

Building Social Inclusion in Australia

priorities for the social and community
services sector workforce

a discussion paper commissioned by
the Australian Services Union



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Foreword from the Australian Services Union

The provision of adequate and appropriate social and community services is critical to Australia's social cohesion and the development of a fair and equitable society. If we are to build a society that is truly inclusive then we must find ways in which we can address the disadvantage of many of our citizens.

We believe that Australia is at the cross-roads. Our aspirations for a just and inclusive nation may not be met if we cannot articulate a vision for our country in which the delivery of social and community services designed to address disadvantage and promote the inclusion of all is of paramount importance. Central to such a vision is the development of a highly skilled workforce.

As a nation we need a strategic response to the emerging workforce issues in one of the fastest growing sectors in our economy. We need to identify new strategies that will deliver the type of workforce needed in a modern economy, an economy that has at its core an understanding of the importance of social inclusion and participation for all. These are not just social aspirations, they are economic aspirations, aspirations that value the participation and inclusion of all of our citizens.

WorkChoices represents a fundamental challenge to the achievement of these aspirations. WorkChoices is premised on the principles of individualism and competition, principles that are fundamentally inimical to the interests of a sector that values each and every one of its members and which sees the inclusion of all as a primary goal.

The Australian Services Union (ASU) is the largest union working in the social and community services sector – a sector that employs hundreds of thousands of Australians. We believe that the issues that confront our industry are not just issues about the rights of workers – they are issues about the nature and type of society we aspire to create.

As a result, the ASU decided to commission a research discussion paper to enliven the debate about the best way forward to respond to these issues and to ensure that the significant contribution that the sector and its workers make to social inclusion in this country continues.

The ASU would like to thank our researcher Anouk Ride for her outstanding work.

We would also like to thank ACOSS and the various State based COSSs' for their thoughtful contributions and feedback and our various ASU Branch SACS coordinators for their ideas and counsel during the development of this paper.

We hope our discussion paper will help foster debate and solutions to the problems and issues we now see as prevalent in the sector.

This research is the starting point for further community and sector consultation which the Union intends to focus upon during 2007 in the lead up to the next Federal election and then beyond.

Linda White
Assistant National Secretary
Australian Services Union
April 2007

Introduction

The Australian quality of life is critically dependent on community services.

While services like child care and aged care are used by the majority of Australians, many services such as employment assistance, counselling, emergency accommodation, disability services and legal assistance are vital to assisting disadvantaged Australians in times of crisis or need. The personal contact disadvantaged Australians have with community service workers will often not just fill a direct need but reduce their sense of social isolation.

Services that promote access, equity, participation and rights of all people build social inclusion. In Australia community services act as a basic protection against the worst effects of poverty, social exclusion, violence and inequality and can provide a better defence against intergenerational joblessness, abuse and disadvantage. The critical work of community services to build links between disadvantaged Australians and others have benefits not just for their clients but for the whole society. Research indicates communities where people can access community services have higher levels of social capital. Societies with high levels of social capital tend to have lower crime rates, improved child welfare, better public health, better public administration, reduced political corruption, more efficient capital and labour markets and better educational performance.¹

Community services fulfill the direct needs of individuals and create social cohesion in their communities – this dual role means that the social and community services workforce is the key tool to increase the health and well being of all Australians.

Most of the benefits of Australia's recent prosperity such as longer life expectancy and increased employment would not have been possible without the participation of community services. Australia's success or failure in responding to key economic challenges (such as the ageing of the population, continuing joblessness and skills shortages) and to causes of social exclusion (such as mental illness, domestic violence, poverty and other forms of social disadvantage) will be dependent on how able community services are to help people affected by these changes and to meet community demand.

To better understand the current contribution to service provision and the social inclusion of communities of the community sector workforce, this report sets out current workforce trends, profiles workers and assesses working conditions and needs. This report encompasses government-funded social services and other related services which can be provided by a range of organisations, referring to both social and community services as 'community services'.

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While community services are usually defined as human services other than health and education, in cases where common staff, funding and other issues arise references to these services are made in this report (see Appendix 1 for details of varied definitions of community services). Available research by community service organisations, unions representing worker interests and that of government agencies (notably the Australian Institute of Health and Welfare {AIHW} and Australian Bureau of Statistics {ABS}) are brought together in this report to provide a snapshot of the community services workforce in 2007.

Chapter 1 outlines some key trends of community services in Australia of relevance to its workforce, *Chapter 2* explores the profile of and working conditions for community service workers, *Chapter 3* highlights the inter-relation between characteristics of community services and their workforce by listing major identified challenges plus projections and indicators of workforce shortages and strain in the future.

Given the importance of community services in providing life chances (such as housing, health, education and safety), in creating social inclusion and expanding economic opportunities for many Australians, a strategic response to workforce challenges now would equip community services to build a fairer and more prosperous Australia in the future.

Chapter 1

KEY TRENDS OF SOCIAL AND COMMUNITY SERVICES

Many of the challenges of the community services workforce are set by broader economic conditions, the inclusiveness of society and government policy. Community service organisations must respond to economic, demographic, social and government policy changes while maintaining quality service provision and a capable workforce.

The profile of community service workers, their conditions and the work environment described in Chapter 2 should be considered in light of increasing pressures on community service organisations generally. In addition to community demands, community services must meet expectations of non-client stakeholders such as government, business, other donors and funding sources.

Resultant pressures include the restrictions, ties and requirements of government funding, the complexities of charity status and administration and uncertainty around the new industrial relations system. There are also significant tensions around the lack of resources in rural, regional and remote communities, the competition between government and non-government services for resources and staff and blurred responsibility for funding and outcomes between local, State, Territory and Federal Governments.

COMMUNITY DEMANDS FOR SERVICES

One of the main drivers of demand for community services over the past twenty years is

increased participation, particularly of women, in the workforce. At the same time, service shortages for child care, aged care and employment assistance and the costs of these services, limits further participation of women in the workforce. For instance, Australia has relatively low rates of participation of mothers in the workforce (the 5th lowest employment rate of mothers with the youngest child under 6 years old in the OECD).²

The trend towards shorter lengths of hospital stays and de-institutionalisation of mental health care and other services also has altered demand for community services. For example, Australia now has relatively high rates of older people living at home, increasing the need for community care. Community aged care, which offers basic help around the home, increased by 600% in the eight years to 2003–04 to 28,907 places (with another 485,000 aged care and home care packages for people over 70 in 2002–3).³

As discussed further in this report, demands for care are likely to grow as the population ages, people with disabilities require support and more people seek employment and education opportunities. The shortages in child care services and lack of access to these services is widely known. However, it is not just care services that face the challenge of increased community need.

In the latest *Australian Community Sector Survey*, conducted by the Australian Council of Social

Service, community service workers reported a 4% increase in the number of people who received a service last year. In addition, 1 in every 16 people eligible for a service was turned away. 90% of community service workers reported that their waiting lists were the same or had worsened between 2004-5 and 2005-6.⁴

This survey covered services delivered to 1,459,184 people including health services, aged care, community care, child care, child welfare, employment services, housing services, supported accommodation for people with disabilities, legal services, individual and family relationship counselling, community activities, information and referral services.⁵ While unmet needs were found in all service types, some services with the highest percentage of eligible people turned away as a proportion of those assisted were:

→ *Housing Assistance*. 1 person was turned away for every 4 who received a service

→ *Disability Supported Accommodation*. 1 in every 4 people who received a service was turned away.

→ *Community Legal Centres*. 1 in every 5 people who received a service was turned away.

→ *Child Care*. 1 in every 12 people who received a service was turned away.

→ *Financial and material support*. 1 in every 14 people who received a service was turned away.⁶

This survey provides statistical support of a general trend reported by community service workers and increasingly identified in research, which is that many users of services have several disadvantages that require multi-faceted responses. For example, a jobless mother may also have children with disabilities and be a victim of domestic violence and so need care, employment and counselling services. In the *Australian Community Sector Survey*, 69% of respondents agreed that their clients in 2005-6 had more complex needs than in 2004-5.⁷

This complexity of need corresponds to ongoing risks of social exclusion for disadvantaged groups. The National Centre for Economic and

Social Modelling (NATSEM) states groups at risk of financial disadvantage include: 58% of Indigenous people, 28% of jobless people, 28% of people renting, 22% of single parents, 7% of older people.⁸ Most of these Australians will come into contact with community service workers as they seek basic assistance and to gain the help they need to improve their health, education, work and other life chances.

While community services tend to be non-profit providers with a focus on assisting low income and disadvantaged Australians, it is important to note that many growing social problems are not restricted to those on low incomes. The increased general rates of mental illness, drug

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use, child abuse, domestic violence and family relationship breakdown in Australia indicates services will need to respond not just to disadvantage but to causes of these social problems in the general society. The community services workforce is at the frontline of this response.

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This trend has particular impacts on skills and training shortages of the workforce as seen in Chapter 2.

GOVERNMENT POLICY OBJECTIVES FOR COMMUNITY SERVICES

Community services are provided by government, non-profit and for-profit organisations. However most community services are funded all or in part by governments, with the local State, Territory and Federal governments sharing responsibility for service provision. Accordingly, the identified priorities of governments and the provision of government funding set parameters around the work of community services.

As discussed further in Chapter 2, government also acts as a major employer of community services staff, in some cases to the detriment of smaller community organisations which cannot offer employees comparative conditions. A key example of the effect of shortages of workers and competition between government, non-government and business service providers is

The Human Capital Agenda encompasses goals of improving workforce participation and productivity while increasing flexible work arrangements in the interests of individual, family and community. It may raise expectations concerning care, employment, education, health, early childhood and child care services in particular and the workforce in each of these services will be critical to achieving its aims.

found in nursing where differential rates of pay apply to nurses in aged care when compared to those in general nursing. Between 1996-2001 the number of registered nurses reporting their main job was in a nursing home (mostly operated by non-profit organisations) fell by 18% while the number reporting their main job as being in another industry (mostly health) increased by 10%.¹⁰

As the peak intergovernmental forum, the Council of Australian Governments (COAG) provides a useful snapshot of general workforce objectives. In 2006, COAG announced its Human Capital Agenda in response to reports of 'skills shortages'.

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Other recent COAG agendas that will affect community services include its recent focus (including funding) for mental health services, its summit on violence and child abuse in Indigenous communities and its focus on early childhood education as a priority area. In 2006, COAG also adopted a strategy to strengthen the health workforce with a focus on increasing supply through more spending on education and provision of tertiary education places.¹¹

New proactive government agendas also pose workforce challenges. Funding increases for preventative service programs can contribute to workforce shortages, as recently pointed out by Family Services Australia: 'The expansion of the Family Relationship Services Program (FRSP) through additional funding allocated in the 2005 budget will put pressure on services already having difficulty attracting and retaining staff... FSA sees it as critical to conduct a more comprehensive analysis of workforce development needs and develop a strategy to meet these needs.'¹²

The COAG Agenda on Human Capital

This agenda is part of COAG's aim to progress the National Reform Agenda (NRA). The NRA includes human capital, competition and regulatory reforms, aimed towards Australia's future prosperity by increasing the nation's productivity and workforce participation. Its impact on community services is direct (*increased focus on outcomes for education, early childhood, and Indigenous health*) and indirect (*increased needs for care as workforce participation increases etc.*)

COAG stated: 'As a first tranche of human capital reforms to impact on the agreed outcomes, COAG agreed that work will be undertaken on specific reform proposals in four initial priority areas, namely:

- > early childhood – with the aim of supporting families in improving childhood development outcomes in the first five years of a child's life, up to and including school entry;
- > diabetes – with the aim of improving health outcomes focusing initially on diabetes and building on the national Chronic Disease Strategy and the

Australian Better Health Initiative;

- > literacy and numeracy – with the aim of improving student outcomes on literacy and numeracy; and
- > child care – with the aim of encouraging and supporting workforce participation of parents with dependent children.

Leaders also agreed the following 11 indicative high-level outcomes as a framework for the human capital agenda to improve participation and productivity:

- > significantly improve the proportion of children that are born healthy (subsidiary outcome: The gap between Indigenous and non-Indigenous children is closed.);
- > significantly improve the proportion of children acquiring the basic skills for life and learning (subsidiary outcome: The gap between Indigenous and non-Indigenous children is closed.);
- > reduce the proportion of the working age population not participating and/or under-participating in paid employment due to illness, injury or disability;
- > reduce the incidence of preventable chronic disease and serious injury amongst the working age population;

- > reduce the prevalence of key risk factors that contribute to chronic disease;
- > increase the effectiveness of the health system in achieving health outcomes;
- > increase the proportion of young people meeting basic literacy and numeracy standards, and improve overall levels of achievement;
- > increase the proportion of young people making a smooth transition from school to work or further study;
- > increase the proportion of adults who have the skills and qualifications needed to enjoy active and productive working lives;
- > improve overall workforce participation, with a particular focus on target groups, in a manner consistent with the long-term interests of the individual and the economy, giving due regard to productivity; and
- > increase the provision of flexible working arrangements within the workforce, in a manner consistent with the long-term interests of the individual and the economy.'

Source: Extract from <http://www.coag.gov.au/meetings/140706/index.htm#reform>

SCOPE OF COMMUNITY SERVICES

In response to increased community demand and governmental agendas, the community services workforce has grown substantially over the past 20 years while expenditure on services has remained relatively average compared to other countries.

By international standards Australia spends an average amount on welfare and health. Welfare expenditure was 2% of total national Gross Domestic Product in 2000-01 while health was 9%, both in the mid range of OECD countries for expenditure.¹³

Estimates of the size of the community services sector and the number of employees depend on the measures used and what is classified as

'community services' (a summary of these classifications and measures is found in Appendix 1).

