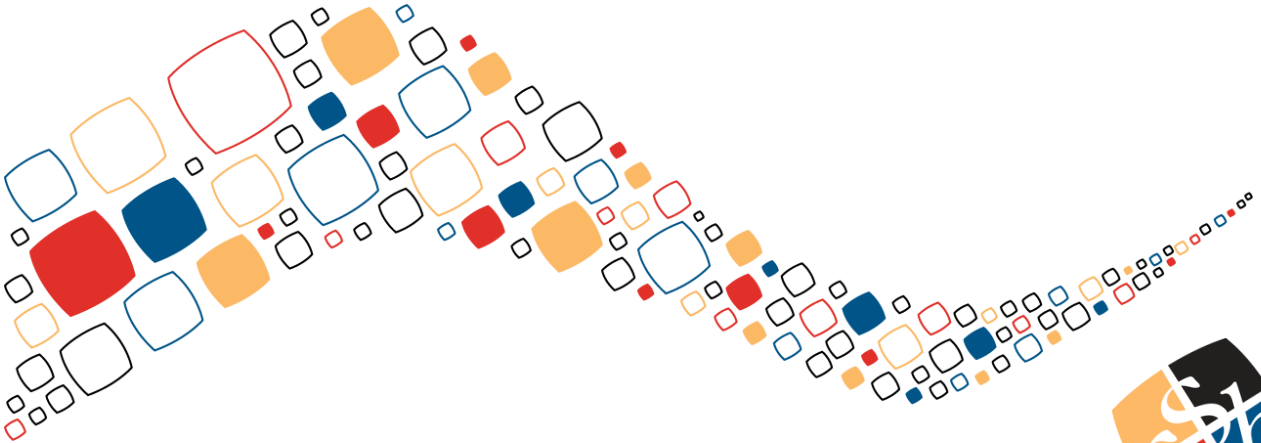
Vocational Education and Training Workforce

Productivity Commission Draft Research Report
28 February 2011

Community Services and Health Industry Skills Council



Community Services & Health
Industry Skills Council

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1. Introduction

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

1.1 Size of the community services and health industries

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

Table 1 – Health care and social assistance workforce growth

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

Source: Australian Bureau of Statistics, Labour Force, Australia, Detailed, Quarterly, November 2010 (cat. no. 6291.0.55.003).

1.2 Qualifications profile and VET enrolment data in community services and health

The VET sector and workforce plays a large role in supply of skills to the community services and health industries. Sixty per cent (60%) of the workforce either has a VET qualification or works in a role reflected by a VET qualification (see Table 2). Those with a bachelor degree or above are health professionals such as nurses, medical practitioners and allied health professionals.

Table 2 – Qualifications profile of the community services and health industry

	Bachelor degree or above	VET certificate or diploma	Year 12 or below
Percentage of health and community services workers by qualification sector	40	35.7	22.9

Source: Department of Education, Employment and Workplace Relations (DEEWR), Australian Jobs 2010.

Workforce growth is also reflected in expansion in the provision of publicly funded enrolments in VET qualifications in community services and health industry (see Table 3).

Table 3 – Publicly funded enrolments for the Community Services and Health Training Packages 2003-2009

Training package	2003	2004	2005	2006	2007	2008	2009
CHC02/08	84,435	90,965	99,275	107,310	113,530	124,733	139,527
HLT07/02	6,345	10,270	13,275	13,495	15,855	35,629	59,623
Total	90,780	101,235	112,550	120,805	129,385	160,362	199,150

Source: National Centre for Vocational Education and Research (NCVER), Students and courses 2009.

There is significant private Registered Training Organisation (RTO) delivery not covered in these statistics. Information on private RTOs is needed to more adequately assess performance of the VET sector as well as VET workforce.

2. Need for improved performance from the VET sector and VET workforce

The CS&HISC August submission to the 2010 issues paper for this study made the following key points:

- The future VET workforce will need to grow in tandem to support the predicted growth in the community services and health industries.
- Future VET practitioners may increasingly be drawn from the community services and health industry workforce itself as a way of strengthening reforms. The extent to which VET teachers/practitioners require industry skill and knowledge means that pathways into VET roles – from community services and health roles – could be more widely established.
- Future roles should enhance innovative partnerships between enterprises and training providers and maximise the use of workplaces as learning environments.
- A VET workforce that is capable of working across VET and higher education in a range of health and community services areas should assist in better articulation for community services and health roles.
- Competency frameworks are in place in the community services industry, including through vocational graduate level qualifications in the CHC08 Community Services Training Package, and should be retained.

