Disability	1	111	4	116
CHC50199 Diploma of Community Services (Aged Care Work)	0	0	0	0

Qualification	Indigenous	Not Indigenous	Not known	Total
CHC50202 Diploma of Out of School Hours Care	2	334	11	347
CHC50208 Diploma of Community Services (Alcohol and other drugs)	0	14	0	14
CHC50299 Diploma of Community Services (Alcohol and Other Drugs Work)	0	0	0	0
CHC50302 Diploma of Children's Services	439	18,618	1,535	20,592
CHC50399 Diploma of Community Services (Children's Services)	0	0	0	0
CHC50402 Diploma of Employment Services	6	51	8	65
CHC50408 Diploma of Community Services (Alcohol, other drugs and mental health)	0	5	0	5
CHC50499 Diploma of Community Services (Child Protection, Statutory Supervision and Juvenile Justice)	0	0	0	0
CHC50502 Diploma of Youth Work	44	780	61	885
CHC50508 Diploma of Leisure and Health	2	52	9	63
CHC50599 Diploma of Community Services (Community Housing Work)	0	0	0	0
CHC50602 Diploma of Social Housing	1	5	0	6
CHC50608 Diploma of Community Services Work	1	25	3	29
CHC50699 Diploma of Community Services (Community Work)	0	0	0	0
CHC50702 Diploma of Community Welfare Work	194	6,279	633	7,106
CHC50708 Diploma of Community Development	0	11	0	11
CHC50799 Diploma of Community Services (Disability Work)	0	0	0	0
CHC50802 Diploma of Community Services (Lifestyle and Leisure)	5	465	72	542
CHC50808 Diploma of Social Housing	1	0	0	1
CHC50899 Diploma of Community Services (Mental Health Work non clinical)	0	0	0	0
CHC50902 Diploma of Community Services (Case Management)	4	444	19	467
CHC50908 Diploma of Children's Services (Early childhood education and care)	13	428	39	480
CHC50999 Diploma of Community Services (Youth Work)	0	0	0	0
CHC51002 Diploma of Community Services (Financial Counselling)	0	128	32	160
CHC51008 Diploma of Children's Services (Outside school hours care)	0	1	0	1
CHC51102 Diploma of Alcohol and other Drugs Work	7	490	32	529
CHC51202 Diploma of Community Services (Protective Intervention)	81	86	7	174
CHC51208 Diploma of Child, Youth and Family Intervention	17	5	3	25
CHC51302 Diploma of Statutory Child Protection	46	365	7	418
CHC51308 Diploma of Education Support	0	0	0	0
CHC51402 Diploma of Community Development	45	445	19	509
CHC51408 Diploma of Youth Work	2	38	0	40
CHC51502 Diploma of Community Education	88	146	5	239
CHC51602 Diploma of Community Services Management	40	335	75	450
CHC51608 Diploma of Employment Services	0	10	0	10
CHC51707 Diploma of Family Intake and Support Work	27	58	2	87
CHC51708 Diploma of Counselling	0	6	0	6
CHC51907 Diploma of Relationship Education	0	2	0	2
CHC52008 Diploma of Community Services (Case management)	9	156	0	165
CHC52108 Diploma of Community Services (Financial counselling)	2	38	1	41
CHC52208 Diploma of Community Services Coordination	7	79	12	98
CHC60102 Advanced Diploma of Disability Work	4	492	12	508
CHC60108 Advanced Diploma of Disability Work	0	74	4	78
CHC60199 Advanced Diploma of Community Services (Aged Care Work)	0	0	0	0
CHC60202 Advanced Diploma of Children's Services	23	1,305	147	1,475
CHC60208 Advanced Diploma of Children's Services	0	141	18	159
CHC60299 Advanced Diploma of Community Services (Alcohol and Other Drugs Work)	0	0	0	0
CHC60302 Advanced Diploma of Community Services Work	2	11	0	13



Qualification	Indigenous	Not Indigenous	Not known	Total
CHC60308 Advanced Diploma of Community Sector Management	0	20	2	22
CHC60399 Advanced Diploma of Community Services (Children's Services)	0	0	0	0
CHC60402 Advanced Diploma of Community Services Management	39	135	3	177
CHC60599 Advanced Diploma of Community Services (Community Housing Work)	0	0	0	0
CHC60699 Advanced Diploma of Community Services (Community Work)	0	0	0	0
CHC60799 Advanced Diploma of Community Services (Disability Work)	0	0	0	0
CHC60999 Advanced Diploma of Community Services (Youth Work)	0	0	0	0
Total	7217	118,428	13,882	139,527



Cover Tudor RP Recycled (Board weight 300gsm)
Containing 70% recycled fibre and 30% elemental chlorine free bleached virgin fibre.

Text Tudor RP 100% Recycled (Text weights)
Containing 100% recycled fibre.

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