Most recent statistics from the Australian Bureau of Statistics (ABS) Labour Force Survey indicate 2.5% of all employees in Australia were working in community services in 2004 – 243,000 people (202,906 Full Time Equivalent). The community services workforce increased by 22.6% from 1999-2004, double that of the average of all occupations (10.5%). Employment growth was particularly high in child care (42%).¹⁴

Employment in community services in 2004 was predominantly of women (86.6% of the workforce) and part time workers (51.6% of the community services workforce). The last Census

indicated within community services industries, children's care workers was the largest occupational group (39.6%), followed by special care workers (27.5%), welfare and community workers (10.0%) and welfare associate professionals (8.9%). Across other industries, education was the second largest employer, employing a third (33.0%) of all community services occupations, followed by health (8.5%).¹⁵

As will be discussed in Chapter 2, health and community services is the main employer of women approaching retirement age in Australia. The Productivity Commission estimates that community services and health together employs over 936,000 people – 10% of all Australians. This is expected to rise to 13.4% by 2011-12.¹⁶

Community services now employs 23% of all women workers aged 50-59 years old, compared to 18% in 1984; conversely the main employer of men 50-59 years old was manufacturing and this employment declined from 21% in 1984 to 15% in 2004.¹⁷

Most non-profit organisations providing services are small to medium sized organisations generally with less than 100 employees. As pointed out by Professor Jenny Onyx from the Centre for Australian Community Organisations and Management, small organisations have particular value that belies their size: 'Because they are small, and 'grounded' they also act as early warning radar screens. Generally, small organisations are the first to identify a new, emerging issue, or unmet need. By the same token they are more likely to be responsive. They are nimble and flexible enough to change direction as required. This is particularly so if, as is usually the case, they have adopted open, participatory democratic forms of governance. They are in a much stronger position to take the voice of their constituency, to identify a crisis and start to do something about it. This is precisely what is required for the mobilisation of social capital.'¹⁸

At the same time that community services organisations are small, many are brought into networks. Increasingly provision of some services such as emergency relief and employment assistance is predominated by larger, non-profit

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service providing organisations. Each of these large national organisations employs several thousand Australians.

The last ABS survey of community services indicated that in 2000 there were 9,287 organisations providing community services – one third (2,800) were for profit organisations, two thirds (5,938) 'non-profit' organisations and 548 government organisations. Reflecting the increased contracting out of services by governments that have characterised the past ten years, there was a 32% increase in the number of for-profit organisations and a 10% increase in non-profit organisations from 1996-2000.¹⁹ In 2003-4 non-government community service organisations spent \$11.2 billion with the government share of funding accounting for 49%, client fees accounting for 25% and non government community organisations' own source funding accounting for 26%.²⁰

While providing a useful track of growth of the community service sector, these statistics are likely to be underestimates of the true magnitude of community services as an employer and of services generally. For example housing

assistance services and child protection may not be covered in ABS surveys. Employment statistics are likely to be underestimated because of the number of people who have 'second jobs' in community services that are often not picked up in statistical collections.²¹ Some organisations that do advocacy work or international organisations that provide services in Australia are not covered in official statistics. Similarly, the great contribution of volunteers to community services can make estimates of work difficult to quantify.

Data from 1999-2000 analysed by the ABS show that the community services workforce was

highly productive. Non-profit organisations were particularly productive, despite resource scarcities discussed elsewhere in this report – in terms of outputs as measured by number of cases of service provision, non-profit organisations provided more services to Australians than government organisations for all services except 'independent and community living' (others include government responsibility for statutory protection and placement and juvenile and disability corrective services). This data also indicates a strong role of for profit organisations in the provision of centre-based day care for children.²² The table below illustrates the high output of community services.

Output Measures for Community Services

Output measures	For profit organisations '000	Not for profit organisations '000	Government organisations '000	Total '000
Information, advice and referral (no.contacts)	**0.8	6398.6	1212.8	7612.1
Individual and family support (no.cases)	5.7	3287.2	370.4	3663.2
Independent & community living (no. cases)	*2.6	860	1008.5	1871.1
Support in the home (no. clients)	25.8	1391	548.1	1965
Centre based day care (average no. children per day)	97.6	29.7	12.8	140
Family day care (average no. children per day)	np	10.8	np	11.1
Occasional child care (average no. children per day)	0.4	5.3	1.5	7.2
Before and after school hours care (average no. children per day)	4.9	26	5	35.8
Vacation care (average no. children per day)	*1.7	12.5	9	23.2
Other child care (average no. children per day)	*0.1	4	0.1*	4.2
Pre-vocational/vocational training (no. trainees)	nil	9.6	nil	9.6
Employment job placement and support (no.clients)	**0.9	43.1	nil	44
Supported employment/business services (no. disabled employees)	nil	17.4	nil	17.4
Financial and material assistance (no.cases)	nil	np	np	1749.1
Transitional accomodation (no. of beds nights)	**0.1	2502.8	84.2	2587.2
Crisis accomodation (no. of beds nights)	**6.1	2731.2	*59.2	2796.5
Intensive residential care (average no. residents per day)	31.8	34.1	6.6	72.6
Hostel care (average no. of residents per day)	8.3	55.6	2.8	66.8
Residential respite care (average no. of occupants per day)	*0.8	4.1	1.6	6.5
Residential rehanbilitation (average no. of residents per day)	np	1.9	np	2.4
Other residential care (average no. of residents per day)	2.6	14.9	5.1	22.6
Foster care placement (no. of placements)	nil	27.5	30.3	57.8
Accomodation placement and support (no. of placements)	nil	*44	np	np
Statutory protection and placement (no. of cases)	nil	*9.2	130.6	139.8
Juvenile and disability corrective services (no. of cases)	nil	4.5	32.5	37

** estimate relative standard error of greater than 50% *estimate has relative standard error of 25-50%

Source: Australian Bureau of Statistics, *Community Services Australia, 1999-2000*, p. 19-20.

These output measures demonstrate that the economic benefits of spending on community services are greater than indicated by measuring their size alone. Increasingly output-based and client satisfaction measures of performance are illustrating both the efficiency and non monetary benefits of provision of service by community organisations.

COMMUNITY SERVICE WORKERS AS SOCIAL INCLUSION BUILDERS

As mentioned above, the OECD, much of Europe and several US cities have policies and renewed research interest in the role of community services in building social capital. If a sense of community, often expressed as a sense of cohesion or inclusion, exists in an area people feel safe, included and are able to participate or access opportunities the community has to offer.

The Organisation for Economic Cooperation and Development (OECD) defines social capital as 'networks, together with shared norms, values and understandings which facilitate cooperation within or among groups'.²³ Recent research has further classified links in communities into two types of social capital 'bonding' (links between people of similar class, ethnicity etc) and 'bridging' (links between people of different class, ethnicity etc).

Community services help build social capital by bonding people through their common rationale for the use of services (such as parents who use local child care or people who join cancer support groups) or by building bridging social links between people who otherwise may be isolated from the community (such as victims of domestic violence or homeless people).

The hidden value of the community services workforce is their role in building social capital through the personal interaction and support they provide to people needing assistance. For disadvantaged or marginalised people, the value of social interaction with community service workers is perhaps even more great – for instance in a recent survey of people with mental illness using services almost 90% of respondents considered social relationships to be 'important' or 'very important' in helping to manage the effects of mental illness and maintain mental

health.²⁴ Research on community housing tenants found that: 'The survey reported high levels of satisfaction for treatment by staff. More detailed analysis of the survey identified that tenants' overall satisfaction is influenced most by the manner and helpfulness of the staff more than the quality of their home.'²⁵ Increasingly, government departments and the Productivity Commission are using measures such as 'client satisfaction' as a performance indicator.

Surveys of workers in community services indicate this interaction or 'meaning' in the relations they have with clients is most often rated as a key attraction of employment in community services. Community services provide the opportunity for many Australians as volunteers or workers to express their values and to actively contribute to social inclusion in their community.

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An example of this is provided by a recent survey of aged care workers about what they liked and disliked about work which concluded: 'Three things stand out as being the most attractive parts of the job.

→ 'The first is the quality of interpersonal relations with other staff. Aged care workers like the people they work with and this is a major part of their job satisfaction. This is true of the

workforce as a whole, of recent appointments, and of each of the main occupational groups.

→ 'The second is the satisfaction derived from helping the people they care for. The intrinsic pleasure of improving the quality of the lives of the dependent elderly is very important to aged care workers, most particularly for the Personal Carers. This is a substantial point. It highlights the importance of ensuring that staff has sufficient time to provide this care in a satisfying way, if they are to enjoy and wish to stay in their jobs.

→ 'The third thing that staff most like about their jobs is the satisfaction of having the skills to do the job well, and feeling competent in what they do.'²⁶

Programs that build links between communities through the coordination and support of community service workers are occurring at the local level (for example the Productivity Commission points to parenting services in Victoria as a demonstration of community services building social capital in communities).²⁷ The Council of Australian Governments' recent Human Capital Agenda and health workforce statement also go some way to recognising the role of the community services workforce in building social inclusion in Australian society. Programs to build social capital further in Australia will need to recognise and reward the role of community service workers in forging the links and relationships that can decrease social isolation and build social inclusion in communities.

COMMUNITY SERVICES IN RURAL, REGIONAL & REMOTE AREAS

Australia's unique challenges of building social inclusion in country with a relatively small population spread over a large landmass is well illustrated by issues facing community service workers in rural, regional and remote areas. Many of these areas face disadvantages - most notably environmental issues such as drought or economic decline which contributes to the loss of livelihoods and population in these regions. A recent study of local government areas found the fastest decreasing populations across the country from 1998-2003 were all located in rural regions, predominantly in remote and very remote areas of Western Australia.²⁸ Severe disadvantage in many Indigenous communities

also poses particular challenges for the recruitment and retention of workers in remote areas.

These factors result in a lower population base to recruit workers, a lower skills base as people in these areas tend to have lower levels of relevant post-school education and higher unemployment and greater turnover of staff, who frequently

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travel long distances or relocate for employment in community services in rural, regional and remote areas.

Most community services report that workforce shortages in rural, regional and remote areas are a particular problem while the increased need for services to address social problems (including higher than average rates of unemployment and suicide) grows.

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Another example is provided by a survey of managers of alcohol and drug services. While 64% of managers from all sectors (government, non-government and private) had difficulty filling staff vacancies, 78% of managers in non-metropolitan areas reported this as a concern.³⁰

A recent consultation of community service organisations in the Northern Territory by the Northern Territory Council Of Social Service underlined the shortages of workers in rural and remote areas and for Indigenous communities: 'There were some issues raised consistently throughout the sector consultations and in all locations. The biggest of these was recruitment and retention concerns. This is an area where all government departments need to work in conjunction with the sector to develop solutions. Although this is an issue which is being raised all around Australia, here in the NT organisations face added barriers because of our geographical isolation and its related complexities.'³¹ The Northern Territory Government also faces these issues with around 30 % of its nursing workforce being highly mobile. This creates associated costs of turnover and recruitment of between 50% and 100% of the annual salary for each employee.³²

The Community Services and Health Industry Skills Council states: 'High levels of migration from rural to urban areas are causing skills shortages, which will worsen without appropriate interventions.'³³ Similarly, the Productivity Commission identifies the need for particular investment to improve health of people living in rural, regional and remote areas and Indigenous people: 'There are major workforce distribution issues. Shortages are often more significant in outer metropolitan, rural and remote areas and especially in Indigenous communities. Areas of special need such as mental health, aged care and disability services also suffer significant shortages in the face of growing demand. And though health workforce arrangements have evolved in response to changing health care needs, including through greater reliance on multidisciplinary care, the skills of many health workers are not being used to full advantage. To a large extent this is because of various systemic impediments that prevent their competencies being fully developed, assessed, recognised and utilised. This in turn reduces job satisfaction and thereby makes recruitment, retention and re-entry more difficult.'³⁴

FUNDING AND REGULATORY ARRANGEMENTS FOR COMMUNITY SERVICES

Since the 1980s and particularly the 1990s, many community services moved away from funding grants to service provision contracts. This included competitive tendering for funding for services or government purchasing of services. A notable example is employment assistance services. Once provided by government, these services are now funded by government through 'Job Network' – a network of organisations, usually non-profits, providing assistance to unemployed Australians.

The administrative, program and reporting requirements of government funding contracts add to the workload of community service workers and often require a different set of skills and experience than those used in direct service delivery. Each government department commonly has its own rules around funding contracts and reporting. Some State Governments have recognised this complexity and responded with measures to reduce the time and cost of administration. For example, the Queensland Government developed a standard chart of accounts for funded non government organisations to streamline financial accounting procedures and ensure data collected is comparable across different services. They have supplemented this change with training for staff of community service organisations and subsidies for relevant software to support the organisational change that may be required as a result of the new financial accounting system.³⁵

Further complexity, particularly for managers, human resource personnel and accountants of community services organisations, is created by Australia's definition of charity status. Community service organisations entitled to Public Benevolent Institution (PBI) status have several tax exemptions which are often used to provide benefits to employees. The Fringe Benefits Tax (FBT) Assessment Act 1986 allows certain organisations with PBI status to be exempt from payment of FBT for any salary sacrifice benefits provided to its employees up to stated limits. The benefit for employees is that they do not pay income tax on fringe benefits they receive such as cars or a living away from home allowance.

According to the Office for the Commissioner of Public Employment, Government of South Australia, this means for employees of non-hospital PBI's, the first \$15,450 of benefits that are normally subject to FBT are exempt from FBT (i.e. \$30,000 'grossed up' taxable value of fringe benefits are exempt). Where all the benefits are subject to GST and attract partial or full GST Input Tax Credits, the amount that can be sacrificed on a FBT exempt basis may be reduced to \$14,089.³⁶

This allows an organisation classified as a PBI to structure an employee's salary package so that the employee may effectively receive income from their employer that is not subject to income tax or fringe benefits tax. Use of these benefits to attract employees is particularly relevant to recruitment of professional roles. Many professional staff who work in the community sector have greater responsibilities but receive lower wages than they would in the government or business sector.

However, there is evidence to suggest use of fringe benefits to supplement rewards for work is moderate. For instance, the Australian Capital Territory Council of Social Service reported in its survey of community organisations in the territory that 74% of surveyed organisations had PBI status but only 35% of these PBI organisations actually used salary packaging.³⁷ It is likely the use is much broader on the national level and in larger organisations with increased ability to access financial and accounting services needed to use these tax provisions fully. For many organisations fringe benefits do not provide a means of moving towards more comparable rewards for work with the public and private sector or are a poor substitute for better wages and conditions of workers.