These issues remain current. Further information is provided hereunder to build on these issues and support specific feedback against the draft research report.

2.1 Supporting growth

As outlined in the CS&HISC August 2010 submission, the community services and health workforce continues to grow. This trend is reinforced in the latest Australian Bureau of Statistics (ABS) Labour Force Survey results (Table 1).

While workforce growth is strong, so too is demand for services which often exceeds workforce capacity in some community services and health sectors. Workforce issues related to growth in demand include increasing emergence of unmet need in sectors such as disability, uneven distribution of health professionals and other workers and acute shortages in rural and remote areas[1]. A flexible VET sector and workforce is needed to work with industry on these workforce issues.

2.2 Supporting changing and increasing industry demand

Growth in demand for health and community services is being driven by the ageing of the population and changing consumer preferences. The ageing of the population results in higher incidence of chronic disease and health problems, creating increased demand for health and community services. Consumer preference is driving a shift to health, aged care, disability and other services that are increasingly delivered in people's homes and community settings rather than in hospitals and institutions. These issues are outlined in the Productivity Commission January 2011 draft report on the aged care sector. The move to individual funding for disability and other services is also driving change to more client-centred approaches which requires a change in organisational service delivery approaches and a stronger and more complex skill set for workers.

New work roles and functions and service delivery approaches are emerging and are needed to support the demographic and service changes. The CS&HISC Environmental Scans 2010 and 2011 outline key areas of workforce development focus needed to address changes.

Addressing these changes will similarly require changes to the way the VET sector, VET workforce and broader education sector engage with the community services industry. Changes in demand and workforce design will require corresponding changes in the education sector; potentially allowing workers to develop skill sets through both VET and higher education models and institutions or hybrid institutions.

There is increasing demand on VET sector roles at higher levels and workers will need to be trained in the VET sector, higher education sector, on the job and in combinations of all these sectors. The performance of the VET sector and VET workforce must improve in order to effectively support growth of the new health and community services workforce.

[1] CS&HISC, *Environmental Scan 2011* (released on 22 March 2011).

Table 4 – Workforce development challenges and requirements of a better performing VET sector and workforce

Community services and health industry workforce development challenges	VET sector and VET workforce performance implications
Shift towards service models that emphasise prevention, primary, community and home-based services, client functional independence and person-centred approaches.	VET services and workers must support organisation's capacity to develop new service models and develop person-centred service delivery approaches and skills. This will require more engagement with the workplace and clients in delivery of VET services.
The need to build leadership, management and workforce planning and change capacity.	New service approaches and models require strong leadership and management change. VET services and workers will need to work in the context of health and community services organisation's strategic direction.
Increased complexity of client needs are influencing changes in work roles including increased use of assistant and advanced practitioner roles to both support and complement health professions.	Preparation of both degree and VET qualified workers must address deeper relationships and pathways between roles. VET workers will increasingly need to work across education sectors.
The need to enhance capacity in community services through improved conditions, recruitment and retention strategies, job redesign and sustainable service and funding models.	Increased funding for community services must be complemented by a corresponding increase in funding for higher quality VET services.

2.3 Issues with the performance of the VET sector and VET workforce

There are numerous examples of variable and inconsistent outputs from reports by stakeholder in community services and health industry. Examples of where *a)* improvement is needed; and where there is *b)* effective practice are outlined below. These are provided as context for developing a more effective VET sector and workforce.

A. Examples of areas where improvement is needed

Aged care sector

In the aged care sector stakeholders have advised the CS&HISC that variability in outcomes of qualifications delivered to aged care workers (such as Certificate III in Aged Care) means that many of these graduates are effectively "un/sub-skilled" for the job. Qualifications are often delivered over short periods where it is very unlikely that candidate's skills will have formed to the level described in competency standards and required for successful assessment against these standards.

