



Community Sector and Development Industry Reference Committee

Draft 2018 Industry Skills Forecast for Public Consultation

Skills Forecast

Name of IRC: Community Sector and Development

Name of SSO: SkillsIQ Limited

About SkillsIQ

SkillsIQ supports 17 Industry Reference Committees representing diverse 'people-facing' sectors. These sectors provide services to people in a variety of contexts such as customer, patient or client. The Industry Reference Committees are collectively responsible for overseeing the development and review of training products, including qualifications, serving the skills needs of sectors comprising almost 50 per cent of the Australian workforce

About the Community Sector and Development Industry Reference Committee

The Community Sector and Development Industry Reference Committee (CS&D IRC) provides the industry engagement mechanism at the centre of training package product development for the community services sector. The CS&D IRC comprises of industry representatives with expertise from a cross-section of the community services sector, and its primary purpose is to provide advice to the Australian Industry Skills Council (AISC) about the skills needs of the community services sector.

Sector Overview

Occupations within the community sector are varied, and organisations in the sector deliver a wide range **of human services**. Most of the stakeholders, and their respective workforces, which are within the scope of the CS&D IRC are government departments and not-for-profit organisations. However, for-profit organisations are becoming more widely represented, particularly in disability services with the advent of the National Disability Insurance Scheme (NDIS) which involves private organisations in the provision of services.

The community services system includes disability support services, child protection, family services, youth justice and youth services, social housing, homelessness, family violence, Indigenous support services and community services volunteering.

The six key areas supported by the CS&D training package are outlined in **Figure 1**, and a summary of each is provided in the following sections.

Housing

Community
Services

Indigenous
Environmental
Health/
Population
Health

Youth Justice

Youth Services
and Child
Protection

Volunteering

Figure 1: Community Services and Development

The occupations which the CS&D training package supports are as diverse as the sectors covered, and some of the key roles types and responsibilities can include:

- **child protection workers** work in child, youth, and family intervention, including practice specialisations in residential and out-of-home care, family support and early intervention.
- **community services workers** coordinate and deliver a range of person-centred services to individuals, groups and communities.
- **community development workers** coordinate and deliver programs that contribute to the development of community capacity-building through public social change processes.
- **environmental health workers** plan, coordinate and implement control strategies designed to minimise adverse health impacts of the environment, as well as monitor and enforce laws and regulations governing public health.
- **youth justice officers** supervise young people who have been directed by the justice system to be in the care, and under the direction of, authorised community and government agencies.
- managers manage programs, projects and services in the community services industry, and
 who may also be responsible for the coordination and management of smaller organisations,
 or of branches/departments of large organisations. Manager roles can be undertaken by both
 staff and volunteers.
- volunteers work in an unpaid capacity across a range of sectors within the community services industry.
- youth outreach workers deliver a range of youth-focused outreach support and activities, designed to engage young people aged 10 – 17 years, who display behaviours that indicate they may be at risk of entering or re-entering the Youth Justice system.
- **chaplaincy and/or pastoral care workers** provide ongoing ethical, moral and spiritual support to clients using a person-centred approach.

These occupations and sectors mentioned above are discussed in more detail below.

Community services

Community services are provided by qualified individuals who have the knowledge, skills, and values to work with clients, families, social groups, or communities, to **promote, facilitate, or restore social functioning and inclusion**. **Community workers** advocate for the rights of individuals and communities, and work to address systemic barriers that prevent the social and economic inclusion of all citizens. Promoting social justice and maximising human potential are cornerstones of community work. Community workers provide services, support, activities, information and referral, and are often distinguished by the client area within which they work, or the role they perform. They link people with appropriate services, groups, communities, and each other.

Indigenous environmental health / Population health

Environmental health is defined by the Department of Health as that which 'addresses all the physical, chemical, and biological factors external to a person, and all the related factors that can potentially affect health. It is targeted towards preventing disease and creating health-supportive

environments.' Establishing and maintaining clean and healthy environments is the responsibility of all members of the community, and local, state/territory and national governments focus on maximising environmental health standards through their public health obligations. A key occupation involved in environmental health activities are environmental health workers. They are responsible for planning, coordinating, and implementing control strategies designed to minimise the adverse health impacts of the environment, as well as monitoring and enforcing the laws and regulations governing public health. Areas where duties may arise include water, sanitation, housing infrastructure, waste management, pest management, food safety and animal control.

Environmental health is a significant issue for Indigenous communities. According to the Australian Indigenous HealthInfoNet, 'the environments in which Aboriginal and Torres Strait Islander people live have a significant impact on their health. It is important to recognise healthy practices and identify and fix the risks present in Indigenous communities.' ² Many Indigenous communities have an environmental health worker, whose primary purpose is to provide skills to Indigenous people working and living in the community, and to enhance community control through local decision-making and community involvement.

Indigenous people in most jurisdictions suffer a high level of preventable disease and illness, many of which can be attributed to poor environmental health. These include high rates of cardiovascular disease (CVD), glaucoma, and other eye diseases up to and including blindness, cataracts, trachoma, and gonococcal conjunctivitis. CVD was 1.2 times more common for Aboriginal and Torres Strait Islander people than for non-Indigenous people³. Rates of diabetes are also higher for Indigenous Australians than for non-Indigenous Australians. Untreated diabetes can cause serious complications, including amputation of gangrenous limbs and blindness, both through microvascular disease. The death rate among Aboriginal and Torres Strait Islander peoples for diabetes was five times higher than for the non-Indigenous community⁴.

Achieving national goals for improving health outcomes for Indigenous communities is a target of all Australian governments. The Vocational Education and Training (VET) programs provide a consistent pathway from Certificate II to Diploma level in this discipline, with graduates skilled to work with Indigenous communities directly to improve environmental and population health.

Volunteering

Volunteering is popular in Australia. Estimations for the number of volunteers in Australia vary across sources, however, they show it is a widespread activity, potentially ranging between 5.8 million, (equivalent to one-third, 31%, of Australians in 2014 according to the Australian Bureau of Statistics,

¹ Australian Government, The Department of Health – Overview of Environmental Health (Available at: http://www.health.gov.au/internet/main/publishing.nsf/content/health-publith-strateg-envhlth-index.htm Accessed 03/05/2018)

² Australian Indigenous Health/*InfoNet* - Environmental Health (Available at: https://healthinfonet.ecu.edu.au/learn/determinants-of-health/environmental-health/ Accessed 10/04/2018)

³ Australian Indigenous Health*InfoNet* (2017) *Summary of Aboriginal and Torres Strait Islander health*, 2016. Perth, WA: Australian Indigenous Health*InfoNet*

⁴ Australian Indigenous Health/*InfoNet* (2017) *Summary of Aboriginal and Torres Strait Islander health*, 2016. Perth, WA: Australian Indigenous Health/*InfoNet*

ABS⁵), to 8.7 million (equivalent to 43.7% of adults in 2016 according to a *Giving Australia* report). Volunteers work in a wide range of sectors including community services, sports, education, conservation, emergency management and health. A majority of the 600,000 not-for-profit organisations⁶ in Australia involve volunteers, and many are governed and managed by volunteers. While calculating methodologies vary, a study undertaken by the University of Adelaide in 2011 estimated that volunteers contribute an estimated \$290 billion to the Australian economy each year.⁷

Volunteering is fundamental to community service provision in Australia. Volunteers are often tasked with governing community service organisations, setting the strategic direction of community organisations, procuring funding, appointing staff, as well as providing services along-side community work practitioners. Australian community services place a heavy reliance on volunteers, and approximately one in five (21%) volunteers undertook volunteering work at a welfare/community organisation. There are a significant number of qualified community workers who volunteer in the sector whilst they are not in the paid workforce in organisations such as the Scouting movement.

Youth Services and Child Protection

In Australia, youth work is 'an empowering practice that advocates for and facilitates a young person's independence, participation in society, connectedness and realisation of their rights'. ⁹ Youth workers are primarily concerned with young people who are aged between 12 and 25 years. Youth workers are employed in all states and territories in urban, rural and remote areas, in paid and unpaid roles. Individuals with VET qualifications in youth work often work in areas such as children's residential out-of-home care services and youth detention. Unlike other discipline areas of study, individuals with VET qualifications in youth work have clear progression pathways to undertaking a degree in youth work if they wish to continue to higher education.

Youth outreach workers act in the best interests of young people, focusing on early intervention, prevention, and proactive outreach. Many youth workers are employed by local governments and community sector organisations. They may work as community development officers, or residential care caseworkers, or as youth workers.

Child protection exists to provide support and assistance to children who are at risk of neglect or abuse, especially those who cannot live with their parents. This can occur for a number of reasons, for example, if: both parents are dead; have a serious drug problem; are experiencing mental illness; the children have been sexually, physically or emotionally abused; or are parents simply incapable of caring for them. Child protection is provided across all state and territory government jurisdictions.

⁵ Australian Bureau of Statistics (ABS) 4159.0.55.004 - Discussion Paper: Information needs for Volunteering data, April 2017 (Released April 2017)(Available at

 $[\]frac{\text{http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4159.0.55.004Main\%20Features1April\%202017?opendocument\&tabname=Summary\&prodno=4159.0.55.004\&issue=April\%202017\&num=\&view=)}{\text{http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4159.0.55.004Main\%20Features1April\%202017?opendocument\&tabname=Summary\&prodno=4159.0.55.004\&issue=April\%202017\&num=\&view=)}$

⁶ Productivity Commission Report (2010) Contribution of the Not-for-profit sector – background to the not-for-profit sector (Available at https://www.acnc.gov.au/ACNC/About_ACNC/Research/Background_NFP/ACNC/Edu/NFP_background.aspx?hkey=e88db8f0-3e48-4408-ab99-c2acb6ef8a1d Accessed 03/05/2018)

⁷ Flinders University, flingersbogs – Volunteering worth \$290 billion a year (October 2015)(Available at: http://news.flinders.edu.au/blog/2014/10/31/volunteering-worth-290-billion-a-year/ Accessed 03/05/2018)

⁸ Australian Bureau of Statistics (ABS) 44410DO001_2010 Voluntary Work, Australia, 2010

⁹ Australian Youth Affairs Coalition (2013) National Definition of Youth Work (Available via Youth Work WA at: http://www.youthworkwa.org.au/what-is-youth-work/ Accessed 10/04/2018)

In some jurisdictions, most child protection workers are social workers. The standards of the Australian Association of Social Workers require a minimum of an accredited degree and 1,000 hours of fieldwork practicum. Victoria has a minimum qualification requirement of a Diploma of Community Services if it incorporates 400 hours of fieldwork practicum.

In some states child protection workers with VET Certificates work in child protection support worker roles. Since 1 January 2018 Victoria requires children's residential care workers to have, as a minimum, a Certificate IV in Child Youth and Family Intervention (Residential and Out-of-Home Care). Victoria is providing assistance to existing staff to gain this qualification or upgrade existing qualifications.

Youth Justice

In some states and territories, youth justice services are maintained in the community services portfolio, in others the youth justice system is part of the overall justice portfolio. Each state and territory has at least one youth justice detention facility and a system of community service orders for those not in detention. The youth justice system is therefore split between people who work in youth justice centres and those who do casework in the community. **Youth justice officers** provide care, supervision and support to young people in secure residential facilities through the use of intervention, supervision, security procedures and strategies that manage and encourage young people to make positive changes in their lives.

In most states and territories, workers in youth justice centres do not have minimum qualification requirements. However, preference is given to individuals who have a Certificate IV in Youth Justice or similar, or an appropriate degree. The youth justice stream also has a diploma level program.

People working in youth justice community services programs tend to have a similar education profile to child protection workers: in Victoria this includes a minimum qualification of the Diploma of Community Services.

Housing

All states and territories offer some form of public housing to people who cannot afford market rentals or to buy a house. In most jurisdictions, there are specialist staff who run the public housing program. The Certificate IV in Social Housing exists as a qualification suitable for public housing specialist staff and people undertaking similar roles in the community housing sector (i.e. where the housing is owned by a community housing association, rather than by a state or territory government).