INDUSTRIAL RELATIONS CHANGES IN COMMUNITY SERVICES

The new industrial relations system – commonly known as WorkChoices – is another major policy change with impacts on community services.

Many effects are as yet unknown or unmapped. Community organisations and unions are currently collecting data on WorkChoices effects on community organisations – for example in Queensland the Queensland Council Of Social Service, the Australian Services Union and other unions are currently processing submissions from community organisations on the impact of WorkChoices.

Changes due to WorkChoices of particular relevance to community services workers include:

→ The use of the corporation's power by the Federal Government in enacting WorkChoices provides particular complexities for the social and community services sector. In NSW, SA, QLD, TAS, and WA, WorkChoices has created high levels of confusion as employers grapple with determining: whether or not they are trading corporations (and subsequently within the jurisdiction of WorkChoices), or whether they remain within their State industrial relations systems, or what is the continuing effect of their current Federal Award, or what other alternatives to WorkChoices they may be able to utilize. The majority of organizations will not fall within the jurisdiction of WorkChoices. However whilst it is likely that at least some organisations are covered by WorkChoices, it remains unclear as to which organisations are in which jurisdiction. These two jurisdictions in these States will be likely to create wage differentials. Further, the capacity of organisations (more likely to be larger organizations) to drive down wages by using WorkChoices, could lead to the reduction of capacity and viability of smaller community based organisations from the sector. For those organisations which are constitutional corporations and for all employers in Victoria, the Northern Territory and the ACT, WorkChoices provides for the pre-eminence of individual contracts over State and Federal Awards, removes the no-disadvantage test for the purpose of bargaining and provides for only 5 minimum conditions as a requirement for all agreements.

→ The removal of skill-based classification structures from awards by making these ‘non-allowable’. The Australian Services Union NSW summarises this change for community services as having: ‘a significantly detrimental impact on employment and overall regulation within the industry including even further problems in the retention of skilled and qualified workers in the Industry. There is already a significant skills shortage in this fast growing area of employment. There is a significant reliance on shift penalty rates in the Industry in order to achieve reasonable levels of income and act as the only incentive for workers to undertake difficult and stressful work.’³⁸

→ Minimum wages are now set by the Australian Fair Pay Commission (AFPC). Last year the AFPC awarded a pay rise to minimum wage workers which will have particular benefits for low wage workers in the child care industry for example. However there is some concern from community organisations and unions about the transparency and continuity of the AFPC’s process for setting wages (See submissions to Australian Fair Pay Commission 2006).³⁹ 15.5% of all minimum wage earners work in health and community services and many community services provide services to low wage earners whose incomes are dependent on the set minimum wage.⁴⁰

→ The new Australian Fair Pay and Conditions Standard prescribe five minimum conditions of employment (see box below).⁴¹ Casual workers have lesser rights to these minimum conditions, for example they are not entitled to personal leave.

→ Employees cannot claim unfair dismissal in workplaces employing 100 or fewer employees or where terminations are for ‘operational reasons’ (except for a few grounds protected by human rights law such as racial discrimination).⁴² For example, 75.2% of nursing homes have less than 100 employees as do 99.7% of child care services, 96.3% of residential care and 92.6% of non residential care, creating widescale impacts for community service workers.⁴³

→ An employer which is a constitutional corporation can require an employee to enter into an Australian Workplace Agreement (AWA) as a condition of employment.⁴⁴ The *Australian Services Union Members Survey 2007* indicated currently in Victoria 40% of community service workers are under an Enterprise Bargaining Agreement, 33% an award, 6% an individual agreement and 4% AWAs however this mix could change significantly under the new industrial relations system.⁴⁵

The new Australian Fair Pay and Conditions Standard		
<p>‘The Australian Fair Pay and Conditions Standard (the Standard) contains five minimum conditions. By law, no workplace agreement can provide conditions which are less than those in the Standard. The minimum conditions in the Standard are:</p> <p>1. GUARANTEED BASIC RATES OF PAY AND GUARANTEED CASUAL LOADINGS – A Federal Minimum Wage or guaranteed basic rate of pay under an applicable Australian Pay and Classification Scale. For casual</p>	<p>employees, a casual loading set by the Australian Fair Pay Commission.</p> <p>2. HOURS OF WORK – Maximum ordinary hours of work limited to 38 hours per week (which can be averaged over up to twelve months) and reasonable additional hours;</p> <p>3. ANNUAL LEAVE – Four weeks paid annual leave per year (five weeks for some continuous shift employees). Up to two weeks of this can be cashed out at the employee’s written election where</p>	<p>their workplace agreement permits*;</p> <p>4. PERSONAL LEAVE – Ten days paid personal/carer’s leave per year and two days paid compassionate leave per occasion.* Where this paid personal leave has been exhausted, two days unpaid carer’s leave per occasion.</p> <p>5. UNPAID PARENTAL LEAVE – For all employees other than certain casual employees, up to 52 weeks unpaid parental leave (maternity, paternity and adoption).</p>
<p>* These conditions do not apply to casual employees. They are based on a full-time employee working 38 hours per week and apply on a pro-rata basis according to the hours worked by the employee. Please note that annual leave and personal leave do not accrue in the respect of hours worked above 38 hours per week.’</p>		
<p>Source: Office of the Employment Advocate http://www.oea.gov.au/graphics.asp?showdoc=/employers/fairpaystandard.asp</p>		

The WorkChoices laws are designed to reduce reliance on collective bargaining and increase individual agreements between employer and employee. This creates particular vulnerabilities for disadvantaged Australians who may not have the skills and experience to negotiate with employers for better conditions and are increasingly reliant on casual work which may not even provide the five minimum conditions (such as personal leave). As noted by researchers from the Centre for Work and Life, University of South Australia: 'Current employment law changes are implemented against a background of widening inequality, widening dispersion in standard hours of work, high levels of employment insecurity (28 % of Australian employees in their main job are casual) and growth in the proportion of low paid workers in Australia.'⁴⁶

Beyond the specific impacts of WorkChoices on disadvantaged clients using community services and low paid workers, the changes have particular ramifications for management in the community service sector.

Beyond the specific impacts of WorkChoices on disadvantaged clients using community services and low paid workers, the changes have particular ramifications for management in the community service sector.

Most community service organisations have voluntary boards or committees of management – often with limited knowledge of industrial relations law and limited capacity. Generally, these management committees have relied on State or Federal Awards as a guide to recruit and promote staff.

A survey of ACT community organisations last year found that 48% of respondents were reliant on awards to determine pay and conditions. A further 24% of organisations indicated that they use a combination of employment arrangements, including Australian Workplace Agreements (AWA's), Awards, Enterprise Bargaining Agreements and/or other arrangements.⁴⁷

The Social and Community Sector Taskforce in NSW made the following findings regarding enterprise bargaining in 2006:

'Enterprise bargaining:

→ is highly inefficient for a sector characterised by voluntary committees of management employing small numbers of employees

→ is a time consuming process that is of low priority when measured against the demands of service delivery

→ is inappropriate for a sector which is overwhelmingly non-profit making

→ is hindered by minimal ability of management committees to increase revenue outside of government funding

→ imports a concept of productivity which is not readily applicable to this industry'.⁴⁸

Increased flexibility for employers may also create market inequities in rural, regional and remote areas as the New South Wales Council of Social Service recently reported: 'Regional NGOs have indicated concern that the negative impacts

of individual bargaining may have a multiplier effect in small towns where if one employer reduces wages and entitlements others will follow... It should also be noted that the provision of community services in rural areas is often significantly lower than in metropolitan and large regional centres due to factors including distance.⁴⁹

The effects of the new industrial relations regime for a sector with wide variation of pay and conditions between types of organisations (for-profit, non-profit, non-profit PBIs, Federal, State and local government organisations) and new funding arrangements and increased levels and complexity of community demand are not yet demonstrated for many types of services. Illustrating this ambiguity community service workers in Victoria are divided about whether or not WorkChoices would affect them personally – 45% believing it would make ‘things worse’ and 46% believing their work conditions would be ‘much the same’ in 2007.⁵⁰

HIGH RATES OF VOLUNTEERS

Reflecting the value of community services to individuals and communities, hundreds of thousands of Australians donate their time to community services each year. Services in turn rely heavily on volunteers to support service delivery.

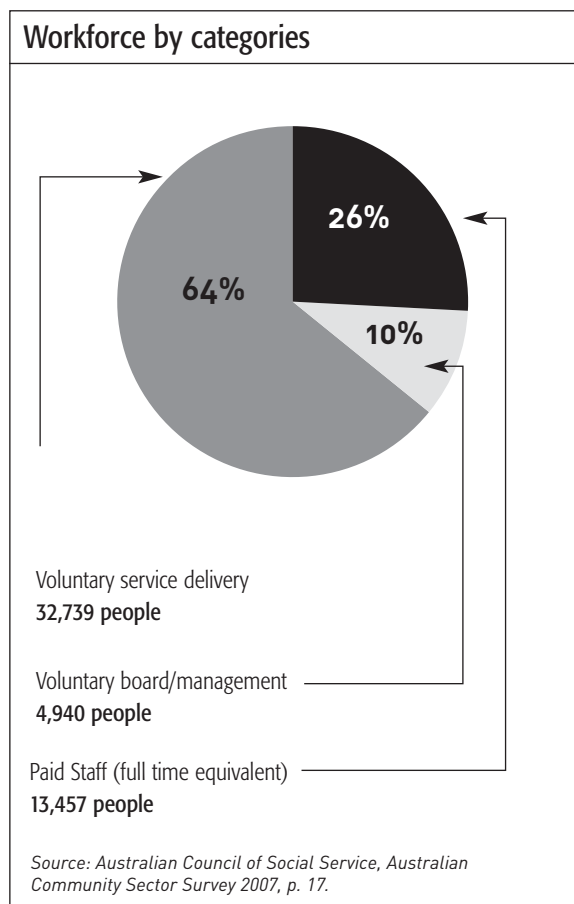
In many cases volunteering provides a means for former workforce members to contribute to organisations and to social inclusion. Volunteering can also be a way of individuals acquiring workplace experience – for instance for younger and jobless Australians.

The ABS General Social Survey in 2002 indicated nearly a third of all volunteers in Australia assisted welfare and community services organisations, accounting for 11.2% of all persons aged 18 years and over. The level of voluntary work in community services ranged from 6.9% of all people aged 25–34 to 18.1% of all people in the 65–74 age group.⁵¹

Overall, 276,333 volunteers were involved in community services some time during June 2000, 77% of these in non residential care services.⁵² A survey of aged care services in Queensland found that only 5% of respondents reported no unpaid workers.⁵³

The Australian Community Sector Survey 2007 indicated in terms of numbers of volunteers there were more volunteers than paid staff in most community organisations (see graph below).

In the same survey, a very low percentage of agencies reported that they had increased the number of paid hours worked by staff, but 72% of agencies agreed that the unfunded work by staff and volunteers had increased between 2004-5 and 2005-6. This is consistent with the reported rise in demand for community services exceeding the rate of increase in the workforce.⁵⁴



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Some community services have a declining rate of volunteers – most notably child care – the number of volunteers declined by 28% since 1995–6, which could be due to increased safety and insurance standards such as obtaining police checks and personal accident and/or public liability insurance for volunteers as well as the need to closely supervise volunteers.⁵⁵ The below table indicates the numbers of workers and volunteers in some care services.

Employment and volunteers in community service industries:
type of service provision by industry, 1999–2000

	Nursing homes	Child care services	Accommodation for the aged	Residential care services, nec	Non-residential care services, nec	Total
EMPLOYMENT AT END OF JUNE						
Direct CS provision	75,298	38,346	35,569	19,022	52,446	220,681
Other	9,221	2,763	6,833	3,136	26,388	48,341
Total employees	84,519	41,109	42,402	22,158	78,834	269,022
VOLUNTEERS DURING JUNE						
Direct CS provision	11,523	3,987	11,406	14,363	131,685	172,964
Other	4,229	7,357	5,471	6,258	80,055	103,370
Total volunteers	15,752	11,344	16,877	20,620	211,741	276,334

Source: Australian Bureau of Statistics, *Community Services Australia, 2001*.

Chapter 2

THE SOCIAL AND COMMUNITY SERVICES WORKFORCE

WORKERS

Community services are a growing employer of Australians in a wide range of roles. Some of these positions include carers, case managers, counsellors, educators, interpreters, youth workers, disability support workers, family support workers, child protection and shared care workers, housing and tenancy workers, coordinators, project workers, social workers, solicitors, researchers, policy workers, CEOs/general managers, support staff and administrators. Many of these roles are also found in education and health services and cross-over between these and community services are common. This diversity makes generalisations difficult but common trends and characteristics can be identified in relation to age, sex, and diversity which are outlined below and have important ramifications for supply of the community sector workforce.

The ABS Labour Force Survey estimated that between 1999 and 2004 there was a 22.6% increase in the number of persons employed in community

services occupations, which was more than double the average increase in employment across all occupations (10.5%). However, this employment growth was and is predominantly female - 86.6% of all workers in community service occupations are women and over half 51.6% part time workers (compared to an average of 44.6% female workforce and 28.4% of all workers with part time employment).⁵⁶ The figure below gives a recent breakdown of where the 334,350 community service workers were employed.

→ Age

While the ageing of the population is a general trend, the community sector workforce is older relative to other professions and types of work. From 10% to 40% of the community services workforce will retire in the next 15 years.

Some community services are more affected by ageing of the workforce than others. For example, in 2001, 53.8% of child care workers were 34 years or younger, compared to 23.1% in nursing homes, 26.9% in non-residential care.⁵⁷

Relationship of community services occupations to community services and other industries, 2004

	Community service industries	Other industries	Total
Community services occupations (eg counsellors in education industry)	159,678 people	174,672 people (267,729 FTE)	334,350 people
Other occupations	83,647 people (eg managers, accountants)		
Total	243,235 people (202 906 FTE)		

Source: Australian Institute of Health and Welfare, *Australia's Welfare 2005*, p. 381.

