A Community Services Industry Built for Tasmania's Future

Community Services Industry Plan 2021-2031

Overview of the community services industry workforce in Tasmania[1]

The community services industry in Tasmania plays a vital role in supporting and empowering individuals and communities across Tasmania to live a good life and participate economically and socially in our state. As the demand for services continues to grow, it is, however, an industry facing many challenges in maintaining a sustainable workforce that can continue to deliver positive client outcomes. An understanding of the industry's current position, in terms of both service demand and workforce capacity, and projected demand is therefore essential if effective and realistic workforce development strategies aimed at creating a sustainable workforce that can deliver positive client outcomes are to be achieved. This paper has been prepared for the Workforce Coalition to provide an evidence base to help inform these development strategies.

What is the community services industry? Defining the 'market'

Broadly speaking, the community services industry is part the 'care economy'. It includes aged care, disability services, family services, social housing, alcohol and other drug, mental health services, services for young people, and other population groups such as Aboriginal, Multicultural and LGBTIQ+, child care and other social assistance services.

More specifically, the community services industry sits within the health care and social assistance industry, as defined by ANZSIC.[2] This industry incorporates:

- Residential care services.
- Aged care.
- Social assistance services (including early childhood education and care, aged and disability care and welfare support).
- Child care services.

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[1] Note that this paper is a *draft overview* of the state of the community services industry in Tasmania. It does not cover sector specific issues or sector specific work. It is intended purely as an introductory overview that sets the scene in relation to the community services industry as a whole.

[2] Australian and New Zealand Standard Industrial Classification. It is important to note that the health care and social assistance industry as defined by ANZSIC also includes hospitals, GPs and medical, allied health and other health care services. Data relating to these services is not immediately relevant to this overview. It is, however, important to be aware of these definitional issues when analysing and comparing data to ensure that data which is not relevant to the 'community services' industry is not considered and that like data is being compared with like. It should also be noted that we are currently awaiting the release of the National Skills Commission Care Workforce Labour Market Study.

Specific occupations within this industry are broad and wide ranging.[3] They include registered nurses, indigenous health workers, aged and disabled carers and welfare support workers. According to the National Skills Commission, the highest employing occupations within the industry are:

- Registered nurses (this includes those working within the health system).
- Aged and disabled carers.
- Child carers.
- Nursing support and personal care workers.[4]

This overview will draw ANZCO and ANZSIC based data as well as data from other relevant sources.[5] It will also identify potential inconsistencies and data gaps. As identified by the National Skills Commission, "workforce data generated and collected is inconsistent across aged, disability, veteran and mental health care and support, making it difficult to develop a holistic understanding of the labour market and workforce implications for all care and support services."[6]

National snapshot

The National Skills Commission reports that the health care and social assistance industry is the largest employing industry in Australia. Within this:

- 46% of the workforce is part-time (compared to the overall average of 31%).
- Nearly 4 in 5 workers are female.
- 46% have a bachelor's degree or higher, 31% have a certificate III or higher VET qualification, 5% have other qualifications and 18% have no post-school qualifications.
- 32% of workers are regionally located.
- 9% are aged between 15 and 24.

Industry demand is expected to continue to grow, particularly given the nation's ageing population and the impact of COVID-19.[7]

Background: The Tasmanian context

Tasmania has the largest community services industry in Australia (that is, it is the largest per capita). In 2016, the health care and social assistance industry accounted for 6.6% of the total workforce (1.6% higher than national average).[8] It is also one of the fastest growing sectors in the state. Between 2011 and 2016 it grew by 14% (largely driven by aged care residential services).[9]

It is important to highlight that the community services industry in Tasmania operates in a context that varies considerably from mainland Australia. Tasmania has a more regionally dispersed population[10] that is, on average, older (in 2019, Tasmania had oldest population in Australia with a median age of 42.2), has higher rates of disability and is more socially disadvantaged than mainland

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[3] These are listed in ANZSCO (Australian and New Zealand Standard Classification of Occupations).
[4] https://www.nationalskillscommission.gov.au/health-care-and-social-assistance
[5] As highlighted by the National Skills Commission, 2021a at 8, "ANZSCO and ANZSIC have not kept pace with the changing nature of the care and support sector, resulting in a lack of accurate definitions for job roles and industry segments relevant to the care and support workforce."
[6] National Skills Commission, 2021a at 8.
[7] https://www.nationalskillscommission.gov.au/health-care-and-social-assistance
[8] Deloitte, 2020 at 8.
[9] Deloitte, 2020 at 8.
[10] In 2019, approximately 37% of the population lived regionally, that is outside Hobart or Launceston. (TasCOSS, 2019 at 8-12).