Community Sector & Development Qualifications

The VET qualifications that cater to this sector are:

- CHC14015 Certificate I in Active Volunteering
- CHC24015 Certificate II in Active Volunteering
- CHC34015 Certificate III in Active Volunteering
- CHC22015 Certificate II in Community Services
- CHC32015 Certificate III in Community Services

- CHC42015 Certificate IV in Community Services
- CHC52015 Diploma of Community Services
- CHC42115 Certificate IV in Community Development
- CHC52115 Diploma of Community Development
- CHC62015 Advanced Diploma of Community Sector Management
- CHC40313 Certificate IV in Child, Youth and Family Intervention
- CHC50313 Diploma of Child, Youth and Family Intervention
- CHC40413 Certificate IV in Youth Work
- CHC50413 Diploma of Youth Work
- CHC40513 Certificate IV in Youth Justice CHC50513 Diploma of Youth Justice
- CHC42215 Certificate IV in Social Housing
- CHC42315 Certificate IV in Chaplaincy and Pastoral Care
- CHC44015 Certificate IV in Coordination of Volunteer Programs
- HLT26015 Certificate II in Population Health
- HLT36015 Certificate III in Population Health
- HLT46015 Certificate IV in Population Health
- HLT26115 Certificate II in Indigenous Environmental Health
- HLT36115 Certificate III in Indigenous Environmental Health
- HLT46115 Certificate IV in Indigenous Environmental Health

Registered Training Organisation Scope of Registration

Table 1, below, outlines the number of Registered Training Organisations (RTOs) with **Community Sector and Development** qualifications on scope (as at 17 November 2017).

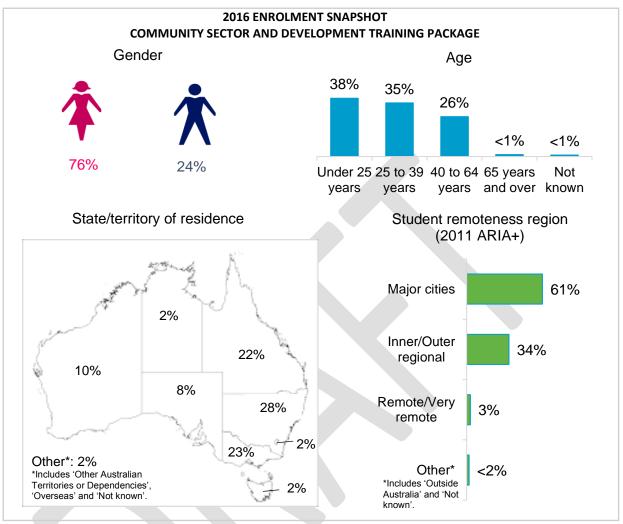
 $\textbf{Table 1:} \ \textbf{Number of RTOs by nationally recognised qualifications on scope-Community Sector and} \\$

Development training package products

Code	Qualification title	No. of RTOs with qualification on scope
CHC14015	Certificate I in Active Volunteering	22
CHC24015	Certificate II in Active Volunteering	26
CHC34015	Certificate III in Active Volunteering	8
CHC22015	Certificate II in Community Services	147
CHC32015	Certificate III in Community Services	149
CHC42015	Certificate IV in Community Services	117
CHC52015	Diploma of Community Services	195
CHC42115	Certificate IV in Community Development	10
CHC52115	Diploma of Community Development	15
CHC62015	Advanced Diploma of Community Sector Management	53
CHC40313	Certificate IV in Child, Youth and Family Intervention	28
CHC50313	Diploma of Child, Youth and Family Intervention	19
CHC40413	Certificate IV in Youth Work	76
CHC50413	Diploma of Youth Work	48
CHC40513	Certificate IV in Youth Justice	12
CHC50513	Diploma of Youth Justice	9
CHC42215	Certificate IV in Social Housing	5
CHC42315	Certificate IV in Chaplaincy and Pastoral Care	10
CHC44015	Certificate IV in Coordination of Volunteer Programs	5
HLT26015	Certificate II in Population Health	4
HLT36015	Certificate III in Population Health	2
HLT46015	Certificate IV in Population Health	1
HLT26115	Certificate II in Indigenous Environmental Health	2
HLT36115	Certificate III in Indigenous Environmental Health	3
HLT46115	Certificate IV in Indigenous Environmental Health	0

Source: Training.gov.au. RTOs approved to deliver this qualification. Accessed 17 November 2017

Enrolment and Completion Figures



Source: NCVER VOCSTATS (Program enrolments 2016 by various breakdowns) Base count n=52,806

General notes on statistics:

- 1. Enrolment and completion data is sourced from NCVER VOCSTATS (Program enrolments and completions 2014 2016), accessed October 2017.
- 2. It is important to note that not all training providers are currently required to submit enrolment and completion data, and some figures presented may therefore underrepresent the true count of enrolments and completions for a qualification. From 2018, all training providers will be required to submit data, and current discrepancies noted in the national NCVER figures and actual attendance should therefore be minimal in future releases. The data presented in this report is shown for indicative purposes.
- 3. Figures reflect public and private RTO data.
- 4. 'E' represents Enrolment.
- 5. 'C' represents Completion.
- 6. '-'symbol indicates qualification was not listed in NCVER data at time of reporting. Completion data for 2016 represents preliminary outcomes (i.e. not a full year)
- 7. Superseded qualifications, and their respective enrolment and completion data, are not tabled.

The following section details enrolment (E) and completion figures (C) for the years 2015 – 2016. This data has been sourced from the National Centre for Vocational Education Research (NCVER).

Table 2: Total number of enrolments (Total Vet Activity [TVA]) and completions – Community Sector and Development training package products (2015 – 2016)

Qualification	E/C	2015	2016	Total
CHC14015 Certificate I in Active	Е	30	459	489
Volunteering	С	0	364	364
CHC24015 Certificate II in Active	E	588	1,553	2,141
Volunteering	С	0	463	463
CHC34015 Certificate III in Active	E	42	553	595
Volunteering	С	0	103	103
CHC22015 Certificate II in Community	E	7	4,375	4,382
Services	С	2	1,299	1,301
CHC32015 Certificate III in Community	E	13	8,333	8,346
Services	С	0	858	858
CHC42015 Certificate IV in Community	E	27	4,825	4,852
Services	С	1	1,381	1,382
CHC52015 Diploma of Community Services	E	733	16,330	17,063
Circ32013 Diploma of Community Services	С	6	1,258	1,264
CHC42115 Certificate IV in Community	Е	0	144	144
Development	С	0	40	40
CHC52115 Diploma of Community	E	0	120	120
Development	С	0	3	3
CHC62015 Advanced Diploma of	E	0	1,221	1,221
Community Sector Management	С	0	75	75
CHC40313 Certificate IV in Child, Youth and	Е	536	622	1,158
Family Intervention	С	87	249	336
CHC50313 Diploma of Child, Youth and	Е	806	803	1,609
Family Intervention	С	265	156	421
Qualification	E/C	2015	2016	Total
CHC40413 Certificate IV in Youth Work	Е	5,060	4,647	9,707
	С	882	858	1,740
CHC50413 Diploma of Youth Work	E	7,021	7,488	14,509
,	С	478	509	987
CHC40513 Certificate IV in Youth Justice	E	163	228	391
	С	53	68	121
CHC50513 Diploma of Youth Justice.	E	291	527	818
·	С	25	35	62
CHC42215 Certificate IV in Social Housing	Е	0	190	190
	С	0	46	46

Qualification	E/C	2015	2016	Total
CHC42315 Certificate IV in Chaplaincy and	Е	8	273	281
Pastoral Care	С	0	49	49
CHC44015 Certificate IV in Coordination of	Е	0	35	35
Volunteer Programs	С	0	7	7
HLT26015 Certificate II in Population Health	E	-	-	-
	С	-	-	-
HLT36015 Certificate III in Population	E	0	2	2
Health	С	0	0	0
HLT42312 Certificate IV in Population	Е	44	18	62
Health	C	7	9	16
HLT21012 - Certificate II in Indigenous	E	70	60	130
Environmental Health	С	66	38	104
HLT32312 - Certificate III in Indigenous	E	5	0	5
Environmental Health	С	1	0	11
HLT46115 Certificate IV in Indigenous	E	-	-	-
Environmental Health	С	-	-	-

Source: NCVER VOCSTATS, Program enrolments 2015-2016, Industry Skills Council by Year, Program enrolments and completions, accessed November 2017

Stakeholders

National Peak Bodies and Key Industry Players

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

- Government departments and agencies
 - Relevant federal, State and Territory health/family/community services agencies
- Peak and industry associations
 - o Aged and Community Services Australia
 - o Australian Childhood Foundation
 - o Australian Community Workers Association
 - Australian Council for Private Education and Training
 - o Australian Council of Social Service
 - Centre for Excellence in Child and Family Welfare
 - Council of Homeless Persons
 - o Environmental Health Australia
 - o Homelessness Australia
 - Spiritual Care Australia
 - Volunteering Australia
 - State and Territory Youth Affairs Councils

- State and Territory Councils of Social Service
- Employee associations
 - Australian Services Union
 - Australian Youth Workers Association
 - o Community and Public Sector Union
- State-based Industry Training Advisory Boards
- Registered training organisations both public and private and their representative bodies, ACPET and TAFE Directors Australia
- Large and small private employers across metropolitan, regional, rural and remote areas including for-profit and not for profit.

Sector Outlook

Community services organisations assist millions of Australians annually. According to the most recent IBIS World industry report, the community services sector is expected to have raised \$50.6 billion in revenue in 2016-17, resultant from government funding, donations and private income. IBIS World defines community services to include crisis and care accommodation and personal welfare services which are relevant to this IRC. The sector is predicted to grow at 7.8% annually over the five years from 2016-17, including anticipated growth of 7.6% in the current year¹⁰. IBIS World reports that organisations across the sector will be challenged by new operating requirements over the next five years. Victoria, for example, has a major change program underway intended to improve integration of child protection, youth and family services and has implemented a mandatory minimum qualification in children's residential services from 1 January 2018. The Victorian Government has also agreed to a recommendation from the Victorian Royal Commission into Family Violence (RCFV) that all individuals working in family violence programs should have a social work degree or equivalent qualification by 2020.

The state and territory governments are responsible for most community welfare activities. The Commonwealth funds homelessness, and many public housing services, however, funds flow through state agencies. The states and territories fund child protection, family services and family violence services. In addition, the Australian government provides income support to elderly people, those living with a significant disability, unemployed people, tertiary students and carers. There is strong growth projected in the community sector and development occupations. Of these, welfare support worker numbers are expected to increase by 20% through to 2022. Social and welfare professionals, health and welfare support workers and occupational and environmental health professionals as subgroups are all expected to grow at over 15% p.a. through to 2022¹¹ (see 'Employment Skills and Outlook' section for more detail).

The National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is designed to change the way that support, and care are provided to people with permanent and significant disability (a disability that substantially reduces an individual's functional capacity or psychosocial functioning). The NDIS is being rolled out across

¹⁰ IBIS World 2017, Q8700, Community Services in Australia

¹¹ Australian Department of Jobs and Small Business, 2017 Occupational Projections – five years to November 2022

Australia and is the most significant reform for the sector in decades. At full scheme, about 475,000 people with a disability will receive individualised supports, at an estimated cost of \$22 billion in the first year of full operation¹². The NDIS is based on the premise that individuals' support needs are different, and that scheme participants should be able to exercise choice and control over the services and supports they receive.

Since the NDIS aims to provide more individualised support for people with a disability, demand for workers and the overall workforce is forecasted to increase significantly in order to meet participant intake volumes, as well as the need to provide more personalised services. According to the Productivity Commission 2017 report, *National Disability Insurance Scheme (NDIS) Costs*, the number of full-time equivalent staff will need to double, or in some areas, triple, to meet demand. Other estimates however, indicate that the increase may be instead between 60% and 80%. Whilst the need for the workforce to increase noticeably has been raised as a key issue to meet the volume of participants in the Scheme, the speed at which this needs to happen (i.e. develop the workforce) is also an issue that the government and sector faces.¹³

There is concern within the community sector regarding the increased movement of workers between disciplines. The demand for workers in the disability sector draws them away from other community services, exacerbating labour shortages in these services but the impact appears to have been uneven. Peak organisations such as National Disability Services report that funding for allied health professionals is adequate, but funding for support workers who are, at best, poorly qualified, is not.