However, as noted by researchers in a major study of care workers, the trend towards ageing of the labour force is found in all types of care work: ‘Even in the child care services workforce, which is relatively young, and which was almost exactly the same size in 2001 as it was in 1996, there was a declining proportion of workers in all age groups under 45 years old, and an increase in the proportion of workers 45 years old and older.’⁶⁰

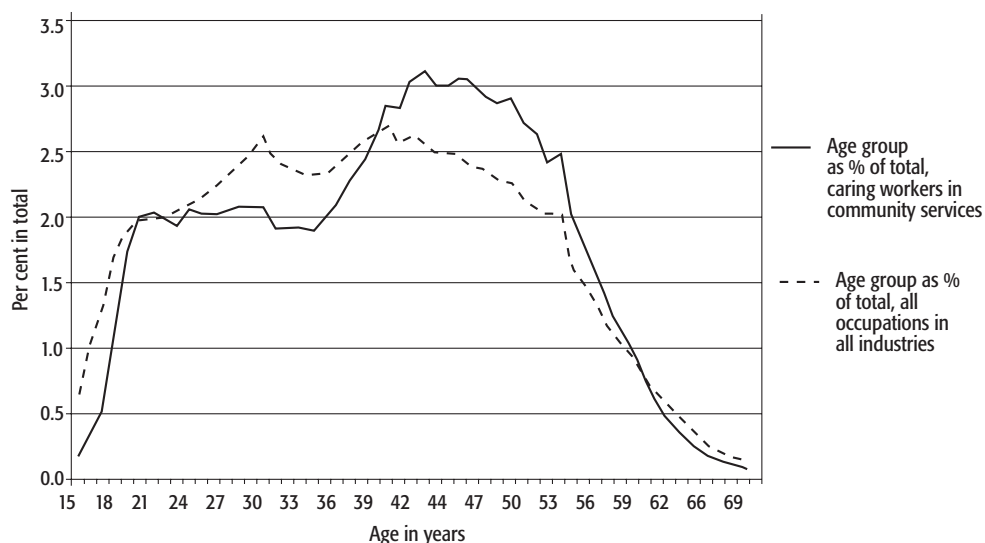
Half (49.5%) of care workers in nursing homes were 45 years or older.⁵⁸ A survey by the National Institute of Labour Studies found only 5% of residential aged care workers (and 12% of newly hired workers) are aged 16 to 24 (compared to 20% of the overall workforce) and that the residential aged care workforce has 12% of workers aged 25 to 34.⁵⁹

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This trend is mirrored in other human services. In 2005, 43.1% of the health workforce was aged 45 years or more and this has risen from 37% in 2000. This means 40% of the current health workforce may retire over the next ten years which will add to workforce shortages.⁶¹

Employees aged over 45 comprise 45.4% of workers in the education sector (up from 37.8% in 1996).⁶² In the higher education sector the average age of employees is 42.4 years compared to average of 36.3 years.⁶³ Other services, such as property and business services are attracting younger workers at a higher rate (with 33.8% of the workforce over 45 years).⁶⁴ The below chart details the age difference between the total workforce and care workers in community services.

Age structure of the caring workers in community services industries compared with the labour force as a whole, 2001



Source: Dr Gabrielle Meagher & Assoc. Prof Karen Healy/ACOSS, *Who Cares? A Profile of Care Workers in Australia's Community Services Industries, Volume 1, 2005, p. 30.*

The ageing of the community services workforce has important ramifications for workforce supply and organizational development. Some organizations have attempted to preempt the effects of an ageing workforce on supply by creating work conditions that reward the experience and contribution of older employees, provide adequate attractions to new recruits and help people balance work with family responsibilities. The latter is particularly important in community services given the high numbers of women employed in this work and the continuing social trend of the majority of care work being done by women in the home.

The below table illustrates how the ageing of the community services workforce effects workforce supply – declining proportions of young workers and increasing proportions of workers over 45 years old creating a net ageing effect. It also illustrates the plateau in staff growth during the ‘family formation’ years of 25-45 years, when many women attempt to balance family and work.

→ Gender

As discussed above, increasing participation of women in the workforce is one of the contributors to an increased demand for community services – particularly work that was

The community services workforce*: age groups, Australia. 1996 and 2001

CARE OCCUPATIONS		1996		2001		% change in share of care workers, 1996-2001
Age group	persons	%	persons	%		
15 to 24	30,078	16.6	26,719	14.1	-2.6	
25 to 34	39,699	21.9	37,844	19.9	-2	
35 to 44	53,028	29.3	49,829	26.2	-3.1	
45 to 54	43,609	24.1	53,232	28	3.9	
55 to 64	13,246	7.3	20,245	10.7	3.3	
65 and over	1,204	0.7	2,038	1.1	0.4	
Total	180,864	100	189,907	100		

OTHER OCCUPATIONS		1996		2001		% change in share of employees, 1996-2001
Age group	persons	%	persons	%		
15 to 24	41,901	10.4	38,591	9.3	-1.1	
25 to 34	101,472	25.1	95,559	23.1	-2.1	
35 to 44	121,499	30.1	114,797	27.7	-2.4	
45 to 54	99,943	24.8	114,892	27.7	3	
55 to 64	34,727	8.6	44,291	10.7	2.1	
65 and over	4,032	1	5,989	1.4	0.4	
Total	403,574	100	414,119	100		

* Excludes Community Care Services (nec) and Community Care Services (undefined)

Source: Dr Gabrielle Meagher & Assoc. Prof Karen Healy/ACOSS, *Who Cares? A Profile of Care Workers in Australia's Community Services Industries, Volume 1, 2005, p. 31.*

traditionally done by women in the home such as care of relatives with disabilities, parents and grandparents and children. This care work has long been undervalued by society in the sense of economic rewards and status given to such work.

Currently 86.6% of all workers in community service occupations are women and over half 51.6% are part time workers (compared to an average of 44.6% female workforce and 28.4% of all workers with part time employment).⁶⁵ Some community services are particularly female – for example 96% of all child care workers and 98.1% of preschool teachers are women.⁶⁶

This predominance of women in community services shows no sign of significant change – in 1996, 89.6% of care workers in community services were female, and in 2001, 88.4% of care workers were female.

In nursing, therapies, pre-primary school teaching and child care work more than 90% of workers were female in both 1996 and 2001.⁶⁷ The gender differences for these and other types of work are illustrated in the table below.

One of the few community services dominated by

This predominance of women in community services shows no sign of significant change - in 1996, 89.6% of care workers in community services were female, and in 2001, 88.4% of care workers were female.

male workers is Aboriginal and Torres Strait Islander health workers – 57.7% are men.⁶⁸

There are relatively higher numbers of men working as welfare workers – for example in 2001, 91.4% of intermediate service care workers were female, while 87.4% of caring professionals were female and 75.0% of associate professionals (welfare workers and enrolled nurses) were female.⁶⁹

This follows the trend in community services, health and education, for the spectrum of employment to feature a higher proportion of women in unskilled and low income positions compared to higher paid and professional positions.

Care workers in community services industry, sex, 1996 and 2001

	1996			2001			Females % of total	
	Male	Female	Persons	Male	Female	Persons	1996	2001
Nursing Homes	3,901	51,907	55,808	3,346	42,634	45,980	93	92.7
Child Care Services	1,395	47,635	49,030	1,765	47,161	48,926	97.2	96.4
Accommodation for the Aged	549	8,894	9,443	657	9,335	9,992	94.2	93.4
Residential Care Services (nec)	3,751	13,221	16,972	3,466	10,217	13,683	77.9	74.7
Non-Residential Care Services (nec)	5,077	20,141	25,218	8,150	39,265	47,415	79.9	82.8
Employment Placement Services	571	1,858	2,429	829	2,212	3,041	76.5	72.7
Interest Groups	1,100	3,456	4,556	300	933	1,233	75.9	75.7
Government Administration	2,256	10,338	12,594	3,495	12,727	16,222	82.1	78.5
Personal Care Services (nec)	141	4,669	4,810	104	3,300	3,404	97.1	96.9
Total	18,741	162,119	180,860	22,112	167,784	189,896	89.6	88.4

Source: Dr Gabrielle Meagher & Assoc. Prof Karen Healy/ACOSS, *Who Cares? A Profile of Care Workers in Australia's Community Services Industries, Volume 1, 2005, p. 43.*

Many workers in community services are women in two-income families. Greg Mundy, CEO of Aged and Community Services Australia, describes the typical aged care worker as female, born in Australia, about 50 years old, married, with at least 12 years of schooling and post school qualifications. She works 16-34 hours per week.⁷⁰ The majority of care workers are secondary earners with 22% being primary earners in 2001 and higher proportions of professional staff being primary earners (29.8% of associate professional care workers). Most of these primary earners will be the 16.3% of care workers who are single parents.⁷¹

→ Diversity

Diversity of the workforce is particularly important in service industries – organisations may not be able to offer appropriate and effective services to people from non-English speaking backgrounds if these people are not also represented in the workforce. Diversity is also an important social inclusion value of many community service organisations that have long been employers of people from different ethnic and cultural backgrounds.

Almost half (42%) of the Australian population, has a direct or recent familial connection with an overseas country and 23% of the population was born overseas.⁷² The community services workforce mirrors this diversity with one-quarter of community services and health workers born outside Australia.⁷³

Representation of diversity is problematic in relation to Indigenous employment in most types of community services. Indigenous people make up 2.4% of the population, speak at least 145 languages and their levels of disadvantage mean they often require culturally appropriate community services.⁷⁴

In 2001, Census data indicated that 2.7% of all workers in community services were Indigenous – 6,294 workers. This included 21.9% of refuge workers, 16.5% of family support workers, 16.2% of special education teachers, 8.8% of drug and alcohol counsellors, 7.4% of welfare associate professionals and 7.1% of youth workers.⁷⁵

Health care provided by Indigenous people is one

strategy to improve health care and the low life expectancy of Indigenous people. In 2001, there were 3742 Indigenous people employed in health occupations (0.9% of all health occupation workers). This included 853 Indigenous health workers (93% of all Indigenous health workers) but of the 444 people with the highest qualification level in Indigenous health, 24.3% were not in the workforce. Excluding Indigenous health workers, a low 0.7% of all health workers were Indigenous in 2001.⁷⁶

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These statistics are just one indicator of whether or not employment of Indigenous community service workers is meeting the cultural and language needs of service provision in different communities. For example, analysis of aged care shows that Indigenous Australians are least likely to be cared for by people who speak their language: there are 42 care workers per 100 residents in total, while there are only 8 care workers who speak an Indigenous language at home per 100 residents who prefer to speak an Indigenous language.⁷⁷ Also, the Community Development Employment Projects (CDEP) program which employs Indigenous people on community activities ranging from administration to rubbish collection, accounted for many of the jobs held by Indigenous people in community services.⁷⁸

The Human Rights and Equal Opportunity Commission has pointed to the fact that while rates of Indigenous employment in some services are high (e.g. in 2001 67% of workers in Aboriginal Community Controlled Health Services were Indigenous) Indigenous people are underrepresented in skilled positions (2% of doctors and 13% of nurses in these services were Indigenous).⁷⁹

Also, while women predominate community services, there are still gender inequities in the highest paid professions suggesting the need to expand family friendly and other policies. As identified by the Community Services and Health Industry Skills Council: 'Women need more flexible working arrangements and flexible modes of training delivery to support career advancement. Access to training on literacy and cultural competencies for the mainstream workforce and the recognition of overseas qualifications and work experience would encourage participation by culturally and linguistically diverse groups.'⁸⁰

WORK CONDITIONS

As outlined above, many key trends influence the work conditions of community service workers – such as changing and increased complexity of community demands, levels of funding of community services, industrial relations changes and general economic trends. Most community service workers are aware of these trends – most notably the lack of resources or funds for their organisation with 92% of community service

workers stating inadequate funding or insufficient resources is one of the top three issues facing their service.⁸¹

The discussion below of specific elements of work conditions – hours worked, type of contract, pay, leave and long service leave provisions, occupational health and safety, training, career development and voluntary work – provides an indicator of the impacts of key trends on the community sector workforce.

→ **Part time and casualisation of the workforce**

Australia has a relatively high rate of part time and casual work and this has been growing over the past 10 years – for example it has the second-largest proportion of all work as part time work for women of 40% in the OECD.⁸² The rising proportion of women in part time work has potential and pitfalls – on one hand this provides opportunities for mothers who may not want to return to work full time but on the other hand many women would prefer the security and increased income of more permanent or full time work but that option is scarcely available in the service they work for. For example, the *Australian Services Union Members Survey 2007* found 97% of respondents rated 'job security' and 'maintaining working hours' as personally important to them.⁸³ When asked to rate their satisfaction with job security, around one quarter expressed dissatisfaction – 23% with a similar proportion of 25% also expressing dissatisfaction about work-life balance.⁸⁴

Part time work, Various Industries

Industry	Part time status in main job (August 2004)	Casual employees (1999)
All Industries	29%	27%
Accommodation, Restaurants, Cafes	53%	58%
Retail	51%	46%
Health and Community Services	45%	22%
Cultural & Recreational Services	46%	42%

Source: Helen Masterman Smith, Centre for Work and Life, University of South Australia, *Low Pay: Where Welfare to Work and WorkChoices meet*, 2006.

Community services had just 55% of its workers as full time employees in 2003, compared to an average across all industries of 70%.⁸⁵ Instead, community services rely particularly on part time workers as demonstrated in below table.

A growing casualisation of the workforce also exists particularly in relation to low paid work and care work in many States and Territories. This is a particular concern for new and young recruits to community services – the Australian Services Union Members Survey 2007 indicates while overall 88% rate ‘increasing outsourcing and casualisation’ as an important issue to them personally, 99% of workers under 35 years old and 92% of workers aged 35-44 rate the issue as a personal concern.