Aged care workers are working at increasingly higher levels and providing services such as medication administration under delegation from health professionals. Industry employers and clients rely on the competency standards in the Community Services Training Package as a benchmark for quality and safety in service delivery. Variability in output of RTOs in the aged care sector is a risk and performance of the VET sector and VET workforce needs to improve to mitigate this risk and provide the community with confidence in the quality of the workforce.

Disability sector

In the disability sector, qualifications may be similarly fast-tracked and there is variability in outcomes. Workers need higher level communication and negotiations skills in order to work in a rights-based framework and within individual/person-centred service delivery approaches. As complexity of skills in this sector and other health and community services sectors increases, inadequate training outcomes will result in poor client outcomes.

Children's services sector

New regulations in the children's services sector will see an increase in mandatory use of VET qualifications, including the Certificate III in Children's Services and the Diploma of Children's Services (Early Childhood Education and Care). An Australian Government program has removed TAFE fees for the Diploma level qualification to increase uptake. Recent National Centre for Vocation Education Research (NCVER) research however identifies that employers deliberately do not employ potential employees with VET qualifications due to the variability in skills of graduates[2].

These are examples only and problems exist across other sectors and work functions.

B. Examples of effective practice

New allied health assisting roles[3]

Over the last five years the Greater Southern Area Health Service has worked to establish a new classification of allied health assistant. The role works with allied and other health professionals to provides services to clients across a large regional area. Establishment of the role enables health professionals to work with clients at higher clinical levels as the assisting worker under delegation on more routine activities. Development of the role has in part been driven by emergence of the Certificate IV in Allied Health Assistance available from 2007 in the HLT07 Health Training Packages. Other key aspects of success in implementation of this work role include a communication/change strategy to engage health professionals, job design and establishment of industrial arrangements. Stakeholders included the employer, union, skills advisory bodies, a regional university, RTOs and others. The VET sector and workforce of the future need to effectively participate in and lead similar processes.

Higher level VET skills for statutory child protection workers[4]

The CS&HISC is broker for qualifications delivered under the Enterprise Based Productivity Places Program (EBPPP) funded by DEEWR.

Within the NSW Department of Human Services (DHS), 28 participants have completed the Vocational Graduate Certificate in Community Services (Statutory Child Protection). Two graduates have been placed on the eligibility list to become manager case workers, the job role recommended by the Wood Royal Commission as requiring a higher-education qualification.

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

[3] Skills Australia, Job Redesign & Organisational Cultural Shift, *Using Skills Productively Conference 2010.*

[4] *CS&HISC, Environmental Scan 2011 (released on 22 March 2011).*

DHS has now engaged the first group of learners to mentor a second group of 36 learners. This mentoring arrangement is intended to enhance the training experience and build on the learning of the first group.

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

2.4 Strategies for improved performance of the VET sector and VET workforce

Improved performance of the VET sector as well as VET workforce in the context of the health and community services industry is a priority for the CS&HISC and industry. Two areas of focus for improved performance are outlined below.