The NDIS can help support the sectors represented within this IRC. For example, with social housing, the NDIS may be able to provide extra support to Scheme participants, such as a Local Area Coordinator to make contact and discuss their needs with housing providers, and funded support coordination to assist sourcing suitable housing options¹⁴.

Key CS&D training package products which provide skills training to support an NDIS workforce include the Certificate III in Individual Support and the Certificate IV in Disability. Although many thousands of individuals graduate each year with these qualifications, it is noted that both qualifications were designed before the NDIS was implemented and so as a result, they are widely acknowledged as in need of review. Concerns raised regarding the suitability of these qualifications, as well as the Certificate IV Aged Care qualification are also related to the lack of any minimum education requirements set by the Commonwealth.

One of the Productivity Commission's recommendation through the *National Disability Insurance Scheme (NDIS) Costs* report was in relation to bringing in foreign workers to work in disability. While the unemployment rate is more than 5%, using overseas workers to fill vacancies in NDIS-related occupations should not be necessary. The only plausible English speaking countries with a significant labour surplus over the next generation will be India and the Philippines, although Australia has

¹² Productivity Commission 2017, National Disability Insurance Scheme (NDIS) Costs, Study Report, Canberra.

¹³Productivity Commission 2017, *National Disability Insurance Scheme (NDIS) Costs*, Study Report, Canberra.

¹⁴ https://www.ndis.gov.au/housing Accessed 04/04/2018

recently agreed to allow numbers of unskilled labourers from certain Pacific Islands to work in Australia.

According to the IBIS World Industry Report *Personal Welfare Services in Australia 2017*, the Commonwealth, State and Territory governments have increased spending on programs aimed at preventing family breakdown, domestic violence, drug dependence and gambling addiction over the past five years. Such programs often include funding for advice and counselling. In addition, governments have rolled out initiatives aimed at improving youth welfare and preventing youth homelessness. These initiatives aim to improve youth engagement with families, communities, education and employment¹⁵. An example of this is the Community Development Programme (CDP) which was established as part of the NDIS funding commitment¹⁶, and designed to support jobseekers and reduce welfare dependency in remote Australia. The CDP commenced on 1 July 2015, replacing the Remote Jobs and Communities Program (RJCP)¹⁷.

Consumer-Directed Care

The Consumer Directed Care (CDC) framework highlights the workforce challenges facing industry as employers not only have to find more workers, but also develop staffing models that are responsive to new forms of service delivery. According to the Social Policy Research Centre's report *Analysis of Workforce Indicators Suitable for the Ageing, Disability and Home Care Sectors (2012)*: 'There is a growing concern that this person-centred model would effectively create two tiers of workforce, one comprised of trained and regulated workers employed by agencies and service provider organisations; and a second, less qualified and unregulated workforce employed directly by individual service users.' The recruitment of skilled workers for this sector will be extremely important going forward as well as ensuring that qualifications and skillsets match the requirements of clients. It is anticipated that tens of thousands of workers in these sectors will require up-skilling to expand their scope of practice and meet the demands of the new system.

Co-design of services (client and service input at different levels) is now a significant factor in planning and, whilst somewhat problematic, it is a way to achieve much better outcomes. Vertical and horizontal integration is important for good collaboration and currently, Victoria is establishing vertically integrated hubs for community services to exchange information regarding clients in common. In Western Australia, some providers have re-arranged the way they employ staff, creating place-based services. They employ cross-skilled staff that can work across a number of sectors. The impact of person-centred services is yet to be determined in full. Overall, the portability of skills is important as models of staffing can be similar in various sectors. The federal government has reformed the CDC and as of January 2019, it will change in relation to aged care provision. The Commonwealth government changed the aged care procurement system to ensure contestability in such areas as the provision of community aged care packages. This process has already begun to

¹⁵ IBIS World 2017, Q8790, Personal Welfare Services in Australia

¹⁶ National Disability Insurance Agency, Community Inclusion and Capacity Development (CICD) Program Guidelines, Implementing Information, Linkages and Capacity Building (ILC) 2016-17 to 2019-20

¹⁷ Australian Government 2017, National Audit Office, ANAO Report No.14 2017–18, Design and Implementation of the Community Development Programme

¹⁸ Hilferty, F & Cortis, N 2012, *Analysis of workforce indicators suitable for the ageing, disability and home care sectors*, Department of Families and Communities, New South Wales, Social Policy Research Centre, University of New South Wales, Sydney

create a dynamic growing sector including both private sector, and not-for-profit providers. This is particularly relevant in rural and regional areas.

Youth Justice

The Productivity Commission *Report on Government Services 2018* chapter on *Community Services – Youth Justice Services* (2018) states that: 'State and territory governments have responsibility for funding and/or providing youth justice services in Australia. Each jurisdiction (state or territory) has its own legislation that determines the policies and practices of its youth justice system and, while this legislation varies in detail, its intent is similar across jurisdictions'. In some jurisdictions these services are called juvenile justice. Total expenditure on detention-based supervision, community-based supervision and group conferencing was \$769.5 million across Australia in 2016-17¹⁹. Youth justice services aim to promote community safety, rehabilitate and reintegrate young people who offend, and contribute to a reduction in youth re-offending (recidivism)²⁰. To achieve these aims, governments seek to provide youth justice services that:

- divert young people who offend from further progression into the youth justice system by the provision of alternative services
- assist young people who offend to address their offending behaviour
- provide a safe and secure environment for the protection of young people during their time
 in detention
- assist young people who are in youth justice detention to return to the community
- promote the importance of the families and communities of young people who offend, particularly Aboriginal and Torres Strait Islander communities, in the provision of services and programs. (Aboriginal and Torres Strait Islander young people were overrepresented in the youth justice system, and to a greater extent in detention-based supervision, at 25 times the rate of non-Indigenous young people in 2015-16.)
- support young people to understand the impact of their offending on others, including victimsurvivors and the wider community
- recognise the rights of victim-survivors²¹.

As a result of media coverage and public concern, priorities in several state and territory jurisdictions have led to a demand for better training in youth justice and a rapid expansion of this work force.

Child Protection

According to the Productivity Commission's *Report on Government Services – Child Protection Services* (2018) 'State and Territory governments have responsibility for funding and/or providing child protection services in Australia. Each jurisdiction has its own legislation that determines the policies and practices of its child protection system, and while this legislation varies in detail, its intent is similar across jurisdictions.' Total expenditure on family support services, intensive family support services,

¹⁹ Australian Government 2018, Productivity Commission, *Community Services – Youth justice services*

²⁰ Australian Government 2018, Productivity Commission, *Community Services – Youth justice services*

²¹ Australian Government 2018, Productivity Commission, *Community Services – Youth justice services*

protective intervention services and out-of-home care services was \$5.2 billion nationally in 2016-17 (a real increase of 8.5 per cent from 2015-16)²².

Child protection policies and practices are under continual development on a jurisdiction-by-jurisdiction basis. In recent years, there has been an increasing national focus on early intervention and family support services to help prevent families entering or re-entering the child protection system and to help minimise the need for more intrusive interventions²³. In 2016–17, 233,795 children were the subject of notifications; 112,164 children were the subject of a finalised investigation; 49,315 children were subject of a substantiation; 54,666 children were on a care-and-protection order; and 47,915 were in out-of-home care²⁴.

In 2009, the Council of Australian Governments agreed on a framework for protecting Australia's children. The *National Framework for Protecting Australia's Children 2009–2020: Protecting Children is Everyone's Business* outlines actions and strategies that governments and others will agree upon are all aimed to ensure Australia's children and young people are safe and well.

As a measure of this outcome, government and the non-government sector have agreed a target of a substantial and sustained reduction in child abuse and neglect in Australia over time. To demonstrate progress towards achieving the target the following measures have been identified:

- Trends in key national indicators of children's health, development and wellbeing
- Trends in hospital admissions and emergency department visits for neglect and injuries to children under three years
- Trends in substantiated child protection cases
- Trends in the number of children in out-of-home care.

The Productivity Commission produces an annual report on comparative measures of progress in justice, education, health, housing, and child protection and family services. See http://www.pc.gov.au/research/ongoing/report-on-government-services.

Some state and territory jurisdictions have mandatory minimum qualifications for those working in child protection, including Victoria, New South Wales, Queensland, and South Australia. This is aimed at ensuring workers have the requisite skills and capabilities to deal effectively with this at-risk cohort of clients. However, the qualifications covered by this IRC are not used in some jurisdictions. For example, in New South Wales and South Australia, the minimum qualification is a Degree. In Victoria, it is a Diploma of Community Services which incorporates 400 hours of fieldwork practicum.

Aboriginal and Torres Strait Islander children are overrepresented in the child protection systems²⁵. *The National Framework for Protecting Australia's Children 2009-2020* report states that, 'Aboriginal and Torres Strait Islander communities experience intergenerational cycles of adversity and trauma,

²² Australian Government 2018, Productivity Commission, Report on Government Services – Child Protection Services

²³ Australian Institute of Health and Welfare 2017. *Child protection Australia 2015–16*. Child Welfare Series no. 66. Cat. no. CWS 60. Canberra: AIHW.

²⁴ Australian Government 2018, Productivity Commission, Report on Government Services – *Child Protection Services*

²⁵ Australian Government 2018, Productivity Commission, Report on Government Services – *Child Protection Services*

leading to social problems including poverty, high levels of violence, psychological distress, destructive behaviours, and individual, family and community dysfunction. These problems are also associated with heightened rates of abuse and neglect'. Addressing the disadvantage is essential to addressing the factors that put Aboriginal and Torres Strait Islander children at-risk of abuse and neglect. In order to provide culturally appropriate responses, strategies developed under the National Framework need to be based on partnerships between Indigenous families and communities, and between Indigenous agencies, mainstream service providers and governments²⁶. It is therefore critical that the workforce is equipped with cultural competency skills to best engage with the Aboriginal and Torres Strait Islander communities in addressing child protection issues.

Indigenous Environmental Health

Maximising environmental health is essential as environmental factors can be associated with ill-health conditions including intestinal and skin infections and some chronic diseases; for example, acute rheumatic fever, respiratory issues such as asthma, and some cancers. Environmental health issues tend to affect the Aboriginal and Torres Strait Islander community more than any other community. According to the *Aboriginal and Torres Strait Islander Health Performance Framework 2017* report, Aboriginal and Torres Strait Islander people 'experienced a burden of disease that was 2.3 times the rate of non-Indigenous Australians in 2011'. The life expectancy of Aboriginal and Torres Strait Islander people has improved in recent years but progress will need to hasten if the 2020 Council of Australian Governments' (COAG) target to close the gap in life expectancy by 2031 is to be achieved²⁷.

It is well known that Aboriginal and Torres Strait Islander people experience a range of disparities in health outcomes and do not benefit equitably from health services. As with other colonised populations worldwide, Aboriginal and Torres Strait Islander Australians experience poorer health outcomes and shorter life expectancy compared with non-Indigenous Australians²⁸. Aboriginal and Torres Strait Islander people are disproportionately affected by the diseases associated with environmental health due to the remoteness of some communities; poor infrastructure; lack of access to tradespeople and repairs; and the cost of maintenance²⁹. *The My Life, My Lead (2017)* report states that: 'many Indigenous communities have an environmental health worker, whose primary purpose is to provide skills to Indigenous people working and living in the community to improve their quality of life and reduce preventable health issues, and to enhance community control through local decision-making and community involvement. It is also therefore important that healthy environments be established and maintained by individuals, communities, government and nongovernment agencies. This involves the provision of infrastructure (housing, water supply and sewage systems) and minimising environmental health risk factors³⁰.' That state of the situation for Aboriginal

²⁶ Council of Australian Governments 2009, Protecting Children is Everyone's Business, National Framework for Protecting Australia's Children 2009-2020

²⁷ Australian Health Ministers' Advisory Council, 2017, *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, AHMAC. Canberra.