Part time work is common in care roles: 54.8% of all care workers worked part time, compared to 36.4% of non-care workers in community services in 2001 and 30.0% of workers in similar occupations in the labour market overall.⁸⁶

A growing casualisation of the workforce also exists particularly in relation to low paid work and care work in many States and Territories. This is a particular concern for new and young recruits to community services – the Australian Services Union Members Survey 2007 indicates while overall 88% rate ‘increasing outsourcing and casualisation’ as an important issue to them personally, 99% of workers under 35 years old

and 92% of workers aged 35-44 rate the issue as a personal concern.⁸⁷

In the ACT, a study of disability services found 40% of employees were casually employed and another 8% were employed under temporary or contractual arrangements. This meant that just over half of the disability workforce was permanent employees. The study indicated 93% of managers and 94% of coordinators for these services were permanently employed while 49% of support workers were casual staff. This casualisation did not necessarily reflect the level of experience of workers with 27% having more than 5 years service, 20% 3-5 years and 23% less than one year.⁸⁸

A recent inquiry into the TAFE system underlined the effects of increasing casualisation of a workforce on work conditions and staff morale: ‘Overwhelmingly, there was sympathy and frustration about the level of casualisation in the system, but also recognition of the profound effect of casualisation on students and teachers alike. Participants argued that casualisation was the product of resource squeezes and a response by managers to shrinking budgets. The Inquiry encountered many incidences where there had been unwillingness or an inability to convert long-term casual positions to permanent positions. Some people had been casuals for periods longer than 10 years. The value of industry experts being employed short-term was recognised but the expansion of casualisation was also seen as eroding the long-term capacity of the TAFE system.’⁸⁹

These capacity issues are notable since many workers do not feel casual and part time work offers the numbers of hours they wanted to work. For example, a study of aged care workers found that 57% of workers said they would like to work a number of hours that differed from their current hours but around two thirds of the workforce are satisfied with the flexibility of their hours.⁹⁰

Along with the retail industry’s average of 30.1 hours per week, the health and community services industry had the lowest average weekly hours for workers of 30 hours a week in 2005.⁹¹ The next table of average weekly hours shows the little change in the number of hours over the

AVERAGE WEEKLY HOURS WORKED IN SELECTED INDUSTRIES		
	1995	2005
Industry	hours	
Agriculture, forestry, fishing	42.9	40.6
Mining	43.2	45.5
Manufacturing	38.8	38.4
Electricity, gas, water	37.2	38
Construction	38.1	38.2
Wholesale trade	39.5	38.3
Retail trade	32.1	30.1
Accommodation, cafes, restaurants	32.7	30.8
Transport, storage	40.3	38.9
Communication services	36.2	37.5
Finance, insurance	36.4	36.2
Property, business services	37.1	35.8
Government administration, defence	34.6	34
Education	34.4	33.2
Health, community services	30.8	30
Cultural, recreational services	32.7	30.6
Personal, other services	33.3	33.5
Total	35.9	34.7

Source: Australian Bureau of Statistics, *Australian Social Trends 2006*, p. 130.

past 10 years, despite increasing numbers of workers as discussed above.

It is interesting to note that while casualisation is a general trend across community services it affects even those human services that have until recently been characterised by relative stability of employment such as teaching. The AEU's National Beginning Teacher Survey 2006 indicated 43.66% of teachers reported 'problems obtaining ongoing/permanent employment'.

In South Australia, the South Australian Council Of Social Service, the Association of Major Community Organisations (AMCO), the Australian Services Union (ASU) and the Liquor, Hospitality and Miscellaneous Union (LHMU) are engaged in a campaign for better workforce conditions, including increased permanency and minimum hours in response to concerns regarding part time and casual work in the State.⁹²

It is also likely that community services reflect the national trend of full time professional staff working longer hours. For instance, in health services professions with the longest average working weeks were specialist medical practitioners (42.7 hours), health services managers (40.6 hours), general practitioners (39.9 hours) and dentists (37.9 hours) and those with the shortest working weeks were personal care and nursing assistants (27.3 hours), enrolled nurses (27.7 hours), nursing professionals (28.8 hours), dental assistants (29.6 hours), occupational therapists (29.1 hours) and allied health professionals (29.2 hours) in 2005.⁹³

As mentioned above in relation to the new industrial relations system, and below in further discussion of other conditions, casual workers while often doing the same roles as full or part time staff are not entitled to all the benefits of work such as leave, long service leave and superannuation as their colleagues. Casualisation of the workforce is likely to increase as industrial relations changes promote increasing contract and individual rather than collective work conditions.

Temporary jobs can trap workers in employment and earnings insecurity, and are usually not a voluntary choice, according to the OECD which notes: 'Access to non-wage benefits, which represent an (increasingly) important part of job quality, also tends to be lower than for workers under permanent contracts. This is particularly the case in countries where fringe benefits are not provided by employers on a universal basis, such as Australia, Canada and the United States.'⁹⁴

Increased rates of part time and casual work present obstacles to gender equality in income and career development. The OECD notes generally that the high incidence of part time work among women (about three times greater than among men) is a contributory factor to the lower professional attainment of women in terms of salary and career position.⁹⁵ This also may be linked to decreased willingness of employers to provide training and professional development opportunities for casual and part time workers compared to full time workers.

→ Pay rates

Low levels of pay for most community service positions has a significant effect on working conditions and the work-family balance of families reliant on these incomes. Labour costs also are a major expense of community services with funding generally provided on the basis labour costs will be 80%.⁹⁶

Given the high rates of employment of women in community services, its level of pay also contribute to and reflect the gender gap in pay in Australia - women continue to be paid less than men for doing the same work by, on average, 15%.⁹⁷

This pay inequity is a little lower when looking at some workers within the community sector itself as pointed out in a study of care work: 'In this [community services] industry, women care workers with non-degree level qualifications or no qualifications earned between 85.1% and 87.3% of earnings for similarly qualified males in caring occupations. Among non-caring occupations in the community services industry, we found that women with non-degree level qualifications earned between 83.6% and 89.9%

of male hourly earnings. We note, however, relative parity in incomes among workers without qualifications working in community services industries, as female workers in this category reported incomes at 95.4% of male hourly income rates.'⁹⁸

Examining overall rates of pay in community services compared to other industries and fields, illustrates community service workers are paid less than average wages. In 2004 the average weekly wage for a full time worker was \$916 per week (full-time non-managerial employees). In each of the community services occupations, wages were lower than this average - the highest average total weekly earnings in community services were paid to social workers (\$909.89) and counsellors (\$905.95) and the lowest to Aboriginal and Torres Strait Islander health workers (\$547.76) and child care workers (\$570.09).⁹⁹ Pay for other positions are profiled in the Table below.

Analysis of care workers indicates in community services they earned around \$400-499 a week and 93.8% of these workers earned less than

Average weekly earnings and hours paid for full-time non managerial adults, selected community services occupations, 2001

Occupation	Average weekly earnings \$	Average hours paid for
Social worker	909.89	37.5
Welfare and community worker	877.54	37.1
Counsellor	905.95	37.2
Social welfare professional	885.27	37.4
Pre-primary school teacher	846.87	37.4
Special education teacher	824.51	37.3
Welfare associate professional	842.13	38.3
Aboriginal and Torres Strait Islander health worker	547.76	36.6
Education aide	679.21	36.5
Children's care worker	570.09	38.2
Special care worker	692.42	38.1
Carer and aide	650.29	37.8
Total all occupations	915.66	39.5

Source: Australian Institute of Health and Welfare, *Australia's Welfare 2005*, p. 384.

\$1,000 per week. By contrast, workers in property and business services, earned \$1,000–\$1,500 and 62.3% of workers earned less than \$1,000 per week.¹⁰⁰ Penalty rates in many cases are important contributors to the levels of low wage workers in community services.

Pay levels and conditions vary between different types of service providers. Most States and Territories report that pay levels and conditions within government and industry service providers are at a higher level than many community organisations. For example, within health and community services, full time non-managerial workers in the health sector earned \$760 compared to those in community services earning \$701.90 a week.¹⁰¹ Similarly, wage differences between sectors as described by Aged and Community Services Australia contribute to aged care nursing shortages. ACSA argues that current funding for aged care ‘does not enable this wages gap to be closed’.¹⁰²

Overall, *the Australian Services Union Members Survey 2007* found almost half of community workers surveyed expressed dissatisfaction with pay – 48% compared to 50% who were satisfied.¹⁰³ Younger people were more likely to be dissatisfied – 50% of people who were under 35 years old and 52% aged 35–44 years old.¹⁰⁴

A survey of aged care workers found they were relatively satisfied with their work except for levels of pay – 58% said that they were dissatisfied with large portions of nurses (18%) and personal carers (21%) saying they were

totally dissatisfied. Personal carers were most dissatisfied – with 61% expressing discontent. Newly hired workers were less likely to report dissatisfaction (43%) with 9% of nurses saying they were totally dissatisfied and 13% of personal carers.¹⁰⁵

These low wages generally lead to high staff turnover, as described by the Community Services and Health Industry Skills Council: ‘Retaining personal care workers in the aged care sector is also a potential problem, with low remuneration a factor— care workers and aides receive \$582 per week. The National Institute of Labour Studies reports that one in four personal care workers and one in five nurses have to be replaced each year, by their current employer or by the industry. In total, one quarter are expected to have left employment in three years time in the residential aged care workforce. In the area of mental health, extremely high turnover rates have been noted across all jurisdictions.’¹⁰⁶

The effects of differences of pay between government and nongovernment organisations were highlighted by the ACT Community Sector Taskforce: ‘Many former community sector workers can now be found working for higher pay in the public sector. One agency specifically raised this matter, noting that staff have been actively recruited by ACT Government departments.’¹⁰⁷ Public sector wage increases have been higher than those provided under the SACS Award in the ACT over the years following the introduction of the federal Workplace Relations Act 1996 as illustrated below.

Annual average wage increases in the public sector and community sector (ACT)

	Public sector Annual average wage increase % ¹⁰⁸	ACT Public Sector wage increases %	SACS Annual average wage increase % ¹⁰⁹
1997	4.75	3.5	1.5
1998	4.025	3.1	1.8
1999	3.55	2.0	2.05
2000	3.5	1.5	2.3
2001	3.7	1.5	2.4
2002	3.9	6.5	2.6
2003	4.05	4	2.3

Source: *Community Sector Taskforce ACT, Towards a Sustainable Community Services Sector in the ACT, November 2006, p. 27.*

The Queensland Council of Social Service similarly notes that in Queensland: 'Major differences in wage rates have emerged between government and non government not for profit organisations, due almost entirely to enterprise bargaining and the cumulative effect of negotiated increases in the public sector over time... State government funding needs to recognize this disparity and make provision for an adequate increase in the wages component of funding so that employers are more able to attract and retain employees.'¹¹⁰

Similarly in Western Australia, a report published by the Western Australian Council of Social Service estimates that pay differences between government and non-government services are high as 12-21% for a residential care worker, 75% for an executive director and 9% for a nurse.¹¹¹

Competitive tendering for services provision, levels of government funding and efficiency and access concerns regarding services act as limits on what pay many organisations can offer. Child care is an example of a service which faces pressure to keep costs to the general public low and have low levels of pay for staff. As pointed out in an AIHW report: 'Child care workers are generally poorly paid and their jobs undervalued. The sector is characterised by limited career paths, poor working conditions and high workloads. As a result, many skilled workers move to other occupations. Although it has been recognised that higher pay would be beneficial, many services feel that they cannot offer increases as this would result in a similar increase in the cost of providing the service, which would then be passed on to parents.'¹¹² The Department of Employment and Workplace Relations estimates that around 50% of job openings for child care workers and 80% of those for child care coordinators result from workers leaving their jobs.¹¹³

For workers who stay in child care, low levels of pay and the insecurity of its shift work means many workers are financially and emotionally stressed. One young part time permanent child care worker with a second job as a cleaner describes her struggle to make ends meet and her concern for how it affects quality of service: 'My cleaning [job] is only relief... I could go for

months without having anything, and then I can have a week where I have to do like 15 hours. ...and I tell you what, it gets exhausting. I'm exhausted. ... I try for it not to affect my [childcare] work because ... it's not fair on the children. I need to always give a hundred per cent. ... I had a set [childcare] shift where it was 7.30 to 2.30 every day and probably about two years ago ... I was made to quit my [second] job so I could do rotating shifts. ... I can't do it all the time because of my working hours ... the times just don't meet.'¹¹⁴

Casual work does not offer sick leave despite the fact many child care workers get sick from being around unwell children, as described by researchers from the Centre for Work and Life, University of South Australia: 'Many participants noted that they regularly exceed their paid sick leave entitlements, forcing them to take unpaid leave or use their annual leave to cover sickness. No allowance is made for the higher health risks and the subsequent impact on childcare workers' wages.'¹¹⁵

The same study refuted the idea that child care workers who were second earners were likely to be able to 'give up' work or that this work was supplementary to low paid household income: 'A small number of the childcare workers we interviewed reported no adverse financial effects of being low paid. These workers were all in couple households, with higher earning partners, no children to support, and in the 20-30 year old age range. Despite this, two of these supplement their low pay with a second job and another has access to subsidised housing through the defence force employment of her partner. In other words, even for low paid workers living in households with other sources of income, their standard of living is underpinned by working multiple jobs, receiving a higher social wage, or being free of dependents.'¹¹⁶

As pointed out by the NSW Social and Community Sector Taskforce, government and services benefit from the personal motivation and commitment people have for working in community services: 'Most employees are paid below what they would receive if they worked in different areas. This situation is due to a number of factors including the industry's heavy reliance

Despite the non-monetary rewards of work in community services such as satisfaction and interest in the role and a greater degree of family-friendly policies, evidence suggests the relatively low pay for work in community services leads to higher numbers of people leaving community services, taking on second jobs or being dissatisfied with the financial rewards for their work.

on government funding and the fact that wages are the major operating cost for most organisations in this field. By and large therefore, employees in this sector are obviously not motivated by monetary remuneration.¹¹⁷

Despite the non-monetary rewards of work in community services such as satisfaction and interest in the role and a greater degree of family-friendly policies, evidence suggests the relatively low pay for work in community services leads to higher numbers of people leaving community services, taking on second jobs or being dissatisfied with the financial rewards for their work.

This has significant workforce impacts on the ability of community services to recruit and retain staff and social impacts for workers who are struggling on low incomes. It also exerts a downward pressure on wages for social service workers who are employed by governments.