A. Engaging industry in workforce development activity

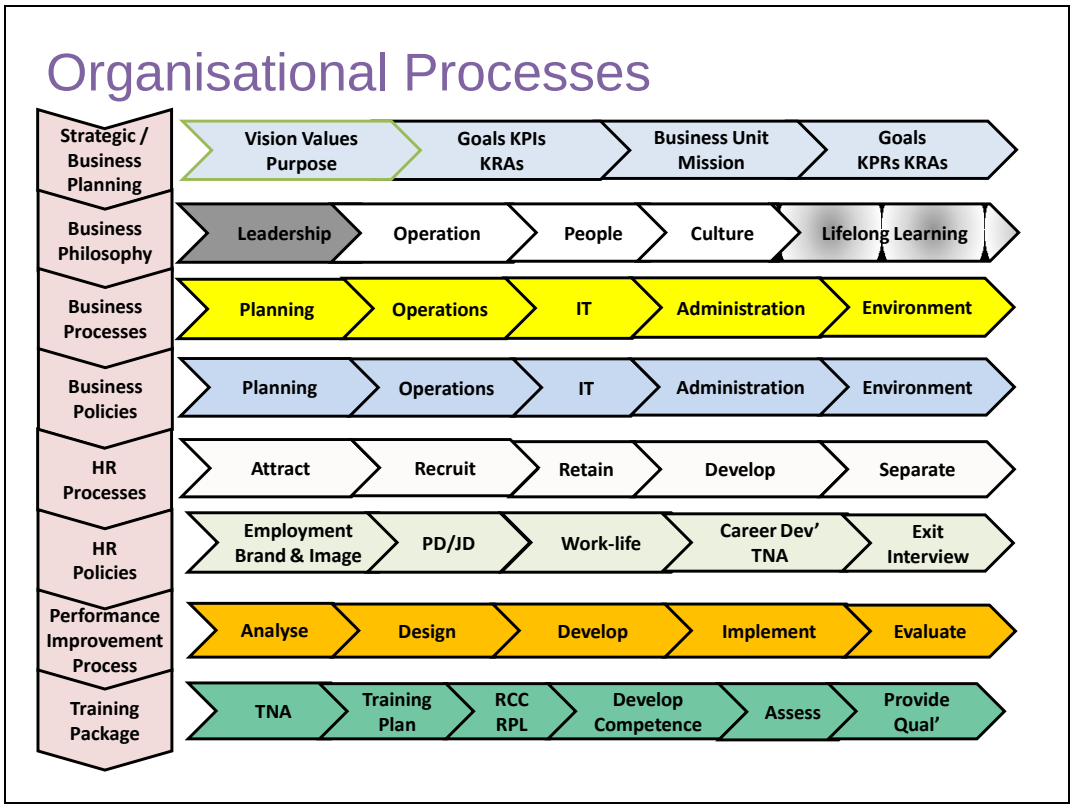
The VET workforce of the future will need to include roles and functions broader than those of teacher and trainer. Future VET worker roles and functions will need to include those more focused on workforce development and may include for example workplace learning facilitator, workplace development specialist or workplace performance improvement facilitator.

VET will need to increasingly become part of broader business strategy, especially to enable community services and health organisations to adapt to change. Skills Australia proposes that increased productivity must be delivered through more innovative workforce development approach and that policy needs to transfer from a skills and qualifications delivery focus, traditionally associated with the VET, to a skills utilisation focus[5].

In order to progress a workforce development and skills utilisation focus, RTOs and other organisations will need to become agents to support health and community services organisations match workforce development activity to business strategy. The delivery of qualifications is only one solution in this framework (see Diagram 1 over page).

[5] Skills Australia, 2010, *Australian workforce futures: A national workforce development strategy* (March 2010) and *Creating a future direction for Australian vocational education and training Discussion Paper* (October 2010).

Diagram 1 - Organisational Processes



Further research is needed to support stronger linkages between training and development and broader business/organisational processes. This research could cover the extent to which:

- organisations incorporate Training Packages and competency standards into their human resources processes and policies
- teachers and workplace trainers understand human performance improvement methodology compared to traditional learning and development methodology
- learning and development initiatives in organisations are embedded in the human resources process
- RTOs, educational institutions and instructional designers understand human performance improvement process and how to align it with the strategic level of businesses
- industry/enterprise training is not accredited, delivered on-the-job and outside that provided by RTOs and enterprise RTOs.

This research will support expansion of the future VET workforce and linkages with industry. Funding needs to be directed to activity in this area, particularly for the high demand/growth in community services and health industries.

The CS&HISC notes that the scope of the VET workforce study does not include non-accredited, enterprise based training. This may need to be the focus of a future study. However, in developing and implementing strategies for better engagement between the VET sector and industry, much more un-accredited employer input should be able to be recognised through competency assessment.

B. VET regulation

The move to a national VET regulator provides an opportunity to identify key areas of quality affecting community services and health industry sectors (such as those outlined above where improvement is needed) and provide targeted resources and interventions. A better regulated sector is needed to ensure ongoing confidence of the community in VET trained community services and health roles that are increasingly delivering complex services previously delivered by health professionals, licensed to protect the public.

3. Responses to relevant draft recommendations findings and information requests

The following responses relate to specific findings, recommendations and information requests included in the draft report.