²⁸ Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147 ed. Canberra: AIHW; 2015. http://www.aihw.gov.au/publication-detail/?id=60129550168.

²⁹ Australian Indigenous Health*InfoNet* (2017) *Overview of Aboriginal and Torres Strait Islander health status, 2016*. Perth, WA: Australian Indigenous Health*InfoNet*

³⁰ Commonwealth of Australia, Department of Health, *My Life My Lead - Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health:* Report on the national consultations December 2017.

and Torres Strait Islanders in remote and rural settings having poor health outcomes requires an Environmental health workforce with the skills to engage with the community to help improve health outcomes. It also requires people who want to work in remote and rural settings.

Volunteering

People volunteer for a variety of reasons, including 'values alignment', 'change of lifestyle' (e.g. keeping busy when retired) and a 'sense of satisfaction' among a few reasons³¹. Volunteering is seen as a valuable pathway to employment as evidenced by the Government's desire for individuals to participate in volunteer activities as part of meeting Centrelink requirements. New migrants see volunteering as an opportunity to integrate into society. It is also considered as a way to develop a wide range of employability skills from customer service to administration and client services. Online and social media have also had an impact on volunteer roles and how volunteers interact with organisations.

Volunteering is occurring across different sectors however, some are more popular than others with individuals, and the supply of volunteers can be skewed towards non-community services-based sectors. For example, the Sports and Recreation sector attracts the highest volume of volunteers (i.e. over 40% of volunteers were participating in sports and recreation organisations), and overall it is popular in relation to the variability of volunteering activities available. The community sector on the other hand represented one in five volunteers (i.e. 21% of volunteers were undertaking volunteering at a welfare/community organisation)³². Skews in the supply of volunteers can mean the community sector organisations can experience short falls to deliver all activities and services required.

The nature of volunteering is changing along with societal developments. The requirement to meet legislative and compliance requirements is increasing and expectations placed on volunteers by both clients and organisations are increasing. For example, a significant challenge faced by volunteer program managers is that they can regularly be expected to manage programs involving hundreds of volunteers, with high levels of diversity, and across a range of activities and locations. A manager of volunteers is rarely recognised as a profession despite the extensive and high-level skills required.

Social Housing/Homelessness

Many Australians experience events in their life that may place them at risk of homelessness. It is estimated that just over half (51%) of lower income households experience housing affordability issues due to rental stress (paying more than 30% of their gross income on housing costs)³³, and around 1 in 6 women (n=1.6 million) have experienced some form of domestic and family violence in their lifetime, putting them at risk of homelessness³⁴. Limited access to social housing has also been identified as one of the main drivers of homelessness³⁵.

³¹ McGregor-Lowndes, Myles, Marie Crittall, Denise Conroy and Robyn Keast with Christopher Baker, Jo Barraket and Wendy Scaife. 2017. *Individual giving and volunteering. Giving Australia 2016* report series commissioned by the Australian Government Department of Social Services. Brisbane, Queensland: The Australian Centre for Philanthropy and Non-profit Studies, Queensland University of Technology, Centre for Social Impact Swinburne, Swinburne University of Technology and the Centre for Corporate Public Affairs.

³² Australian Bureau of Statistics (ABS) 44410DO001_2010 Voluntary Work, Australia, 2010

³³ Australian Bureau of Statistics (ABS) 2017a. Housing and occupancy costs, 2015–16. ABS cat no. 4130.0. Canberra: ABS.

³⁴ ABS 2017b. Personal safety, Australia, 2016. ABS cat no. 4906.0. Canberra: ABS.

³⁵ See further: St Vincent De Paul Society, (2016), *The Ache for Home: A Plan to Address Chronic Homelessness and Housing Unaffordability in Australia*, Canberra

The Commonwealth Government announced its intention to establish a new National Housing and Homelessness Agreement (NHHA) in the 2017–18 Budget, reforming the previous funding agreements with states and territories (the National Affordable Housing Agreement (NAHA) supported by the National Partnership Agreement on Homelessness (NPAH)). The proposed \$4.6 billion NHHA includes \$375.3 million over three years to fund front-line homelessness services, and comes into effect 1 July 2018³⁶.

In Victoria, the government has created the social housing growth fund in which it will fund \$1 billion to ensure that Victorians have a roof over their head. At the time of writing, early April 2018, the proposed new National Housing and Homelessness Agreement is being negotiated. The workforce will need the skills to manage a number of social issues including people who have suffered domestic violence, to be able to best support them in finding appropriate housing.

The Specialist Homelessness Services Annual Report (2016-17) states that each state and territory manages its own system for the assessment, intake, referral and ongoing case management of specialist homelessness services clients. The delivery systems represent three models (see Box 1), which are not distinct delivery models, and instead represent a range of approaches for coordinating entry into specialist homelessness services.

Box 1. Delivery of homelessness services across Australia

- Community sector funding and support
 - Assessment & intake: managed by individual SHS providers, consistent with state or territory policies.
 - **Referral:** refer to other SHS providers if clients' needs are not able to be met by initial SHS provider.
 - May be supported by a coordinating service.
- Central information management
 - Assessment, intake and referral: managed at any SHS provider, via state or territory central information management tool.
- Central information management system assists in the identification of appropriate services and indicates the availability/vacancy of services at all SHS providers.
- Central intake
- Assessment, intake and referral: managed by one or more 'central intake' agency.
- Central intake agencies prioritise access to services and only refer clients as services and/or vacancies are available.
- Central information management tool may exist to share information between SHS providers.

Source: Australian Institute of Health and Welfare (AIHW), Specialist homelessness services annual report 2016-17 (Available at:

https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-2016-17/contents/policy-framework-for-reducing-homelessness-and-service-response)

Specialist homelessness agencies, which receive government funding to deliver accommodation-related and personal services to people who are homeless or at imminent risk of homelessness, are required to provide reports for the Specialist Homelessness Services Collection (SHSC) database. While it is recognised that other organisations not directly funded by the government also provide a wide range of services to this sector, these organisations are not required to provide data to the SHSC. Nationally, there were 1,518 agencies that delivered specialist homelessness services to an estimated 288,273 clients during 2016–17³⁷.

³⁶ Australian Government 2017, Australian Institute of Health and Welfare, Specialist Homelessness Services Annual Report 2016-17

³⁷ Australian Government 2017, Australian Institute of Health and Welfare, Specialist Homelessness Services Annual Report 2016-17

Housing affordability has become a major issue in Australia, and more specifically for people living in capital cities. For people on moderate and lower incomes, being able to afford a place to live is a challenge and not one that looks like being solved in the near future. The Commonwealth government pledged a commitment to housing in the 2017-18 budget to confront the issue of affordable housing. The Commonwealth government acknowledged the role of Community Housing Providers (CHP) in ensuring Australians have a place to live and the contribution providers make towards the social housing sector. It is able to provide social and affordable housing to large sections of the community who are moderate to low income earners³⁸.

Social housing availability is an issue prevalent for the Aboriginal and Torres Strait Islander community. Aboriginal people face a number of barriers to accessing housing and services, including a high prevalence and often complex combinations of risk factors, disadvantage and racism in the housing market³⁹. The housing options of Aboriginal people are shaped by poverty, accessibility of social housing, and the management practices of social housing providers. Under current policy settings many services are 'mainstreamed', meaning that they do not cater to the unique needs of Aboriginal people and therefore may not meet their needs. Culturally appropriate housing management practices have the potential to reduce tenancy turnover and 'tenancy failure' and to provide appropriate and sustainable housing for Aboriginal people⁴⁰. The social housing workforce will also require cultural competency skills in order to understand this issues that affect Aboriginal and Torres Strait islanders in relation to homelessness to be able to support them in appropriate ways.

Chaplaincy and/or Pastoral Care

In many healthcare institutions, spiritual care practitioners work alongside many others in providing the multi-dimensional care that reflects the World Health Organisation's (WHO) view of health and health-care. In 2016 the Victorian Department of Health and Human Services recognised spiritual care as an allied health profession⁴¹. Spiritual care practitioners are often referred to as pastoral care practitioners or chaplains. Issues of spirituality, which may include faith and religion, are important to many patients in Victoria's health care system. Having an understanding of a client/patient spiritual/religious beliefs can assist in understanding strategies to cope with illness, decision-making about treatment, medicine and self-care, and overall health outcomes⁴².

Spiritual care practitioners are also employed in schools, as part of the National School Chaplaincy Programme (2015-2018) run in government, Catholic and independent schools across Australia. In NSW they also work within the criminal justice system as an important part of an offender's reintegration into society⁴³.

³⁸ Power Housing Australia, Sector Capacity Prospectus – Australian Community Housing Sector 2017-18

³⁹ Brackertz, Dr N, Davison, J, Wilkinson, A, How can Aboriginal housing in NSW and the Aboriginal Housing Office provide the best opportunity for Aboriginal people?, 2017, Australian Housing and Urban Research Institute, Aboriginal Housing Office, NSW

⁴⁰ Brackertz, Dr N, Davison, J, Wilkinson, A, How can Aboriginal housing in NSW and the Aboriginal Housing Office provide the best opportunity for Aboriginal people?, 2017, Australian Housing and Urban Research Institute, Aboriginal Housing Office, NSW

⁴¹ Spiritual Health Victoria 2016, Capability Framework for Spiritual Care Practitioners in Health Services

⁴² Haynes, A., Hilbers, J., Kivikko, J., & Ratnavyuha. 2007 Spirituality and Religion in Health Care Practice: a person-centred resource for staff at the Prince of Wales Hospital. SESIAHS, Sydney.

⁴³ http://www.correctiveservices.justice.nsw.gov.au/Pages/CorrectiveServices/programs/chaplaincy-services/about-us/about-us.aspx, accessed 10 April 2018.

Challenges and Opportunities

Caseload Management

One of the challenges facing workers within the purview of this IRC is caseload management. Case management is an important practice involving the holistic planning and facilitation of services to meet an individual's care needs, and it is commonly implemented in various community care setting across Australia, including disability and aged care. The number of cases a practitioner is assigned and subsequent time pressures are significant issue for sectors, and a concern across the workforce. Recent media reports have highlighted high incidences of caseload issues in areas involving child protection, which consequently can put young and vulnerable clients at risk. Extensive caseloads can add significant pressures on staff, and trigger low job satisfaction, recruitment and retention issues for organisations.

The Australian Community Workers Association has voiced issues regarding 'client-to-worker ratios', and indicated a combination of factors regarding the skills levels of workers, the number of hours worked, and client expectations need to be considered to address the issue. ⁴⁶

Limiting the number of cases allocated to workers, and establishing caseload caps, is one workplace strategy industry groups such as the Health and Community Services Union (HCSU)⁴⁷ and the Australian Community Workers Association are supporting to address the issue and maximise the wellbeing of workers, and clients. Increasing resources and the workforce to match caseload demand is a need organisations are recognising.

In community services, case management may involve dealing with a diverse and vulnerable client audience, ranging from individuals, to families and/or community groups. The cases are complex and sensitive in nature, and therefore the skills needs for managing the type of cases, and volume of cases can be multifaceted. Development of skills in caseload management, including self-management, resilience and emotional intelligence is critical for community services workers. In addition, skills in areas such as family violence (recognising, confidence in reporting/referring and ability to respond appropriately) are also critical.

While some jurisdictions are looking to significantly increase the size of their community services workforce to assist in addressing caseload issues, the skills mix of workers is an important element in these recruitment practices. Currently there is no single policy-driven initiative regarding caseload management, and it remains a significant challenge for sectors supported by this training package. Improving caseload management will be important to encourage worker satisfaction and the retention of workers.

⁴⁴ You. E, Dunt. D, Doyle. C, *Important Case management Goals in Community Aged Care Practice and Key Influences*. Case Management Journals, Vol. 17, Issues No. 1, 2016.