The most common concern from both workers and managers in community services was that funding did not reflect the true cost of service provision or provide requisite resources for services to meet community need. Many services employ other strategies such as fundraising,

volunteerism, increased efficiency and targeting of services to address this concern.

However, many community services in States and Territories are either seeking or have gained indexation arrangements to funding agreements that will allow for basic increases in wages. The ACT Community Sector Taskforce describes the linkage between indexed funding and wages: 'In recent years, indexation of funding levels has varied from an average 2-2.5%, with some agencies passing on less than this. Salary increases under the SACS award have been between 2.3-2.5% per year... Where the salary increases are higher than the indexation amounts available to cover the higher wages, organisations have struggled to identify funds to adequately cover wage costs.'¹¹⁸

Community services point to the so-called 'investment model' of funding which provides funds that both directly allow provision of that service and cover administrative, support costs, wages and other expenses that often are not fully accounted for when community services receive funding to provide a service.¹¹⁹ This leads to greater sustainability of community services generally and security for the workforce.

→ Leave & Long Service Leave provisions

Most employers offer the standard 4-weeks leave and the other leave provisions set out in the Australian Fair Pay and Conditions Standard however recent differences have arisen within community services over the issue of long service leave.

As seen in Chapter 1, since most community organisations are small in terms of numbers of employees, in order to pursue a career in community services most workers will change employers. Similarly the increasing casualisation of the workforce and the fact that many positions are tied to government funding and so limited in permanency means that people will often have to leave organisations due to funding changes. This means few workers will be in a position to take long service leave after years of work in community services – the Australian Services Union Queensland estimates 1 in 16 service workers will be eligible for long service leave.¹²⁰

Practices in other sectors such as government and industry suggest greater use of leave to reward the service of older workers could reduce early retirement of people working in community services.

In many industries, portable long service leave is available for people who have worked over 10 years in the industry – this is particularly useful to retain older workers in industries where workers are exposed to a high degree of stress or physical work and may suffer ‘burn out’. Portable long service leave is currently available in the high-turnover coal mining and construction industries and for some community services staff in the public and private sector such as nurses and teachers. In Queensland local and State governments offer portable long service leave but funding levels of services by nongovernment organisations do not recognise the impact of this change on the State-wide workforce. The Australian Services Union in Queensland noted: ‘In the area of disability services for example, there has been a major transition from public provision to nongovernment provision. This in turn means that previous public sector employees now employed by non-government services will be providing the same type and level of service to clients without the benefit of portability of long service leave.’¹²¹ Similarly the ACT Community Sector Taskforce recommends portable long service leave be implemented as does the Australian Services Union in Victoria.

Practices in other sectors such as government and industry suggest greater use of leave to reward the service of older workers could reduce early retirement of people working in community services.

→ **Family Friendly Conditions**

Community services often have family friendly conditions such as time in lieu and flexible work schedules. This reflects resource scarcity as overtime payments are rare but also measures to attract and retain workers as they raise children and care for other family members. For example in the *Australian Services Union Members Survey 2007*, 97% rated ‘work/life balance’ as important to them personally, with 100% of new workers (aged under 35 years old) rating this as important.¹²²

However the increasing casualisation of the workforce coupled with industrial relations changes may provide disincentives to advance family friendly conditions in community services. A report by the Australian Centre for Industrial Relations Research and Training (ACIRRT) on federal agreements found that just 24.3% of these agreements contained a reference to family friendly measures – the most likely industries to provide these conditions being the community services industry followed by utilities, recreational and personal services and wholesale/retail trade industries.¹²³

A survey of community services staff by the Australian Services Union and Victorian Hospitals Industries Association in 2006 found 83% expressed that their workplace held some form of family friendly practice or policy. 90% of respondents said that there were benefits to implementing family friendly provisions and rated the top three benefits as being in order of importance, improved staff morale/staff feeling of value, higher staff retention rate and to become an employer of choice and attract good quality staff.

Participants were asked to express which provisions they were aware of in their workplace. Time in lieu or make-up time was the most prevalent provision existing in 98% of these workplaces and other practices included the ability to take leave in single days, part time work and carers leave.

This survey found the top six desired conditions for community service workers were:

1. Flexible working hours (52%)
2. Maternity/Paternity leave (44%)
3. Carer's leave (34%)
4. Work from home (23%)
5. Work place based child care (21%)
6. Time in Lieu (21%)¹²⁴

Australia, along with the US, is one of only two OECD 16 nations that do not have paid maternity leave. There is a lack of data on employers which do or do not provide maternity leave and its applicability to community services. However community service workers surveyed identified three major problems with implementing more family friendly provisions in the workplace – the

Resource issues remain the greatest obstacle to both employees' willingness to use family friendly provisions and employers' ability to provide them.

main one being cost was nominated by 50% of workers, the second largest issue being workforce shortage (that there was no one to complete work if a staff member reduced hours) identified by 41% and the lack of prioritisation of management being raised by 38% of workers.¹²⁵

Resource issues remain the greatest obstacle to both employees' willingness to use family friendly provisions and employers' ability to provide them.

→ Training levels and career opportunities

The community services workforce is characterised by growing need for skills and shortages of skilled and experienced workers. This workforce shortage creates considerable risks for vulnerable Australians accessing services.

The Vocational and Educational Training (VET, including TAFE) had a 18% cut in funding in the 1990s while most OECD nations increased funds to education. However, the numbers of students in community services-related courses in university and training institutions is increasing.

Part of the scarcity of skilled workers is due to the lack of recognition of skills obtained in employment but part of this trend is due to declining investment in and access to education generally in Australia relative to other OECD countries.

The Vocational and Educational Training (VET, including TAFE) had a 18% cut in funding in the 1990s while most OECD nations increased funds to education.¹²⁶ However, the numbers of students in community services-related courses in university and training institutions is increasing.

Vocational and Educational Training (VET) students in community services and health related courses increased by 42.5% over the period 1998–2003. This growth was well above the 13.4% growth experienced across all industries.¹²⁷ With 9000 people training to become aged or disabled person carers in 2003 and 4000 people training to become child care workers, these two types of care have been the most popular apprentice and trainees in training programs.¹²⁸ Overall training packages expanded by 36% from 2001 to 2003.¹²⁹ Existing workers accounted for over a third (37%) of apprentices and trainees in 2003.¹³⁰

During the same period, the number of students completing community services courses increased by 12.5% - from 4,915 to 5,529. 74.7% of these students completed undergraduate degrees and most were female (ranging from 71.6% female in human welfare studies and services to 97.8% female in early childhood teacher education).¹³¹

Numbers of students for various types of training in VET-provided training packages are detailed in the table below. They show an increase each year from 2001-2003.

There are some inconsistencies between the university and VET education sectors in terms of entry requirements and course outcomes – for example in 2005 the WA government claimed that a VET qualification in enrolled nursing (often combined with some workforce experience) is not given adequate recognition by universities when enrolled nurses seek to progress their careers by entering into an undergraduate registered nurse program.¹³²

Community services cover a range of skilled and unskilled positions. In some sectors there is

evidence of de-skilling – for example, from 1996-2001 the proportion of professional care workers declined from 29% to 26.2% and the proportion of professional employment fell in the three largest subdivisions of nursing homes (by 0.9%), child care services (by 2.3%) and the rapidly growing non-residential care services (by 11.2%).¹³³ The next table highlights the use of low skilled workers in child care compared to nursing homes and a general decrease of -5.8% in the number of care workers without a qualification.

The ACT Council of Social Service’s analysis of ABS and AIHW data indicates: ‘Nationally the community care labour market offers a greater proportion of jobs at the lower skill occupational levels and, along with child care, has a workforce that is less concentrated in the

Enrolments in main qualifications under Training Packages, 2001 to 2003, Community Services and Health Publicly-funded training

	2001	2002	2003
CHC20399 - Certificate II in Community Services (Children’s Services)	1647	1576	1673
CHC30102 - Certificate III in Aged Care Work	0	0	1016
CHC30199 - Certificate III in Community Services (Aged Care Work)	16900	19612	20450
CHC30399 - Certificate III in Community Services (Children’s Services)	9902	13792	16555
CHC30699 - Certificate III in Community Services (Community Work)	2246	2410	2486
CHC30799 - Certificate III in Community Services (Disability Work)	3126	3307	3985
CHC30999 - Certificate III in Community Services (Youth Work)	1590	1598	1740
CHC40199 - Certificate IV in Community Services (Aged Care Work)	2274	2177	1826
CHC40299 - Certificate IV in Community Services (Alcohol and Other Drugs Work)	1056	1344	1354
CHC40699 - Certificate IV in Community Services (Community Work)	2280	2597	1877
CHC40799 - Certificate IV in Community Services (Disability Work)	2759	3650	4739
CHC40999 - Certificate IV in Community Services (Youth Work)	1646	1601	1714
CHC50399 - Diploma of Community Services (Children’s Services)	11568	13625	14136
CHC50699 - Diploma of Community Services (Community Work)	2286	2504	2657
CHC50999 - Diploma of Community Services (Youth Work)	1134	1244	1179
HLT20402 - Certificate II in Health Support Services (Grounds Maintenance)	0	0	1005
Total all Community Services and Health qualifications	67959	79014	92291

Source: Community Services and Health Industry Skills Council Ltd, Industry Skills Report, May 2005, p.78.

Qualifications of care workers in community services industries,* 1996 and 2001, per cent

	Nursing Homes	Child Care Services	Accommodation for the Aged	Residential Care Services nec	Non-Residential Care Services nec	Employment Placement Services	Interest Groups nec	Government Administration	Personal Services nec	Total
1996										
Bachelor degree or higher	10.2	8.8	7.7	14.9	30.5	34.8	27.3	33	6.3	15.2
Non degree qualification	36.1	31.8	29.2	32.7	26.5	32.3	27.2	25.2	20.4	31.5
No qualification	43	51.1	52.7	43.5	35.4	27	37.7	34.8	63.7	44.3
Qualification not stated	10.7	8.3	10.3	8.8	7.6	5.9	7.8	7	9.6	9
Total caring occupations*	100	100	100	100	100	100	100	100	100	100
2001										
Bachelor degree or higher	19.3	7.7	12.6	19.7	27.6	43.3	36.8	42.8	7.4	20.4
Non degree qualification	34	36.5	35.2	35	30	29.6	22	23.7	27.8	32.6
No qualification	34.6	48.6	40.8	37.2	35.3	21.5	35.2	27.7	57.2	38.5
Qualification not stated	12.1	7.2	11.4	8.1	7.1	5.6	6	5.8	7.7	8.5
Total caring occupations*	100	100	100	100	100	100	100	100	100	100
% CHANGE 1996-2001										
Bachelor degree or higher	9.1	-1.1	4.8	4.7	-2.9	8.5	9.5	9.8	1	5.2
Non degree qualification	-2	4.7	6	2.3	3.5	-2.6	-5.2	-1.5	7.4	1.2
No qualification	-8.5	-2.5	-11.9	-6.3	-0.1	-5.6	-2.5	-7.1	-6.5	-5.8

* Excludes community care services undefined.

Source: Dr Gabrielle Meagher & Assoc. Prof Karen Healy/ACOSS, *Who Cares? A Profile of Care Workers in Australia's Community Services Industries*, Volume 2, 2006, p. 49.

highest skill level occupations than industries in the ACT generally. Many occupational categories within the sector have lower minimum requirements for formal qualifications than others. As a result community service organisations offer vital entry level opportunities for many job seekers that are needed to improve access in the ACT labour market.¹³⁴

Despite these crucial opportunities for low skilled employees, the low levels of qualified workers in care is linked to the lack of career progression in the industry, notes recent research on care work: 'Overall, in 2001, 13,871 or 7.3% of care workers in community service industries held a bachelor degree or higher, but worked in an occupation classified as an associate profession or as intermediate service work. Thus, some workers are formally overqualified for their jobs, indicating a lack of

employment opportunities in higher skilled job categories in caring occupations.'¹³⁵

To retain these workers in community services there needs to be progression from these positions to others and many community organisations do not have the resources to provide this training and opportunities. The *Australian Services Union Members Survey 2007* indicates young people are more likely to be dissatisfied with training opportunities in their community services work – 35% of all people under 35 years old compared to an average of 27% of community service workers generally who were dissatisfied.¹³⁶ If this dissatisfaction is not addressed with career development and training options the workforce supply will be reduced.

Employee retention, training levels and wage levels are also interlinked in a Catch 22 as

described by one manager of an alcohol and drug (AOD) service: 'We have limited wages available. Trained staff expect higher wages, so we have to get staff without specific AOD experience and train them. Then, the staff with training often move to better paid positions.'¹³⁷

At the same time, demand for skilled community service workers has increased due to the key trends discussed in Chapter 1. An increasing number of skills are required to effectively manage change of community organisations in response to financial, funding, staffing and policy developments. A recent Australian Council Of Social Service member consultation found when asked specific training needs, organisations nominated many operational needs such as tender and submission writing, managing risks and insurance, governance establishment, management and governance of community organisations and compliance and financial management.¹³⁸

In the area of information technology, employer provision of training was common, for instance many community services provided training to use new technology – 62% of employers in the

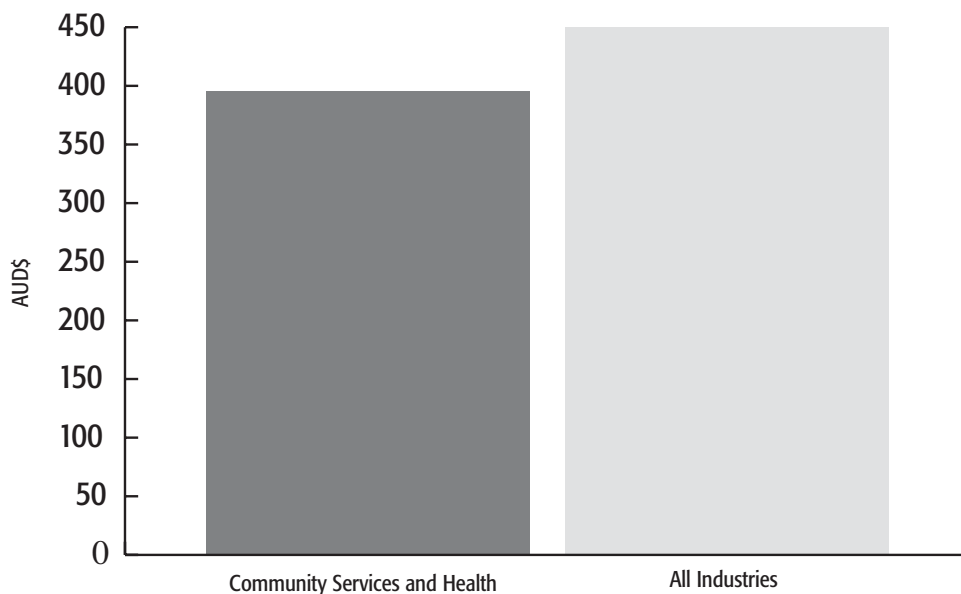
community services and health industries provided structured training in response to new technology 2001-02, compared to 36% of employers across all industries.¹³⁹

A report on the aged care workforce in Queensland indicated that training was largely on the job: 'Seven percent of respondents reported having no systems in place for staff development and training. The most common systems among respondents were orientation/induction programs (86%); structured on the job training (59%), and; mandatory programs (49%). Thirty-six percent of respondents provide financial assistance to staff for study purposes and thirty-four percent have traineeship programs in place. Scholarships, cadetships and re-entry programs were in place in fewer than five percent of respondents.'¹⁴⁰

Despite on-the-job training, in 2001-02, employers in the community services and health industries spent less on training per worker than the industry average as illustrated in the graph below.