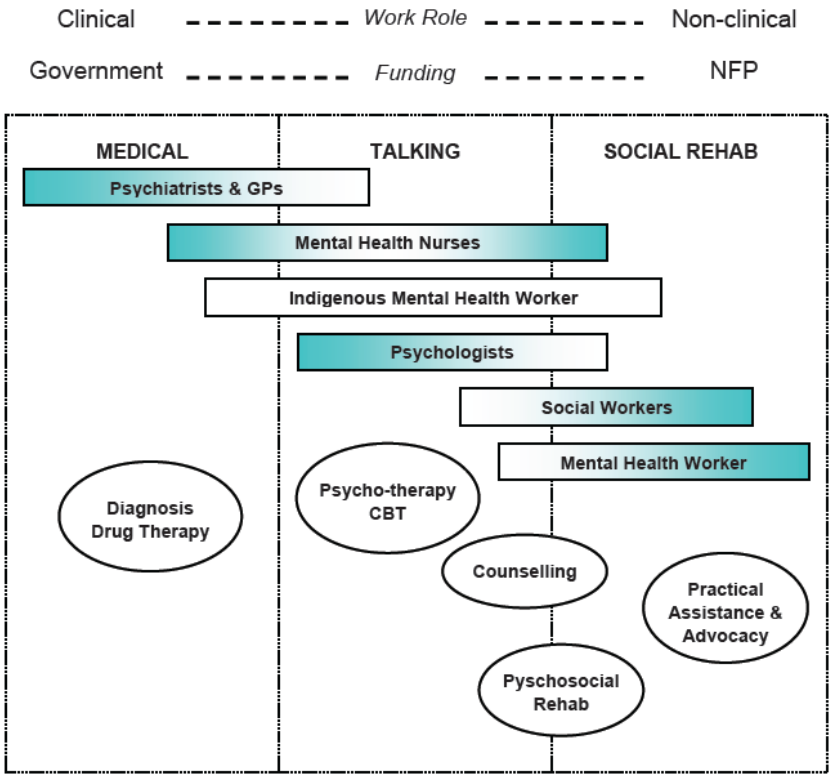
Chapter 2

The CS&HISC supports development of a VET workforce able to work across VET and higher education sectors (or a merged tertiary sector). As previously outlined, changing demand and consumer preferences is seeing corresponding changes in what VET and higher education qualified workers do in community services and health. In some cases the distinction between the education sectors limits employer choice when drawing on the education sector to supply skills for new work roles. The employer is effectively limited by being able to choose only between roles prepared in the higher education *or* VET sector when the role may require skills prepared across both sectors.

This sectoral rigidity is reflected in community services and health work roles and funding models. Diagram 2 (over page) outlines boundaries in the mental health sector which limit development of new client focused work roles in the area of psychosocial rehabilitation[6]. These roles (or potential roles) extend across the higher education/VET divide as well as the clinical/non-clinical divide and operate at AQF levels of degree and above. The CS&HISC is examining production of new vocational graduate level qualifications in this and other areas. Pathways to the roles may be through the VET or higher education sectors. This is an example of where a VET workforce needs to work across blurring education sector lines.

[6] CS&HISC, October 2009*, Mental health articulation project synthesis report: Main findings and recommendations,* www.cshisc.com.au and CS&HISC, 2010, *Environmental Scan 2010,* pp. 28–30*.*

Diagram 2 - Practice and occupational boundaries in the community mental health sector



Chapter 4

More innovative partnerships are needed between RTOs and the community services and health industry. These could happen by subjecting VET providers to a more competitive environment. Industry and the CS&HISC require greater involvement however in where and how VET investment and future workforce development investment is targeted. This involvement is needed to ensure training and workforce development investments target areas of greatest need.

Models such as Skills Reform in Victoria have had some negative consequences for community service and health as a growth industry. Workers transferring to community services and health from declining industries are not eligible to trigger funding for retraining if they already have a qualification at a lower level.

Chapter 7

The CS&HISC supports changed industrial arrangements in TAFE as outlined in recommendation 7.3. Skills Australia identifies that 84 per cent of VET funding goes to the public training provider[7]. It is critical that this investment is subject to improved performance.

Chapter 8

Increases or enhancement to the skills and qualifications of VET practitioners are supported as are processes to regulate these. The examples outlined above for improvement in delivery of VET services in community services and health sectors, indicate the need for improved workforce capability, regulation and industry involvement.

[7] Skills Australia, 2010, *Creating a future direction for Australian vocational education and training Discussion Paper* (October 2010), pg. 88.