⁴⁵ ANC News Article: NT child protection workers allege large, unmanageable workloads put vulnerable children at risk (4 April 2018)(Available at: http://www.abc.net.au/news/2018-04-04/nt-child-protection-workers-allege-caseloads-risk/9615396 Accessed 04/05/2018)

⁴⁶ Australian Community Workers Association 2017, *How many clients is too many?*, http://www.acwa.org.au/ blog/Blog/post/how-many-clients-is-too-many/ Accessed 6/02/2017

⁴⁷ ABC News Article: Launceston child protection workers stop taking cases (28 April 2018)(Available at: http://www.abc.net.au/news/2018-04-28/tas-child-protection-workers-in-launceston-cap-cases/9705234 Accessed 04/05/2018)

Youth Services

Youth workers are currently faced with the challenge of helping young people overcome many issues. 'Social exclusion,' which can include social, political and economic deprivation suffered by marginalised individuals,⁴⁸ is something that many young people, especially those from a low socioeconomic, Aboriginal and Torres Strait Islander communities, or migrant backgrounds, face. Large discrepancies continue to exist between youth population groups in Australia, specifically between Aboriginal and Torres Strait Islander youth and non-Indigenous youth regarding educational and health outcomes. For example, retention rates of Aboriginal and Torres Strait Islander students in secondary school is consistently lower (55% from Year 7/8 to Year 12) than other students (83%).⁴⁹ The attainment of Year 12 or an equivalent qualification for Aboriginal and Torres Strait Islanders aged 20 to 24 years remains considerably lower at 65.3% compared to non-Indigenous Australians (89.1%).⁵⁰ Youth workers are involved in working specifically with 12 to 25 year olds, and are challenged to support young people from all walks-of-life to achieve their potential in terms of education, health and overall wellbeing.

The Organisation for Economic Co-Operation and Development (OECD) has stated that Australia has one of the highest levels of educational inequity in the OECD, with students from low socio-economic backgrounds achieving much lower results than children from high socio-economic backgrounds⁵¹. This discrepancy is also seen between youth from urban and rural backgrounds, with young people in rural locations exhibiting much lower levels of achievement⁵². The challenge for the sector is for workers to have adequate skills to be able to successfully deliver services to youth from a range of backgrounds and environments. Delivering services to young people in rural regions can be particularly challenging due to issues of remoteness and scarcity of resources available.

Youth Justice

Significant issues in youth justice services in the Northern Territory were recently highlighted in the Northern Territory Royal Commission's Report of the Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory (tabled in Parliament the 17 November 2017). Youth justice workers and police, according to the findings of the inquiry, were found to have verbally, physically and emotionally abused youth in their care⁵³. These issues are not unique to the Northern Territory, and so the inquiry is being used to inform the reviews and improvements of youth justice systems in other jurisdictions. Workforce training is an important element for improving systems. Training and ongoing professional development of the youth justice workforce should cover a range of sector and behavioural areas, including trauma-informed care, youth suicide prevention, the needs and experiences of children with a disability, mental health, alcohol and drug dependencies, and cultural competencies to engage with youth from different backgrounds, including

⁴⁸ European Commission 2014, Education, Audio-visual and Culture Executive Agency, Evidence from literature and surveys.

⁴⁹ Department of the Prime Minister and Cabinet. Aboriginal and Torres Strait islander Health Performance Framework 2014 Report (2.05 Education outcomes for young people)(Available at: https://www.pmc.gov.au/sites/default/files/publications/indigenous/Health-Performance-Framework-2014/tier-2-determinants-health/205-education-outcomes-young-people.html Accessed 04/05/2018)

⁵⁰ Department of the Prime Minister and Cabinet. *Closing the gap: Prime Minister's Report 2018*.

⁵¹ Organisation for Economic Co-Operation and Development. (2015). Economic Policy Reforms: "Going for Growth", (Available at: http://www.oecd.org/eco/growth/goingforgrowth.htm Accessed 04/04/2018)

⁵² The Commonwealth Youth Programme 2016, Australian Youth Development Index – A Jurisdictional overview of Youth Development

⁵³ Northern Territory Government 2017, Northern Territory Royal Commission into the Protection and Detention of Children in the Northern Territory Report Overview

Aboriginal and Torres Strait Islander communities, and culturally and linguistically diverse backgrounds. Training can complemented with a framework demonstrating clear career pathways for staff to maximise progression opportunities in youth justice, and encourage staff commitment to the sector.

Aboriginal and Torres Strait Islander youth are over-represented in the youth justice system.⁵⁴ This over-representation is a historic and ongoing issue which was raised over 25 years ago, in 1991, by Commissioner Elliott Johnston through the Australian Government's *Royal Commission into Aboriginal Deaths in Custody*. The findings emphasised the high rates of incarceration of Indigenous young people and adults. Despite the reforms to policy and practice prompted by the Australian Government's Royal Commission, substantial over-representation of Indigenous young people in the youth justice system persists.

Some approaches have been taken to supporting Aboriginal and Torres Strait Islander youth, and reducing the rates of incarceration. These include addressing the environmental conditions that enable it to occur through policies in health, housing and human services, which can have an attendant impact on crime levels⁵⁵. An opportunity for the sector can be found in the need for community workers to be working in rural and remote areas with the Aboriginal and Torres Strait Islander community to have a positive impact on its youth. Workers who assist youth also need to have training to develop cultural awareness and competence in how to interact appropriately with Indigenous youth, and the wider community.

The Victorian Royal Commission into Family Violence

In 2015, the Victorian government established a Royal Commission into Family Violence (RCFV) in recognition of the seriousness and extent of the issue across the state. The Victorian Royal Commission was tasked with:

- identifying more effective ways to prevent family violence
- improve early intervention so as to identify those at risk
- support victim-survivors
- make perpetrators accountable
- develop and refine systemic responses to family violence
- better coordinate community and government responses to family violence
- evaluate and measure the success of strategies, frameworks, policies, programs and services introduced to stop family violence.⁵⁶

The Victorian Royal Commission's conclusions identified a number of strengths of the current Victorian system in governing and managing family violence for the community, and these included the presence of networks of dedicated family services, and recommended the development of key strategic plans (i.e. the *Indigenous Family Violence 10 Year Plan: Strong Culture, Strong Peoples, Strong*

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⁵⁴ Northern Territory Government 2017, Northern Territory Royal Commission into the Protection and Detention of Children in the Northern Territory Report Overview

⁵⁵ Australian Government 2012, Australian Institute of Health and Welfare, Indigenous young people in the juvenile justice system

⁵⁶ Victorian State Government 2016, Royal Commission into Family Violence, Summary and recommendations

Families) and frameworks for understanding roles and responsibilities (i.e. the Common Risk Assessment Framework, the CRAF). The conclusions however, also highlighted some key limitations of the system, including resourcing, and the lack of skills of key personnel to identify family violence incidences.⁵⁷ The recommendations put forward for improving family violence across Victoria have been committed too by the Victorian government.

Family violence is a substantial issue in Aboriginal and Torres Strait Islander communities, especially for women and children, who are disproportionately affected by conflict and physical and emotional abuse. And whilst women and children in these communities are 30% more likely to be affected by family violence than other population groups in Australia, they face unique barriers to obtaining assistance either from a mainstream or specialist service provider. The Victorian Royal Commission found that the injustices experienced by Aboriginal and Torres Strait Islander peoples, including the dispossession of their land and traditional culture, and the grief and trauma associated with policies leading to the wrongful removal of children from their families, have had a profound intergenerational impact on these communities. Family violence is a leading contributor to Aboriginal child removal, homelessness, poverty, poor physical and mental health, drug and alcohol misuse and incarceration⁵⁸.

A range of community services interact with people experiencing family violence, among them child protection workers, pastoral care workers, juvenile justice officers and youth workers. There are many reasons for community/social professionals failing to inquire about family violence or lacking confidence in responding to disclosures. A lack of family violence training and awareness, inadequate referral options, and time pressures, for example, can all contribute to missed opportunities to intervene and offer support to victim-survivors⁵⁹.

Most people place considerable trust in community professionals' advice. Such advice can help victimsurvivors come to recognise family violence, make safety plans and gain access to the services they
need. The RCFV made a range of recommendations to improve health sector responses, through
strengthened screening and risk assessment procedures, greater workforce training and
development, and better coordination and information sharing between different parts of the health
and community care system. These factors can be reinforced by utilising current training package Units
of Competency that give student a range of capabilities to identify, respond to, and manage, the
impact on themselves, and feel confident in referring clients who have experienced or witnessed
family violence. In addition, skills development in cultural competence to suitably engage and support
Aboriginal and Torres Strait Islander people in family violence situations should be mainstream for
non-Aboriginal and Torres Strait Islander people who are working in the sector. Considerations should
be made to maximise accessibility of training to Aboriginal and Torres Strait Islander people who are
not necessarily involved in family violence-related occupations to ensure individuals in the community
are equipped with skills to support members of the Aboriginal and Torres Strait Islander community
when family violence is occurring.

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⁵⁷ Victorian State Government 2016, Royal Commission into Family Violence, *Summary and recommendations*

⁵⁸ Victorian State Government 2016, Royal Commission into Family Violence, *Summary and recommendations*

⁵⁹ Victorian State Government 2016, Royal Commission into Family Violence, Summary and recommendations

During 2017, the Victorian government undertook a major survey of workers and organisations which provide family violence services. Uniquely, the work looked not only at specialist family violence workers, but also at how family violence impacts the workforce in mainstream services, such as corrections staff, teachers, doctors, and nurses. The results were published in late 2017 as the *Census of Workforces that Intersect with Family Violence*⁶⁰. The results showed that family violence-related training ranged across tiers of the workforce, with the highest levels involving 90.1% of specialist family violence or sexual assault practitioners, and the lowest involving 41.4% for professionals within universal services for who family violence is not a core function of the role. This and other results will be incorporated into industry and sector planning which is being led jointly by the Victorian Council of Social Service and the Victorian Department of Health and Human Services.

Workforce Challenges

Ageing Population and Workforce

Retaining and building the workforce is a challenge for the sector. The need for workers in the sector will only increase as the population increases. The Australian Government 2015 Intergenerational Report (IGR) shows that both the number and proportion of Australians aged 65–84 and 85 years and over are projected to grow substantially. In 2015, approximately 3 million people, or 13% of the population, were aged 65–84, and 500,000 people, or 2% of the population, were aged 85 years and over. By 2054–55, the 65–84 cohort is projected to be around 7 million people, or just under 18% of the population, and the 85 years and over group is projected to be around two million people, or 5% of the population⁶¹. The ageing population will, most likely, increase the number of people who require services as well as reducing the size of the paid workforce relative to the population. However, overall the dependency ratio will not be affected as severely as once thought because the number of school-age children will fall as a proportion of the population.

As a workforce, the community sector has a relatively high proportion of older workers. An issue for an ageing workforce is the demand for personal care services where strength and agility may be a requirement, although this is more significant in the aged and disability care sectors.

Lack of career opportunities, funding uncertainties, low wages, burn-out, and lack of community recognition all contribute to high turnover rates in the community sector.

Workforce Attraction and Retention

According to the Volunteering Australia 2016 survey report, *State of Volunteering*, there are challenges for volunteer-involving organisations through the disconnection between the kinds of volunteering roles in which people are interested, and the roles that organisations are offering. There is also a misalignment between the sectors in which volunteers are interested in, and the sectors with the most positions advertised. The sectors in need of volunteers are community services, young people and education⁶². Another finding from the 2016 *State of Volunteering* report stated organisations that employ volunteers can experience significant resource and financial struggles which

⁶⁰ https://www.vic.gov.au/familyviolence/workforce-census.html

⁶¹ Australian Government, Department of Treasury 2015, *Intergenerational report*

⁶² Volunteering Australia 2016, State of Volunteering in Australia

limits the extent in which they can employ volunteers that require additional support and training needs, such as people with a disability, or people with language barriers.