Australia. In 2019, 71% of organisations providing community services reported an increase in disadvantage in the community in the previous 12 months.[11]

Median incomes are lower in Tasmania than the mainland, with more than 1 in 4 Tasmanian families considered low income. There are higher levels of disadvantage than the nation with over 1 in 3 families categorised in the most disadvantaged quartile in IRSAD (Index of relative socio-economic disadvantage) through indicators such as income, employment, education, disability, housing suitability and many others.[12] Hobart continues to be the least affordable city in which to rent in Australia.

It is these issues of an ageing population, high levels of disability and poverty,[13] inadequate incomes,[14] the constantly increasing cost of living, disparities in health and wellbeing, unemployment and job insecurity[15] that will continue to drive the demand for community services in Tasmania.

Community services industry *providers* in Tasmania

General

In 2015, there were 350 organisations providing services in Tasmania.[16] In 2019, the predominant type of services provided by these organisations was ageing, disability and carer services, with 25.8% of organisations delivering these. Other services delivered include:

- Health related / population specific (18.2% of organisations).
- Child, youth and family (14.7%).
- Legal, advocacy, housing and peak (15.4%).
- Neighbourhood houses (11.2%).
- Other community based services (14.7%).[17]

In 2019, providers generally reported that the demand for their services had increased, that the complexity of the need had increased and that their capacity to meet demand had decreased:[18]

- Demand for services had increased in 86.8% of organisations surveyed over the previous 12 months.
- 88.1% of organisations reported that the complexity of client need has increased.
- 37.5% of organisations said that the capacity of services in their network to meet demand had decreased.
- 57% of organisations reported that the number of clients they were unable to support had increased in the previous 12 months.[19]

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[11] Cortis, 2019 at 7-11.
[12] Deloitte, 2020 at 16.
[13] In 2018, 120,000 Tasmanians were in poverty. (TasCOSS, 2019 at 8-12).
[14] In 2018, the average adult weekly income was 13% below the national average. (TasCOSS, 2019 at 8-12).
[15] TasCOSS, 2019 at 8-12 reported that 30% of people who were unemployed had been out of work for more than a year. Of those, 50% had been out of work for more than 2 years. Youth unemployment (15-24) had risen by 1.5% since 2017. The number of 15-24 year olds not in full time education or employment was higher than other states.
[16] TasCOSS, 2019 at 5.
[17] Cortis, 2019 at 17.
[18] Cortis, 2019 at 38.
[19] Cortis, 2019 at 8.

Governance

Organisations providing community services are increasingly required to evidence higher levels of business and strategic planning within their operations and recruit board members that are competent and skills based and, increasingly, remunerated. This is one of the consequences of increasing quality and risk safeguards and requirements imposed by regulatory bodies, particularly within the disability and aged care sectors.

An overview of the industry in 2019 indicated that:

- 90% of organisations surveyed had a strategic plan.
- 5.6% had at least one paid position on their board.
- 62% had funds for training board or committee members.
- 50.4% had regular opportunities to assess board effectiveness.
- 43.1% had a succession plan.
- 31% said recruiting members with appropriate skills was difficult.[20]

Funding

Funding, in terms of both source and security remains one of the major ongoing issues faced by organisations within the community services industry. In 2019:[21]

- 41% of organisations surveyed said their financial position had improved over the previous 12 months.
- 21% of organisations said their financial position had weakened over the previous 12 months.
- 50% of organisations reported holding 3 months of cash in reserve.
- The median annual income was $976,000.
- 46% of organisations had incomes of more than $1million (up from 27.1% in 2015).
- 22.6% had incomes of more than $5million (up from 12.2% in 2015).
- 38.5% had incomes of less than $500,000 (down from 56% in 2015).
- 10.9% had incomes of less than $50,000.