Skills shortages are also driven by increasing professionalisation of community services and greater recognition of the skills needed to

Net direct training expenditure per employee, 2001-02, average across all employers



Source: Community Services and Health Industry Skills Council Ltd, Industry Skills Report, May 2005, p. 83.

respond to strategies to increase social inclusion of disadvantaged Australians – for example Sally McManus, Secretary of the ASU NSW describes the changing skill needs of disability services: ‘There is now a higher proportion of clients with dual diagnosis (i.e. both a physical and or intellectual disability and a psychiatric condition), multiple disabilities or challenging behaviours. This means that workers need a greater range of skills to perform their job with such clients within a community setting. These changes have created a large demand for workers with qualifications and skills. It is becoming standard that workers are required to be qualified at least at the level of Disability Services Certificate IV with the relatively recently created Community Services Training Package. There is an increasing commitment to professional development.’¹⁴¹

The training system and available places has been slow to adapt to increased complexity of client need as noted by the New South Wales Mental Health Co-ordinating Council: ‘In NSW the demands for a skilled workforce for the sector

have been further complicated by the simultaneous move from institutional to community care, occurring since the mid ‘80s, with the move from hospital based to university based training for nurses, who were previously the main workforce in mental health. Currently nurses trained at university receive a generic qualification and, with a few exceptions, those wanting to specialise in mental health need to undertake post graduate “user pays” training. Similar processes have occurred in psychology, social work and occupational therapy. This has led to a shortage of trained mental health workers available for care of people with a mental illness living in the community.’¹⁴²

Nationally, the *Australian Community Sector Survey 2007* found that 69% of community services workers agreed that their clients in 2005-6 had more complex needs than in 2004-5. Reflecting this finding, agencies reported that their most pressing training need was how to work with clients that have difficult and complex problems, as illustrated in the table below.¹⁴³

Training needs by category 2005-6

Training needs	Rank	Score
Working with clients who have difficult and complex needs	1	100
Program planning and evaluation	2	64.8
Management/governance	3	58.1
Case management	4	54.1
Community development	5	46.5
Information Technology	6	46.1
Cross cultural communication	7	35.2
Legal and financial systems	8	28.3
Human resources	9	26.7
Research and policy development	10	24.5
Facilitation and negotiation	11	22.9
Lobbying	12	22.3
Working with the media	13	16.3

Source: Australian Council of Social Service, *Australian Community Sector Survey 2007*, p. 20.

Staff feeling unprepared to address the needs of disadvantaged Australians is common in other human service industries – for example a survey of teachers found 65% felt their education had not provided a grounding to teach disadvantaged students (students who were Indigenous, had disabilities or from non-English speaking backgrounds) and 67% felt they were not adequately protected to teach Indigenous students. Instead, on-the-job training and advice was the most common support with 94% said they received most professional support from colleagues.¹⁴⁴

Skills levels also may affect quality of services – for example there is evidence it affects child wellbeing and development as summarised in a recent OECD report: ‘In countries where government interest and funding are weak, the majority of auxiliary staff in child care services may have only a one-year, post-16 vocational qualification, or be composed of women with no qualification in this field, employed at low wage levels and with poor working conditions. Such low qualifications in auxiliary staff may not be without consequence as research indicates that young children emerge with better language skills from early childhood settings staffed by well-educated personnel.’¹⁴⁵

While official accreditation including requirements for skilled workers can provide some measure of quality of service, accreditation processes need to recognise the skills acquired on the job and can be inflexible with regard to recognition of skills and transition from one role to another. The Productivity Commission highlighted the difficulties with accreditation in regard to the health workforce stating: ‘Current accreditation arrangements can inappropriately reinforce traditional professional roles and boundaries, and thus impede job innovation. Inconsistent requirements imposed on educational institutions and trainers by different agencies create further inefficiency.’

Increasing accreditation has resource impacts on community services as highlighted by the Productivity Commission: ‘At the federal level, the National Childcare Accreditation Council implements and administers the quality assurance systems for family day care schemes,

outside school hours care services and long day care centres across Australia, while the Aged Care Standards and Accreditation Agency manages the accreditation and ongoing supervision of Commonwealth-funded aged care homes. These organisations aim to assure the quality of community care services, and accreditation standards typically specify minimum training requirements for care workers. Further, the processes of accreditation and ongoing quality improvement are themselves labour intensive, and make new demands on community service workers and managers.’¹⁴⁶

Research for the Sector Sustainability Task Group in Victoria indicated skill levels of the workforce were tied to other challenges facing the sector: ‘Recruitment and retention of appropriately skilled staff has traditionally been a significant impediment to building the capacity of the sector. Specific barriers to effective workforce development include: lower awards than public agencies in the same industries; limited capacity to ensure income security and career progression where financial resources are derived predominantly from government funding and a history of relatively poor industrial practices.’¹⁴⁷

→ Occupational Health and Safety

One of the key occupational health and safety risks of working in community services is stress due to high demands that can often not be met by service providers. The majority of community service workers (56%) in the *Australian Community Sector Survey 2007* reported tighter targeting of their services than in the past.¹⁴⁸ As seen above, a frequently identified training desire is for support to deal with the complexity of need of clients.

Ongoing scarcity of resources to meet the needs of people using services and direct contact with these people in need is a significant source of stress that can lead to workers leaving community services. For example, a recent inquiry into preschool found some preschools have up to 30 children with two staff. As reported by one former teacher and university academic, this is unsustainable: ‘The level of stress amongst preschool teachers is high and many are choosing to give up their careers due to

increased workloads, higher numbers in groups and lousy pay compared to primary teachers. Young graduates are just not choosing to work in preschool anymore.¹⁴⁹

Aged care workers report the satisfaction they gain from spending time with each resident but the dissatisfaction of not having enough time to spend with each resident. Only 13% of nurses and 21% of personal carers agree with the statement 'I am able to spend enough time with each resident'.

Half of direct care workers agree with the statement 'I feel under pressure to work harder in my job'. As pointed out by the National Institute of Labour Studies while intensity of work and feeling pressure is more common in all forms of work: 'This sense among direct care workers has two implications for workforce planning. The first is that it reduces work satisfaction, and hence willingness to move into and stay in aged care jobs. The second is that it

Aged care workers report the satisfaction they gain from spending time with each resident but the dissatisfaction of not having enough time to spend with each resident. Only 13% of nurses and 21% of personal carers agree with the statement 'I am able to spend enough time with each resident'.

indicates that there is little scope for increasing the workload of existing staff as a means to expanding the number of aged care places that are on offer.¹⁵⁰

The *Australian Community Sector Survey 2007* reported increased work intensity with an increase of 3% on the total number of paid staff and 4% increase in the number of clients: 'Reflecting this, 72% of agencies agreed that the unfunded work by staff and volunteers had increased between 2004-5 and 2005-6. 58% indicated that they had experienced difficulty attracting appropriately qualified staff. In 2005-6, respondent agencies average staff turnover was equivalent to 14.3% which is marginally higher than the all Australian industry average of between 10% and 12%.¹⁵¹

Another risk for many workers is the often solitary nature of work in clients' homes and public places. Personal care work carries this risk of both isolation and additional occupational health and safety challenges as their workplace is an individual's home.¹⁵²

As pointed out by the Community Services and Health Industry Skills Council while injuries are not severely higher in community services than the average they are a concern for work conditions: 'The incidence of employed persons reporting workplace injuries as a proportion of total employment stands at 5.8% for the community services and health industries, compared with the average across all industries of 5.2%. Both the frequency rate and the incidence rate of compensated injuries requiring more than one week off work are higher in the community services and health industries than across industry overall.¹⁵³

The main OHS concerns in the community services industry are manual handling, slippage and trips, psychological injury, falling from heights and violent incidents.¹⁵⁴ Working with clients often carries personal risks – for example a community services survey reported that 29% of respondents reported a workplace injury in 2003-04 and that physical assault (49%) was the leading cause of workplace injury or illness, followed by mental stress (22%) and physical injury (21%).¹⁵⁵ More research about workers compensations claims is likely to indicate stress at work being a major cause of claims as well as absences and resignations from work (Australian Services Union Victorian Private Sector Branch is researching stress claims in community sector workplaces in Victoria).¹⁵⁶

Chapter 3

IDENTIFIED NEEDS OF SOCIAL AND COMMUNITY SERVICES WORKFORCE & FUTURE OUTLOOK

Challenges for the community sector workforce are various and often dependent on service type, State and Territory differences, service user profiles and many other factors. However the need to address current and future problems is urgent.

In creating the below list of needs of the community sector workforce, as identified by community service workers, management and researchers, this report intends to promote discussion and joint identification of positive solutions to these issues. As seen in earlier chapters, the complexities of the community services workforce can create some interesting paradoxes of constancy and conflicts.

A brief summary of these community services workforce challenges are:

- Community services are a significant item of government spending yet strategies to address workforce and skills shortages are relatively new or non-existent in most States and Territories and nationally.
- The number of jobs and people employed in community services has increased but most workers report a lack of training and career development opportunities.
- Community service workers are particularly needed in rural, regional and remote areas but organisations have increased difficulty recruiting and retaining staff in these areas.

→ Volunteers add to the output of community services but also present increased challenges for management and financial planning in organisations reliant on volunteer contributions.

→ The industrial relations changes are not seen as providing or facilitating appropriate links between the deregulation of the labour market, reasonable wages rates, the attraction and retention of staff, ongoing staff development and education and workforce planning issues.

→ The community services workforce is generally ageing and female with considerable levels of diversity but with unmet need for culturally appropriate services delivered by Indigenous workers.

→ The workforce is divided into low pay care positions and better paid professional positions but overall wages are lower than industry and government averages and conditions may not include some other in work benefits such as portable long service leave, paid parental leave, superannuation and career development.

→ Community service employers are both relatively open to family friendly positions and reliant on increasing casual and part time employment that for some workers create a level of job insecurity and dissatisfaction.

→ Finally, the rewards of community service work – interaction with clients – is also an occupational health and safety risk and

training challenge. Community service workers need extra support to work with people who have complex problems and behaviours. Their work is largely with Australians who have been left behind by economic change and face social exclusion.

A recent ACOSS consultation over the future of the community services sector provides a useful summary of some of the workforce needs the sector itself could address: 'Several other workforce related issues were highlighted notably the need to provide better access to professional services especially legal and accounting services, establish workplace policies that encourage a diverse workforce that can meet the needs of a diverse community, work with unions to achieve pay equity with the public service, advocate for policies to eliminate barriers to workforce participation for people with disabilities, establish workplace policies that encourage the employment of clients.'¹⁵⁷

Workforce strategies for other human services industries are also instructive. Associate Professor Simon Kelly from the National Centre for Economic and Social Modelling (NATSEM) points to needs in the education sector to retain older workers which are relevant to retention of community service workers: competitive remuneration, higher superannuation contributions, flexibility of working hours, greater access to part time work, extended unpaid leave periods, nurture and training of current staff, provide career paths and promotion strategies based on merit and adapt to different lifestyle expectations of workers including care and family responsibilities.¹⁵⁸

Similarly the recent focus on increasing education places to boost the health workforce by COAG could have significant positive effects on supply of workers that cover health and community service provision.

The trends in relation to the community service workforce detailed in this report also highlight a number of identified needs. These will vary according to service type and in many cases are highly dependant on broader needs of community services such as increased funding to meet demands.

General community sector workforce requirements nominated by a number of organisations include:

→ Addressing the low pay levels and lack of career development through funding that better reflects long term workforce costs. Particularly a number of organisations point to the need for government funding to include workforce development resources including improved pay and resources for further on-the-job training and career development to increase workforce retention.

→ Taking strategic action to address national workforce skills shortages. While COAG has announced a health workforce strategy designed to limit future and current health workforce shortfalls (discussed in Chapter 1), several other community services are calling for national or state-based workforce strategies.

→ Providing greater measures to retain older and experienced workers. These can include provisions for leave, portable long service leave and career support and development for workers near retirement.

→ Recruiting new workers into community services. As seen from survey data in this report, stability of work and pay levels need to be addressed in order to recruit and maintain young workers. More career development options for younger workers can also play a role in limiting the turnover of community organisations.

→ Increasing diversity in the workplace. Although the community services workforce is relatively diverse, there are some groups, particularly Indigenous Australians that need specific development and recruitment strategies to increase their representation in the workforce and the culturally appropriate nature of service delivery.

→ Maintaining and strengthening family friendly provisions. While the community services sector is more likely to use these provisions, lack of resources means that organisations may not have the resources to provide the flexibility required by women, particularly in the family formation years.