Child protection programs often face the challenge of attracting and retaining staff. The 2016 survey *Your Workforce Your Future* by the Queensland Family and Child Commission and the Health and Community Services Workforce Council, reported that 75% of respondents identified that attracting, recruiting and retaining adequately qualified, skilled and experienced staff was a significant workforce challenge. The respondents also identified that reasons for difficulties in retention of the workforce included lack of career pathways; the difficulty of client demand; lack of security of employment and burnout of staff⁶³. In New South Wales the Public Service Association believes that the Department of Family and Community Services is under resourced and more caseworkers are needed as the number of children who require out of home care has increased. This coincides with the loss of 56 full time positions from statutory child protection in 2016/17⁶⁴. In Victoria the department has the challenge of recruiting an extra 452.6 positions due to the government's investment in growing and developing the child protection workforce in 2017/18⁶⁵.

Concerns raised by employees in the community services sector about their working environment include lack of adequate support and supervision (particularly for small to medium-sized organisations)⁶⁶. According to the Victorian Council of Social Service, the recruitment and retention challenges facing the community services sector are significant and need to be tackled on a number of fronts: through changes to human resource practices at an organisational level; by raising the profile and status of the workforce, and sector-wide strategies to address workplace remuneration and conditions⁶⁷.

Regional, Rural and Remote Access to Services

It may be difficult for clients to access some community or health services in regional, rural or remote areas due to the lack of an available and/or skilled workforce. Regional, rural and remote service providers have identified a range of issues that are impacting service delivery in non-metropolitan regions. These include community pressure to be 'all things to all people' in the absence of an adequate range of health and welfare services; limited access to other support professionals, especially specialists; and difficulty in recruiting and retaining staff⁶⁸. The lack of specialist homelessness, housing and other community services in rural, remote and regional areas may leave older people at risk of homelessness, as they have very limited opportunities for support compared to their counterparts in metropolitan areas⁶⁹.

⁶³ Queensland Government 2016, Queensland Family & Child Commission, Your Workforce, Your Future: 2016 Survey Report: Queensland's Child Protection and Family Support Workforce

⁶⁴ NSW Government 2017, Department of Family and Community Services, Legislative Council. General Purpose Standing Committee No. 2. *Child Protection*

⁶⁵ Victorian Government 2018, Department of Health and Human Services, Child protection workforce strategy 2017-2020

⁶⁶ Victorian Council of Social Service, Recruitment and Retention in the Community Sector: A snapshot of current concerns, future trends and workforce strategies

⁶⁷ Victorian Council of Social Service, Recruitment and Retention in the Community Sector: A snapshot of current concerns, future trends and workforce strategies

⁶⁸ Roufeil, L, Battye, K, Australian Institute of Family Studies, *Effective regional, rural and remote family and relationships service delivery*, 2008

⁶⁹ Mission Australia 2017, Ageing and homelessness: solutions to a growing problem

Overcrowding in some dwellings is an issue in regional, rural and remote areas due to limited facilities available. Overcrowding can contribute negatively to communities by instigating high rates of domestic and family violence and elder abuse⁷⁰. Rising rates of mental health problems and family breakdown are placing an additional load on mental health and family and relationships services that have already been struggling to assist families across Australia⁷¹.

To address the workforce issue in regional, remote and rural Australia, the federal government has developed the *National Partnership Agreement on Remote Indigenous Housing* (NPARIH) to begin to address the severe shortage of Aboriginal housing in rural and remote areas⁷². The federal government is also implementing the CDP. As previously stated, the CDP (Community Development Programme) is an Australian Government employment and community development service designed to reduce welfare dependency in remote Australia by improving labour markets, increasing workforce participation, increasing skills and facilitating sustainable work transitions for jobseekers. The challenge and opportunity for the sector as a result of this initiative is that as governments (both federal and state) begin to address the issue of workforce shortages in rural and remote areas, there will be increasing demand for highly skilled practitioners, and industry will need to find ways to encourage workers into these areas and to retain them.

Social Housing Services

The federal, and state and territory governments are investing heavily through initiatives to combat the issue of homelessness which affects many people in Australia. This issue is more prevalent among groups such as Aboriginal and Torres Strait Islanders who according to Homelessness Australia (2017), are 15 times more likely not to have adequate housing than non-Indigenous people⁷³. This has resulted in overcrowding due to a lack of supply of housing and in turn contributes to problems such as domestic and family violence, and elder abuse within the Aboriginal and Torres Strait Islander community⁷⁴.

The National Partnership Agreement on Remote Indigenous Housing (NPARIH) is a ten-year strategy that has taken the lead on addressing the housing shortage for the Aboriginal and Torres Strait Islander community. Some of the aims of the strategy include reducing overcrowding by generating a greater supply of new accommodation and improving the current state of dwellings in remote communities⁷⁵.

Groups such as older people from culturally and linguistically diverse (CALD) backgrounds are also vulnerable to homelessness. The cultural expectation in some communities within the CALD group is for children to provide support and care for their parents when they become older. However, if there is a family relationship breakdown between children and older parents, the risk of homelessness is

⁷⁰ Mission Australia 2017, Ageing and homelessness: solutions to a growing problem

⁷¹ Roufeil, L, Battye, K, Australian Institute of Family Studies, *Effective regional, rural and remote family and relationships service delivery,* 2008

⁷² Mission Australia 2017, Ageing and homelessness: solutions to a growing problem

⁷³Homeless Australia. Homelessness and Aboriginal and Torres Strait Islanders (Available at

https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness and ATSIv3.pdf Accessed 04/05/2018)

⁷⁴ Mission Australia 2017, Ageing and Homelessness: solutions to a growing problem

⁷⁵ Northern Territory Government The Department of Chief Minister - National Partnership and Agreement (Available at: https://dcm.nt.gov.au/supporting-government/office-of-aboriginal-affairs/national-partnership-agreement-on-remote-indigenous-housing, Accessed 04/05/2018)

greater due to older people within the CALD community having limited knowledge of available support services in this area⁷⁶. In Victoria, the Ethnic Communities Council of Victoria (ECCV) and the Housing for Aged Action Group have a joint initiative to tackle this issue. The initiative aims to increase the awareness of older people within the CALD community to services such as 'Home at Last', run by the Housing for the Aged Action Group, that provides a free advice and referral service to help them navigate through the system⁷⁷ and access appropriate housing.

The Certificate IV in Social Housing exists as a qualification suitable for public housing specialist staff, and people undertaking similar roles in the community housing sector. However, only five RTOs are registered to provide this course, one in Victoria, two in Queensland and two in New South Wales. A provider in Victoria, Swinburne University, has not run the course for several years due to low demand. Social housing is a significant service to the community, and therefore understanding training and skills needs of providers is key to ensuring whether the current qualification is meeting industry needs. The CS&D IRC therefore recommends that this qualification is reviewed. Please refer to the latter section *Key Drivers for Change and Proposed Responses*, for further details.

Aboriginal and Torres Strait Islander People

Interacting and supporting Aboriginal and Torres Strait Islander people is an important function for workers within the community sector. To be able to do this successfully the workforce requires cultural competency skills. As Aboriginal and Torres Strait Islander people are over represented in child protection/youth justice and youth services and also require access to services such a social housing it is critical that workers are sufficiently and adequately equipped with cultural competency skills. This applies to any workers providing support services within the scope of this IRC. In order to support this, it is essential that workers have access to cultural competency training to reduce cultural risks and have more successful engagement with the Aboriginal and Torres Strait Islander community.

Funding

The federal government is moving to an outcomes investment design⁷⁸ for funding in community services, i.e. funding on outcomes and promoting self-sufficiency of services. However, there is increased complexity in presentation of clients with various levels of disadvantage and issues including homelessness, family violence, child protection issues etc. A generic model of funding currently does not account for the inter-related issues which providers are required to support. Victoria is moving to an outcomes based funding approach for many community services, introducing hubs with an explicit holistic service goal. There is also an increasing focus and policy movement towards the gap in relation to community controlled funding for indigenous communities. Cultural competence skills will be important for workers operating in these services.

⁷⁶ Mission Australia 2017, Ageing and Homelessness: solutions to a growing problem

The Voice of Multicultural Victoria (ECCV). Preventing Homelessness in Older Culturally and Linguistically Diverse Communities Project (Available at: http://eccv.org.au/projects/preventing-homelessness-in-older-culturally-and-linguistically-diverse-communities-project/, Accessed 04/05/2018)

⁷⁸ Australian Government The Treasure. *Social Impact Investing - Australian Government principles for social impact investing* (Available at: https://treasury.gov.au/programs-initiatives-consumers-community/social-impact-investing/australian-government-principles-for-social-impact-investing/ (Accessed 07/05/2018)

Employment Skills and Outlook

Labour Force Data

The main data collection that provides workforce data and trends regarding roles of relevance to this training package is Census data. This is collected by the Australian Bureau of Statistics (ABS), and published by the ABS as well as the Department of Jobs and Small Business. The workforce statistics and projections presented in this section are based on Census collections, and are reported according to prescribed Australian and New Zealand Standard Industrial Classification (ANZIC) and Australian and New Zealand Standard Classification of Occupations classifications (ANZSCO).

It is noted that the categorisations of workers are not reflective of current job roles, and terminology used is out-dated, making it difficult to rely solely on this data when looking at the community services labour force. For the purposes of this document the three relevant occupation units are:

- Welfare Support Workers Unit ANZSCO 4117
 - Community Worker, Family Support Worker, Residential Care Officer, Youth Worker, Parole or Probation Officer
- Health and Welfare Service Managers Unit ANZSCO 1342
 - Welfare Centre Managers, Primary Health Organisation Manager, Nursing Clinical Director and Medical Administrator.
- Occupational and Environmental Health Professional Unit ANZSCO 2513
 - Environmental Health Officer and Occupational Health and Safety Adviser, Coordinator or Officer.

Please note: due to current definitions and labelling used for the categories, as well as the aggregation of roles across these codes, the data is limited in providing a true picture of the community sector workforce. The trends therefore are provided as an indicative overview of the sector only.

The health care and social assistance industry is the largest employing industry in Australia. In 2017 approximately 1.6 million people were employed in this industry, and by 2022 it is projected that that number will rise to about 1.8 million. Community services occupations and job roles form a small part of the overall healthcare and social assistance industry⁷⁹.

There is strong growth projected in the community sector occupations. Of these Health and Welfare Services Managers which include 'Welfare Centre Managers'⁸⁰), Welfare Support Workers (which include 'Community Worker', 'Youth Worker' and 'Family Support Worker⁸¹') and Occupational and Environmental Health Professionals (which include 'Environmental Health Officer'⁸²) are all expected to grow at above 15% over the five years period 2017-2022. See **Figure 2**, below, for a further breakdown.

⁷⁹ See https://nationalindustryinsights.aisc.net.au/industries/community-services/community-sector-and-development viewed 08/02/2018

⁸⁰ See http://joboutlook.gov.au/Occupation.aspx?search=Career&code=1342, Accessed 06/04/2018

⁸¹ See http://joboutlook.gov.au/Occupation.aspx?search=Career&code=4117, Accessed 06/04/2018

⁸² See https://joboutlook.gov.au/Occupation.aspx?search=Career&code=2513, Accessed 04/05/2018

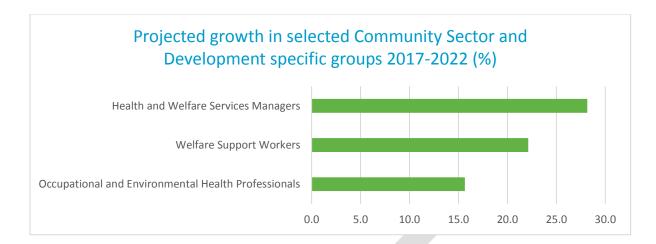


Figure 2

Source: Australian Department of Jobs and Small Business, 2017 Occupational Projections – five years to November 2022

The employment numbers for workers in the purview of the CS&D IRC are considerable. Welfare support workers numbered over 52,000 workers. A full breakdown for relevant ANZSCO occupations can be seen in **Figure 3**, below.

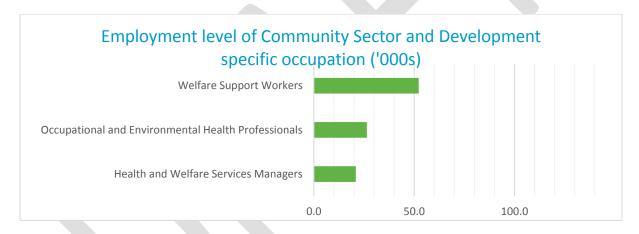


Figure 3

Source: Australian Department of Jobs and Small Business, 2017 Occupational Projections – five years to November 2022

Health and Welfare Managers
Top Skills Areas

- ✓ Speaking
- ✓ Critical Thinking
- ✓ Active Listening
- ✓ Coordination
- ✓ Judgment and Decision Making

Managers within the ambit covered by the CS&D IRC include **Health and Welfare Managers**. In 2017 there were 20,900 Health and Welfare Service Managers employed in Australia⁸³. The majority of these workers are located in NSW, followed by Victoria and Queensland. The median age for these workers was 48 years. For job roles covered under this this occupation, females make up the vast majority of the workforce⁸⁴.

Source: Australian Department of Jobs and Small Business, Job Outlook, ANZCO ID; 1342. Please note that these ANZCO categories represent only part of the occupations represented by the Community Sector and Development IRC

⁸³ Australian Government, Job Outlook, http://joboutlook.gov.au/Occupation.aspx?search=Career&code=1342, Accessed 07/02/2018

⁸⁴ Australian Government, Job Outlook, http://joboutlook.gov.au/Occupation.aspx?search=Career&code=1342, Accessed 07/02/2018

Welfare Support Workers Top Skills Areas

- ✓ Active Listening
- ✓ Speaking
- ✓ Complex Problem Solving
- ✓ Social Perceptiveness
- ✓ Judgment and Decision Making

Welfare Support Workers represents occupations such as Community Worker, Disabilities Services Officer, and Youth Worker. In 2017 there were 52,300 workers employed as Welfare Support Workers combined.

Occupational and Environment Health Professionals Top Skills Areas

- ✓ Active Listening
- ✓ Complex Problem Solving
- ✓ Critical Thinking
- ✓ Speaking
- ✓ Judgment and Decision Making

Occupational and Environmental Health Professionals numbered 26,400 in 2017⁸⁵. Welfare Support Workers are mainly employed in NSW (35%) and VIC (23%). Occupational and Environmental Health Professionals in 2017 were employed mainly in NSW (29%), QLD (25%) and WA (21%). For both occupations the median age was mid-40s.

The gender split between these occupations, however, showed some disparity, with almost three quarters of Welfare Support Workers being female and 61% of Environmental Health Professionals being male⁸⁶.

Please note that these ANZSCO categories represent only part of the occupations represented by the CS&D IRC.

In New South Wales according to more recent statistics from the Caseworker Dashboard in 2017, there are 2,128 full time equivalent **positions in child protection**. Of these 240 are Aboriginal caseworker roles⁸⁷. According to the *Child protection workforce strategy 2017-2020* in Victoria there are 1,600 child protection practitioners. Practitioners are predominately full-time, ongoing employees. 86% are females and have an average age of 40 years. There are 35 Aboriginal or Torres Strait Islander currently employed in child protection in Victoria⁸⁸. In Western Australia at June 2017 the department for Child Protection and Family Support employed 2,741 people of whom 82% are female and 8% are Aboriginal or Torres Strait Islanders⁸⁹. The 2016 survey *Your Workforce Your Future* by the Queensland Family and Child Commission and the Health and Community Services Workforce Council, reported that there was a total headcount of 12,418 employees in child protection and family services in Queensland. Females accounted for 73% of the workforce while Aboriginal and Torres Strait Islanders make up approximately 8% of the total reported workforce⁹⁰.

⁸⁵ Australian Government, Job Outlook, http://joboutlook.gov.au/Occupation.aspx?search=Career&code=1342, Accessed 07/02/2018

⁸⁶ Australian Government, Job Outlook, http://joboutlook.gov.au/Occupation.aspx?search=Career&code=4117, Accessed 07/02/2018

⁸⁷ NSW Government 2017, Department of Family and Community Services, Legislative Council. General Purpose Standing Committee No.

^{2,} Child Protection

⁸⁸ Victorian Government 2018, Department of Health and Human Services, Child protection workforce strategy 2017-2020

⁸⁹ Government of Western Australia 2017, Department of Communities, Child Protection and Family Support, 2016-17 Final Report

⁹⁰ Queensland Government 2016, Queensland Family & Child Commission, Your Workforce, Your Future: 2016 Survey Report: Queensland's Child Protection and Family Support Workforce

Future Skills Needs Digital Literacy Skills

For most workers digital literacy and competency in using different technology platforms will be essential skills in the future. Without basic digital competencies a person will not have the skills to negotiate the digitally connected world which has now become the norm⁹¹. Workers will need the ability to use digital technology in their jobs to access and use information and digital content; communicate and collaborate through digital technologies; manage their digital identities; develop digital content, and use and protect their digital devices, personal and organisational data, and privacy⁹². Technology is rapidly affecting health, but less so aged care and community services. These types of skills can be acquired from other established Training Packages and Units of Competency, rather than requiring new specific packages to be developed.

Soft Skills

'Soft skills' are essential to workers within the remit of the CS&D IRC. Soft skills include communication, teamwork, problem solving, emotional judgement, professional ethics and global citizenship. Deloitte Access Economics forecasts that two-thirds of jobs will be soft-skill intensive by 2030⁹³. Credentials for soft skills are beginning to emerge. The perceived benefit to employers and consumers is twofold. Firstly, recruitment processes can be made more efficient as credentials allow recruiters to pre-screen potential candidates for the required soft skills. Secondly, recruitment which is more targeted towards soft-skilled candidates allows organisations to make savings in training and developing their own workforce later on⁹⁴. As jobs within the community sector and development industry are highly focused on soft skill competencies, the ability to build credentials and to support the Units of Competency already in place in this area will help those who possess the necessary soft skills to attain recognition within the sector, as well as equipping workers with the necessary tools to fulfil their jobs to a satisfactory professional standard. These skills are critical in providing personcentred services, where human rights and responsibilities are paramount.

Emotional Intelligence and Resilience Skills

The World Economic Forum's *Future of Jobs* report predicts that emotional intelligence will be a top 10 job skill by 2020⁹⁵. Stress, anxiety and depression have adverse effects on the workforce⁹⁶. Having emotional intelligence and resilience can help overcome this as people who have these skills are more effective at handling pressure healthily. This is because they have better developed coping mechanisms and healthy support systems to help them through difficult situations. Resilience at work is now recognised as a defining characteristic of employees who deal well with the stresses and strains of the modern workplace. The ability to cope well with pressure, adversity and uncertainty relies on developing behaviours, thoughts and actions⁹⁷. Resilience is a skill that is important for occupations within the remit of the CS&D IRC as many of the occupations can involve high stress situations. For

⁹¹ Australian Information Industry Association 2017, Jobs for Tomorrow 2017

⁹² Australian Information Industry Association 2017, Jobs for Tomorrow 2017

⁹³ Deloitte Access Economics 2017, Soft skills for business success, DeakinCo, May 2017

⁹⁴ Deloitte Access Economics 2017, Soft skills for business success, DeakinCo, May 2017

⁹⁵ World Economic Forum 2016, The Future of Jobs: Employment, Skills and Workforce strategy for the Fourth Industrial Revolution, Global Challenge Insight Report

⁹⁶ https://fitforwork.org/blog/building-workplace-resilience/ Accessed 04/04/2018

⁹⁷ http://www.barrywinbolt.com/resilience-at-work/ Accessed 04/04/2018

example, workers in child protection often face adversity through threats, assaults and are exposed to traumatic events. This results in high rates of burnouts and staff turnover. A study in Queensland of Child Protection Workers (CPW) showed that resilient CPW are more likely to continue in the field for extended periods and provide effective services⁹⁸.

People with emotional intelligence also have well developed people skills that allow them to build relationships with a diverse range of people⁹⁹ which is becoming increasingly important as workforces become more diverse.

Cultural Competency Skills

As previously stated cultural competency skills are important skills for workers in the community sector to provide culturally appropriate services particularly to the Aboriginal and Torres Strait Islander community. The Centre of Cultural Competence Australia defines cultural competence as: 'a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.' And the process in which the 'professional continually strives to achieve ability and availability to effectively work within the current context of the client¹⁰⁰.' For an individual worker this could mean having the ability to identify and challenge one's own cultural assumptions, values and beliefs. It is about developing empathy and appreciating that there are many different ways of viewing the world. For many occupations within this IRC it is essential to have this skill as they are supporting people from diverse backgrounds who generally are in a vulnerable situation.

⁹⁸ Russ, E, Witnessing resilience: Resilience of child protection workers in Queensland, 2015, The University of Queensland

⁹⁹ https://www.fastcompany.com/3059481/7-reasons-why-emotional-intelligence-is-one-of-the-fastest-growing-job-skills, Accessed 17/04/2018

¹⁰⁰ Centre for Cultural Competence Australia, Imagine a Culturally Competent Australia

Key Generic Skills – Ranked in Order of Importance

Note: The twelve generic skills listed below, including the descriptors, were provided by the Department of Education and Training for ranking purposes. For the 2018 ranking exercise, an 'Other' generic skill option was included in the list to capture any additional key skills regarded as important for an industry. Please note that, in this case, no other generic skills were identified.

COMMUNICATION / Ability to understand/apply principles of creating more value for customers and COLLABORATION / SOCIAL collaborative skills. Ability to critically assess and develop content with new media **INTELLIGENCE** forms and persuasive communications. Ability to connect in a deep and direct way. DESIGN MINDSET/ THINKING Ability to adapt products to rapidly shifting consumer tastes and trends. Ability to CRITICALLY / SYSTEM determine the deeper meaning or significance of what is being expressed via THINKING / PROBLEM SOLVING technology. Ability to understand how things that are regarded as systems influence one another within a complete entity, or larger system. Ability to think holistically. LANGUAGE, LITERACY & Foundation skills of literacy and numeracy. NUMERACY (LLN) **LEARNING AGILITY** Ability to identify a need for information. Ability to identify, locate, evaluate, and **INFORMATION LITERACY /** effectively use and cite the information. Ability to develop a working knowledge of new INTELLECTUAL AUTONOMY / systems. Ability to work without direct leadership and independently. SELF-MANAGEMENT Ability to effectively communicate with all functional areas in the organisation. Ability to MANAGERIAL / LEADERSHIP represent and develop tasks and processes for desired outcomes. Ability to oversee processes, guide initiatives and steer employees toward achievement of goals. Ability to interact with another human being, whether helping them find, choose or buy CUSTOMER SERVICE / something. Ability to supply customers' wants and needs. Ability to manage online MARKETING sales and marketing. Ability to understand and manage digital products. Ability to create/use of technical means, understand their interrelation with life, society, TECHNOLOGY AND and the environment. Ability to understand/apply a scientific or industrial processes, **APPLICATION** inventions, methods. Ability to deal with mechanisation/ automation / computerisation. Ability to focus on problem solving and the development of applied solutions to **ENVIRONMENTAL/** environmental issues and resource pressures at local, national and international levels. **SUSTAINABILITY** Ability to understand and apply core financial literacy concepts and metrics, **FINANCIAL** streamlining processes such as budgeting, forecasting, and reporting, and stepping up compliance. Ability to manage costs and resources, and drive efficiency. Ability to translate vast amounts of data into abstract concepts and understand data **DATA ANALYSIS** based reasoning. Ability to use data effectively to improve programs, processes and business outcomes. Ability to work with large amounts of data. Ability to take any idea and turn that concept into reality / make it a viable product **ENTREPRENEURIAL** and/or service. Ability to focus on the next step / closer to the ultimate goal. Ability to sell ideas, products or services to customers, investors or employees etc. STEM Science, Technology,

Sciences, mathematics and scientific literacy.

Other Generic Skills identified in consultation

CULTURAL COMPETENCE/ DIVERSITY/EQUITY

Engineering and Maths (STEM)

A set of behaviours, policies, and attitudes which form a system or agency which allow cross cultural groups to effectively work professionally in situations. This includes human behaviours, languages, communications, actions, values, religious beliefs, social groups and ethic perceptions. Individuals re competent to function on their own and within an organisation whee multi-cultural situations will be present.