→ Providing training that enables workers in community services to address complexity of need. Several training needs were identified in the *Australian Community Sector Survey 2007* and detailed in this report are to do with operational and funding requirements of services although the number one issue workers require is training that addresses complexity of client need.

→ Increasing the resources of the education sector to respond to training challenges. This is most notably needed through support for Vocational and Educational Training (VET, including TAFE) which has had the largest decline in government funding and increased demand.

→ Updating the Community Services Training Package. Some organisations have pointed to the need to review the Community Services Training Package to allow recognition of skills and more movement between roles.¹⁵⁹ The Community Services and Health Industry Skills Council states: 'the future of the community services and health industries depends on these industries developing and implementing an effective VET strategy for their workforce.'¹⁶⁰ The Package is currently being reviewed and the extensive consultation, review and validation process is expected to be completed by June /July 2008.

→ Research into part time work, casualisation, industrial relations changes and its ramifications for the community sector workforce. Research such as that by the Centre for Work and Life and surveys of community service workers suggest increasing rates of part time and casual work may not be a welcome development for many workers worried about job security and levels of income. Industrial relations changes, particularly the removal of unfair dismissal and increased reliance on individual contracts could magnify these disincentives to working in community services.¹⁶¹

FUTURE OUTLOOK

National workforce trends of women joining workforce but the proportion of men declining coupled with the increasing proportion of people working part time will limit general labour supply in the future. According to the Productivity Commission, over next 40 years workforce

participation rates will fall, average weekly working hours will fall, labour supply will grow more gradually because of ageing and volunteering rates will increase.¹⁶² Many of these trends can already be seen in the community services workforce.

Evidence from community service workers indicates the difficulty of attracting staff is already increasing. The *Australian Community Sector Survey 2007* reports 58% of community services indicated that they had experienced difficulty attracting appropriately qualified staff in the past year compared to 42% who had no difficulty and 40% nominated attraction and maintenance of staff as one of the three most important issues facing services.¹⁶³

The *Australian Services Union Members Survey 2007* indicates 56% of workers expected to remain in their current job for 5 years or less, with 19% expecting to change jobs in 1-2 years.¹⁶⁴ Career progression for these workers in the industry may capitalize on the skills of these workers but it indicates the need to continue recruitment of new people into community services to fulfil positions left vacant in coming years.

With at least 10% and possibly as much as 40% of the workforce being lost through retirement in the next 15 years, measures are needed to increase workforce size. The community services industry is expanding at the rate of 2.8% per year, faster than the health industry. Between 2000-01 and 2008-09, output is forecast to grow by 32.6% in total, or 3.6% per year.¹⁶⁵

Other projections include:

→ Employment in child care and special care has been forecast to increase at average annual growth rates of 2.1% and 3.5%, respectively, between 2003-04 and 2011-12.¹⁶⁶

→ Employment of welfare associate professionals is expected to be even stronger at 3.7%, with the number employed reaching 25,300 in 2011-12. Growth in employment of social welfare professionals, who are also employed in the health industry, is also expected to be strong at 2.4% per year on average.¹⁶⁷

→ A recent study commissioned by Carers Australia estimates that the current ratio of 57 primary carers per 100 people over 65 with a severe or profound disability will drop to just 35 carers per 100 people by 2031.¹⁶⁸

The below tables further illustrate future supply projections for health and community services. They point to particular problems in supply of nurses, personal carers and dental assistants.

Employment forecasts by industry 2003-4 to 2011-12

	Employment 2003-4 ('000)	Employment forecasts 2011-12 ('000)	Total change	Average annual 2003-4 to 2011-12% growth 2003-04 to 2011-12
INDUSTRY				
Hospitals/nursing homes	427.2	480	12.4	1.5
Medical/dental services	142.2	159.7	12.3	1.5
Other health services	123.2	138.5	12.4	1.5
Total health services	692.6	778.2	12.4	1.5
Child care services	75.8	88.6	16.9	2
Community care services	155.8	181.9	16.8	2
Total community services	231.6	270.5	16.8	2
Total community services & health	936.3	1048.7	13.4	1.6
All industries	9441	10295	9	1.1

Source: Community Services and Health Industry Skills Council Ltd, Industry Skills Report, May 2005, p. 16.

Employment forecasts for main community services and health occupations 2003-4 to 2011-12

	Employment 2003-4 ('000)	Employment forecasts 2011-12 ('000)	Total change	Average annual 2003-4 to 2011-12% growth 2003-04 to 2011-12
MAIN OCCUPATIONS				
Medical Technical Officers	16.8	22.2	32.1	3.5
Enrolled Nurses	23.6	20.4	-13.6	-1.8
Welfare Associate Professionals	18.9	25.3	33.9	3.7
Ambulance Officers/Paramedic	9.4	10.6	12.8	1.5
Dental Associate Professionals	5.4	5	-7.4	-1.0
Aboriginal Health Workforce	1.7	2.2	29.4	3.3
Massage Therapists	6.8	9.1	33.8	3.7
Children's Care Workers	81.4	95.8	17.7	2.1
Special Care Workers	85	112.3	32.1	3.5
Personal Care/Nursing Assistants	57.6	56.7	-1.6	-0.2
Dental Assistants	18.2	19.8	8.8	1.1
Health Services Managers	6.3	8.7	38.1	4.1
Medical Practitioners	56.2	60.1	6.9	0.8
Nursing Professionals	186	206.2	10.9	1.3
Miscellaneous Health Professionals	60.6	70.1	15.7	1.8
Social Welfare Professionals	62.7	75.7	20.7	2.4
All Occupations	9441.3	10924.6	9	1.1

Source: Community Services and Health Industry Skills Council Ltd, Industry Skills Report, May 2005, p. 17.

Of course, these projections are underpinned by a number of known and unknown factors. Uncertainties include demand levels for services, funding levels for services, types of services to respond to population ageing, prices of services, government policy change and technological change.

Measures of workforce sustainability for community services on the national level are scarce and relatively new (for example the latest Productivity Commission Report on Government Services measures sustainability of hospital staff based on new entrants and workers close to retirement).¹⁶⁹ Although, from research discussed in this report at least 10% of the workforce will retire in the next ten years and much higher percentages in some industries.

Meanwhile dissatisfaction over working conditions tends to be higher for younger

workers – for example 36% of workers under 34 were dissatisfied with career opportunities and 48.5% with pay rates according to the *Australian Services Union Members Survey 2007*.¹⁷⁰ So, if the national trend of early retirement continues coupled with specific financial disincentives for younger people to begin or continue work in community services, it is likely shortfalls will be greater in the future. Current shortages are profiled below showing shortages in all states and many regional areas.¹⁷¹

If industrial relations and funding pressures continue to decrease the number of hours worked in community services it is likely both the intensity of work will increase (as reported by aged care workers in Chapter 2) and shortages of workers will increase (as people leave due to 'burn out' or preferable conditions in other industries as reported by all service types in Chapter 2). Analysis of hours will be important to

Shortages in Community Services Occupations States and Territories March 2004

OCCUPATION	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
Child care coordinator	M, R-D	S	S	R	D	S	*	D	N
Child care worker	M, R-D	S	S	S	S	S	*	D	N
Social worker	R	R-D	*	*	*	R	*	R-D	*
Aged care registered nurse	S	S	S	S	S	S	*	S	N
Community nurse	S		S	S	S	S	*	S	N
Enrolled nurse	S	S	S	S	S	S	S	S	N

N = national shortage, S = State-wide shortage, D = recruitment difficulties, M = shortage in metropolitan areas, R-D = recruitment difficulties in regional areas, R = shortage in regional areas, * = no shortage assessed.

Source: DEWR national and state skills shortage lists

monitor these trends and their overall effect on workforce supply – for example while the Full Time Equivalent (FTE) nurse numbers in aged care increased between 2001 and 2003, changes in the size of the population resulted in a stable level of supply at 134 FTE nurses per 100,000 population in those two years.¹⁷²

Generally, the constants of community services workforce such as feelings of commitment to and rewards from service provision, the feminisation of the workforce, ageing of the workforce and diversity of the workforce are likely to remain the same in coming years. What will be highly dependent on government and service provider responses is whether these constants can be balanced with necessary changes to work conditions, opportunities and rewards to ensure greater longevity of the workforce. This could create lesser costs for services of recruitment

and turnover and reduce service shortfalls due to worker shortages.

Interventions to address identified needs of the community sector workforce could also provide a more effective tool for general societal change to decrease causes of disadvantage and increase social inclusion in future. Many previous workforce successes such as the high numbers of Indigenous health workers and increases in the supply of nurses in some States have followed a period of intense investment and strategy to pursue these aims. The long lead times to secure this kind of positive workforce change suggests a more investment orientated and national response to the community services workforce could have significant benefits for the Australian economy and society over coming decades.

Appendix

APPENDIX: COMMUNITY SERVICES WORKFORCE GENERAL STATISTICS & DEFINITIONS

References in this report are made to Australian Bureau of Statistics and Census Data on community services. Each of these provide slightly different coverage and definition of what constitutes community services and their workforce.

Much of this research is not provided each year but on a more periodic basis. There is less statistical information available on community services nationally compared to other human services such as health and education. As a result, non government organisations have undertaken projects to survey the sector generally and on a more regular basis – for example the Australian Council of Social Service's *Australian Community Sector Survey* and the *Australian Services Union's Members Survey* both of which have 2007 editions.

→ Australian Bureau of Statistics Definitions and Data

The ABS survey defined community service activity as including:

- personal and social support; including information advice and referral, individual and family support, independent and community living support and support in the home
- child care; including centre-based day care, family day care, occasional child care, before and/or after school hours care, vacation care and other child care
- training and employment for persons with disabilities; including pre-vocational/vocational training, employment, job placement and support and supported employment
- financial and material assistance
- residential care; including transitional accommodation, crisis accommodation, intensive residential care, hostel care, residential respite care, residential rehabilitation and other residential care,
- foster care placement

- accommodation placement and support
- statutory protection and placement
- juvenile and disability corrective services
- other direct community service activities
- community service related activities; including policy, community and service development and support, service delivery development and support provided to other organisations, community and community group development and support, social planning and social policy development, group advocacy and social action and welfare fundraising
- activities for overseas purposes
- retirement village self care units
- other community services related activities.¹⁷³

Most recent statistics from the ABS Labour Force Survey, indicate in 2004 2.5% of all employees in Australia were working in community services – 243,000 people (202,906 Full Time Equivalent). The community services workforce increased by 22.6% from 1999-2004, double that of the average of all occupations (10.5%). Employment growth was particularly high in child care (42%).¹⁷⁴

→ Census data

In 2001, the Census of Population and Housing counted all people in Australia including collecting information on their professions. This encapsulates a slightly different range of roles within community services, as illustrated in the next table.

The 2001 Population Census shows 237,000 people employed in community service occupations in Australia, an increase of 27% over the number in 1996. Of the total, 87% were females. Of the broad occupational groups, the largest was child and youth services workers, with 101,696 employees, followed by aged or disabled care (51,784). The fastest growing broad category between 1996 and 2001 was disability workers, up 58%.¹⁷⁵

In 2001, the Australian Capital Territory had the

Appendix

highest rate of persons working in community services occupations, with 1,694 per 100,000 population, followed by the Northern Territory (1,589). New South Wales had the lowest rate,

with 1,077 per 100,000 population.¹⁷⁶ The below table illustrates these State and Territory differences.

Qualifications of care workers in community services industries,* 1996 and 2001, per cent

	Census ^ 1996		Community Services Survey 1995-6		Census ^ 2001		Community Services Survey 1999-2000	
	All people working in this industry	Persons working in selected caring occupations	Total employment includes employment in other activities ^	Employment in direct community services provision	All people working in this industry	Persons working in selected caring occupations	Total employment (includes employment in other activities ^	Employment in direct community services provision
Nursing Homes	80565	55811	98896	72311	65883	45983	84519	75298
Child Care Services	61537	49031	36135	30530	59911	48929	41109	38346
Accommodation for the Aged	16522	9445	33420	19690	17957	9989	42402	35569
Residential Care Services, nec	24247	16973	14976	10342	19014	13688	22158	19022
Non-Residential Care Serv, nec	62464	25220	63654	35961	80551	47415	78834	52446
Employment Placement Services	36414	2429	(not given separately)		44995	3037	(not given separately)	
Interest Groups, nec	21344	4555	"		12267	1233	"	
Government Administration*	277727	12594	"		292367	16222	"	
Personal Services, nec	15015	4809	"		11076	3406	"	
Community Services (undefined)†	7987	3761	"		19245	8653	"	
Total	603819	184625	319188	223164	623266	198555	341447	277266

^ calculated from 4 digit selected direct service occupations cross tabulated with 4 digit industry codes as described in Chapter 1.

* Census counts include all workers employed in government administration, including those in non-community service activities (direct and indirect). This strongly inflates the total of all people working in this industry in the Census count.

† In 2001, this row includes the sum of Community Services (undefined) and Community Care Services (undefined)

Source: Dr Gabrielle Meagher & Assoc. Prof Karen Healy/ACOSS, *Who Cares? A Profile of Care Workers in Australia's Community Services Industries*, Volume 1, 2005, p. 23.

Persons employed in community services occupations: broad occupation group by state/territory, 2001

BROAD OCCUPATION	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
Child & youth services	32,475	24,201	22,645	8,691	7,498	2,251	2,660	1,275	101,696
Family services	4,103	3,744	1,549	910	700	265	194	216	11,681
Disability workers	8,701	9,886	5,613	3,177	1,996	668	526	379	30,946
Aged or disabled care	12,522	14,243	9,710	5,390	6,403	2,227	873	416	51,784
Other community services	12,684	10,440	6,654	4,352	3,930	1,319	831	756	40,966
Total	70,485	62,514	46,171	22,520	20,527	6,730	5,084	3,042	237,073
Rate (per 100,000 pop.)	1,077	1,298	1,275	1,201	1,371	1,425	1,694	1,589	1,228

Source: Australian Institute of Health and Welfare, *Community Services Workforce*, as viewed on http://www.aihw.gov.au/labourforce/comm_services.cfm

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