EMOTIONAL INTELLIGENCE/RESILIANCE

Being aware that emotions can drive our behaviour and impact people both positively and negatively, and learning how to manage those emotions both our own and others, especially when under pressure.

Key Drivers for Change and Proposed Responses

Current work in progress

It is noted that a Case for Change is currently being developed in relation to qualifications in the community services, youth work and youth justice areas. The qualifications included in the Case for Change are:

- CHC22015 Certificate II in Community Services
- CHC32015 Certificate III in Community Services
- CHC42015 Certificate IV in Community Services
- CHC52015 Diploma of Community Services
- CHC62015 Advanced Diploma of Community Sector Management
- CHC40313 Certificate IV in Child Youth and Family Intervention
- CHC40413 Certificate IV in Youth Work
- CHC40513 Certificate IV in Youth Justice
- CHC50313 Diploma of Chid Youth and Family Intervention
- CHC50413 Diploma of Youth Work
- CHC50513 Diploma of Youth Justice
- HLT26115 Certificate II in Indigenous Environmental Health

Recommendations put forward by three recent Royal Commissions (i.e. The Victorian Royal Commission into Family Violence, The Northern Territory Royal Commission into the Protection and Detention of Children and The Australian Government Royal Commission into the Institutional Responses to Child Sexual Abuse), will be taken into account during the development of this Case for Change.

The recommendations regarding training package product development contained in the Case for Change will ensure that skills and knowledge are appropriate to meet current industry needs.

Drivers for change and skill needs

A widespread **multi-channel consultation** involving the following stakeholders has been conducted to identify and validate the exact nature of the skills needs in the industry, and the respective Training Package product update requirements:

- All Community Sector and Development Industry Reference Committee (CS&D IRC) members representing the following key bodies:
 - Australian Community Workers Association
 - Australian Services Union
 - Community Services & Health Industry Training Board (Vic)
 - EQUALS Group / Australian Council For Private Education & Training (ACPET)
 - Health and Community Services Workforce Inc.
 - Northern Volunteering

- NSW Department of Family and Community Services
- TAFE NSW / TAFE Directors Australia
- Territory Families (NT Government)
- Victorian Department of Health and Human Services
- WA Council of Social Service
- Members and networks of the CS&D members.
- National online survey distributed to SkillsIQ database during November and December 2017 to identify top skills needs and industry issues.
- Draft Industry Skills Forecast, including the Proposed Schedule of Work was provided on SkillsIQ website for public consultation during May 2018.
- Notice of consultation periods to emailed to SkillsIQ database inviting comment.

Industry has identified a key driver impacting social housing, and the Community Sector and Development training package products:

Regulation

Government initiatives to improve housing affordability and reduce homelessness

Social and affordable housing is a priority for the federal, state and territory governments. Current reforms conducted by the Australian Government regarding the National Affordable Housing Agreement (NAHA), and the continued funding for a new National Housing and Homelessness Agreement (NHHA), have established that supporting the supply of new housing and addressing homeless outcomes for all is of critical importance. The NAHA is underpinned by a National Partnership Agreement covering three key areas: social housing, homelessness, and Indigenous Australians living in remote areas. One such agreement is the National Partnership Agreement on Remote Indigenous Housing (NPARIH), a ten-year strategy that to address the housing shortage for the Aboriginal and Torres Strait Islander community. Social housing is an essential service supporting the most vulnerable members of the community and, in addition to Aboriginal Torres Strait Islander, people can involve supporting people from culturally and linguistically diverse (CALD) backgrounds, the elderly, people with a disability, and other vulnerable cohorts including children and young people.

The development, allocation, regulation, management and monitoring of social housing involves a range of organisations and sectors, including community services, housing and homelessness. The skills and knowledge required for occupations involved in social housing can be diverse, and range from technical and office-based skills areas of administration, technology and project management, to behavioural and engagement skills areas related to customer service, communication and supporting vulnerable individuals.

Currently, the Certificate IV in Social Housing exists as a qualification suitable for public housing specialist staff, and people undertaking similar roles in the community housing sector. Examples of the roles supported by the qualification include:

- Community Housing Resources Worker
- Outreach Officer
- Housing Manager
- Executive Officer
 (Community Housing)
- Aboriginal Intake and Referral Worker

- Aboriginal Housing Worker
- Accommodation Support Worker
- Housing Assistant
- Property Worker (Social Housing)
- Youth Housing Support
 Worker
- Community Housing Worker
- Aboriginal Community
 Development Worker
- Early Intervention
 Homelessness Worker

While social housing supply, and the supporting workforce to meet the proposed growth in supply, is being led at a national level, the uptake of training via the Certificate IV in Social Housing is low, and only a small number of RTOs (i.e. five across Australia) are currently registered to provide the course. They are located in Victoria, Queensland and New South Wales. The low number of RTOs offering the course, as well as the low uptake of the course (i.e. in 2016, 190 enrolments were registered), raises questions as to whether the current qualification offering is suitable, and fit-for-purpose, to support the skills training of the workforce. Since there are no RTOs currently offering the course in jurisdictions with high areas of regional, rural and remote communities (i.e. Northern Territory and Western Australia), it is clear there is a need to understand the role of the training package product in these areas, and identify skills needs and gaps (if any) that should be incorporated into the qualification.

Social housing is a significant service to the community, and a means for combating homelessness, and other issues of relevance such as family violence, alcohol and drug abuse, and mental health welfare. Ensuring organisations are supported with a skilled workforce to support the activities involved in social housing, and engaging with clients, will be important as the Australian Government's reforms are implemented.

Proposed response

To address this workforce skills issue, it is proposed that an update of the following qualification takes place:

CHC42215 Certificate IV in Social Housing

The qualification requires updating to reflect the importance government has placed on social housing through proposed investment in the sector. It also needs to update content to reflect the importance of issues like family violence, dealing with people from diverse backgrounds including CALD and Aboriginal and Torres Strait Islander people, and supporting homeless people.

The extent and nature of the updates required will be further explored during industry consultation (see 2018-19 Project Details).

A number of key risks have been identified and are tabled below should the update of the training packages (in line with addressing the skills needs voiced by industry) not take place.

Stakeholder	Risk of no change
Employers	- Risk of homeless people experiencing poor quality care and/or negative
(i.e. Social	interaction by practitioners leading to worse outcomes for them.
Housing	- Cost implications include time allocated to conduct in-house training with
service	staff
providers)	- Staff turnover can be exacerbated by the lack of skills of the practitioners on
	how best to deal with and interact with homeless and other vulnerable people
	within their care leading to feelings that they aren't equipped to carry out the
	functions of the role.
Employees	- Inability to conduct all duties of role adequately leading to workplace stress
(i.e. Social	and 'burn-out'
Housing	- Lack of career progression as agencies employ practitioners with higher
Workers)	qualifications.
	- Increase to homeless and vulnerable people trauma associated with
	practitioners who do not know how to react and deal with situations.
Students	- Graduates with insufficient skills to handle the varied and confronting nature
	of the work.
	- Receive poor and inadequate training by accessing out of date and poor
	quality training leading to diminished job opportunities
Training	- Training offered does not match industry needs and quality and reputation of
Providers	course delivery is compromised.

The proposed response aims to ensure that the social housing sector is supported by a high quality trained and skilled workforce. Facilitating access to training in this area will support the sector to improve efficiencies in operations, but also maximise their interaction with people from diverse backgrounds to ensure that they receive the most appropriate service possible.

Impacts of Recommended Changes *RTOs*

Implementation of new Units of Competency and qualifications creates flow-on impacts and costs for RTOs in relation to administrative systems, training resources and assessment materials. In the short term, it is anticipated that there will be an administrative burden on RTOs as they transition to delivery of the new Training Package products and update their scope of registration, resources and assessment tools. This is, however, unavoidable. RTOs will be required to ensure the appropriate equipment and resources are available for the delivery of Community Sector and Development Training Package Products.

Employees and Students

Employees and prospective employees who are currently studying to enter the sector will benefit from industry relevant training which will ensure they are equipped with the requisite skills to carry out their jobs.

Employers

Employers will benefit from a decrease in the requirements for in-house training to address skills gaps in the current qualifications. This will lower costs and reduce the time required by staff to attend training. Staff retention will also be impacted positively, as staff benefit from additional skills development, again reducing the burden on employers in recruiting and on-boarding new employees.



Proposed Schedule of Work

Community Sector and Development IRC – Proposed Schedule of Work

2018-2019

Year	Project Title	Description
2018-19	Social Housing	The IRC proposes to update the following qualification and any associated skill sets and Units of Competency relating to Social Housing job roles: CHC42215 Certificate IV in Social Housing

2019-2020

Year	Project Title	Description
2019-20	Indigenous Environmental Health	The IRC proposes to update the following qualifications and any associated skill sets and Units of Competency relating to Indigenous Environmental Health job roles: HLT36115 Certificate III in Indigenous Environmental Health; HLT46115 Certificate IV in Indigenous Environmental Health.
2019-19	Population Health	The IRC proposes to update the following qualifications and any associated skill sets and Units of Competency relating to Population Health job roles: HLT26015 Certificate II in Population Health; HLT36015 Certificate III in Population Health; HLT46015 Certificate IV in Population Health
2019-20	Active Volunteering	The IRC proposes to update the following two qualifications and any associated skill sets and Units of Competency relating to Active Volunteering job roles: CHC14015 Certificate I in Active Volunteering; CHC24015 Certificate II in Active Volunteering; CHC34015 Certificate III in Active Volunteering; CHC44015 Certificate IV in Coordination of Volunteer Programs.
2019-20	Community Development	The IRC proposes to update the following three qualifications and any associated skill sets and Units of Competency relating to Community Development job roles: CHC42115 Certificate IV in Community Development; CHC52115 Diploma of Community Development;

	CHC42315 Certificate IV in Chaplaincy and Pastoral
	Care.

2018-19 Project Details

Description	Social Housing
Rationale	It is proposed that the Community Sector and Development training package product be updated in the 2018-2019 year due to the sector currently experiencing challenges and opportunities which are impacting workforce skill requirements, including: • Government Initiatives to combat housing affordability and homelessness • Cultural competency skills required Refer to the section above titled Key Drivers for Change in this document, pages 30-32 for further detail.
Ministers' Priorities Addressed:	The development of Training Package products proposed within this Case for Endorsement considered opportunities to support the COAG Industry and Skills Council and used consultation activities and stakeholder engagement to identify: a. Opportunities to identify and remove obsolete Training Package products from the system. b. Industry expectations for training delivery and assessment (to be documented within the Companion Volume Implementation Guide). c. Opportunities to enhance the portability of skills from one related occupation to another. d. Opportunities to remove unnecessary duplication within the system and create Training Package products that may have application to multiple industry sectors. e. Opportunities for the development of skill sets.
Consultation Plan:	Key stakeholders identified in the Industry Skills Forecast will be consulted. National industry consultation will be conducted with key stakeholders, and there will be opportunities for all interested parties to provide their comments online via the SkillsIQ Online Feedback Forum.
Timing - estimate duration of project and key dates	July 2018, subject to AISC approval. Estimated duration: 10 months.

Training Package to	CHC Community Services Training Package
be revised	
1 Qualification to be Updated	CHC42215 Certificate IV in Social Housing
12 Units of	CHCSOH001 Work with people experiencing or at risk of homelessness
Competency to be	CHCSOH002 Manage and maintain tenancy agreements and services
updated	CHCSOH003 Manage housing application process
	CHCSOH004 Manage housing allocations
	CHCSOH005 Manage tenancy rent and rental arrears
	CHCSOH006 Manage vacant properties
	CHCSOH007 Respond to property maintenance enquiries
	CHCSOH008 Manage head lease
	CHCSOH009 Develop quality systems in line with registration standards
	CHCSOH010 Work with clients in the social housing system
	CHCSOH011 Develop social housing enterprise opportunities
	CHCSOH012 Acquire properties by purchase or transfer

IRC Sign-off

The 2018 Industry Skills Forecast will be signed off by the IRC Chair prior to submission to the AISC.