The main sources of funding are the state and federal governments. In 2019, 89.1% of organisations surveyed received funding from the Tasmanian government and 56.9% received funding from the Commonwealth government.[22]

Contribution to the economy

The community services industry is one of the highest contributors to the Tasmanian economy. Since 2006, the health care and social assistance sector (including community services, hospitals and health services) has become the second greatest contributor to Tasmania's GDP after agriculture, forestry and fishing.[23] TasCOSS reports that it adds $1.9billion per annum to the Tasmanian economy and that for every $5million spent in the community services industry, 17 jobs are created.[24]

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[20] Cortis, 2019 at 8 and 34-35. This is supported by TasCOSS, 2021 at 12.
[21] Cortis, 2019 at 7, 9 and 38.
[22] Cortis, 2019 at 9 and 49.
[23] Cortis, 2019 at 11.
[24] TasCOSS, 2021 at 4 citing National Institute of Economic and Industry Research (2021) data compiled in https://economy.id.com.au/tasmania/value-add-by-industry?IndkeyNieir=24604

Community services industry *workforce* in Tasmania

Employees

Numbers

The National Skills Commission reports that as of December 2021, there were 260,500 people employed in Tasmania.[25] Within this, the health care and social assistance industry is the largest employing sector at 14.9% (approximately 38,814).[26] As stated above, the community services sits within this health care and social assistance industry. Tasmania also has the largest community services workforce in Australia:

- In 2021, it employed 17,824 Tasmanians around the state. This is just over 7% of total Tasmanian workforce.[27] Of these 7,204 were employed in residential care services and 10,620 in social assistance services.[28]
- It is one of fastest growing industries in Tasmania, adding 2,818 new employees between 2015 and 2020. This is more than any other industry over the same period.[29]
- As stated above, generally within the health care and social assistance industry the largest employing occupation is aged and disabled carers, as defined by ANZSCO. In Tasmania, as of December 2021, 7,539 people were employed in this occupation. This represents a 37% increase over the previous 5 years.[30]
- By sector, 55.5% of jobs in the industry were in ageing, disability and caring, 18% in child, youth and family, 11.1% in health related and population specific, 10.2% in legal, advocacy, housing and peaks, 3.8% in other community based services and 1.4% in neighbourhood houses.[31]

Demographics

Generally speaking, the community services industry has a higher representation of female employees than the general workforce, workers are on average older and are more likely to be employed on a part time basis:

- 64% of staff employed by organisations which responded to a 2019 survey were employed part time.[32]
- 28% of organisations employed *only* part time staff.[33]
- 7.1% of organisations had no paid staff (down from 12.6% in 2015).[34]
- Organisations of more than 50 staff had a greater mean % of casual staff.[35]
- Women made up 82% of the workforce compared to 47% of workforce as a whole.[36]

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[25] National Skills Commission, 2022a, citing ABS, Labour Force Survey, Dec-21.
[26] National Skills Commission, 2022a citing Labour Force Survey, Detailed, four quarter average data, Nov-21 quarter.
[27] TasCOSS, 2021 at 7, citing National Institute of Economy and Industry Research 2021 https://economy.id.com.au/tasmania/industry-sector-analysis?IndkeyNieir=24604
[28] ABS, Regional Population Growth, Australia (3218.0). Economy.id
[29] TasCOSS, 2021 at 10, citing https://economy.id.com.au/tasmania/industry-sector-analysis?IndkeyNieir=24604
[30] National Skills Commission, 2022b https://www.nationalskillscommission.gov.au/our-work/nero/nero-dashboard The breakdown of this figure is 3,798 employed in Hobart (up 53% in 5 years), 1,822 in Launceston and North East (up 16%), 407 in the South East (up 65%) and 1,566 in the West and North West (up 14%).
[31] TasCOSS, 2021 at 8, citing Cortis, 2019 at 20.
[32] Cortis, 2019 at 8.
[33] Cortis, 2019 at 20.
[34] Cortis, 2019 at 20.
[35] Cortis, 2019 at 20.
[36] TasCOSS, 2021 at 7, citing ABS Census of Population and Housing, 2016, TableBuilder *Employment, Income and Education* and for Tasmanian workforce see ABS, 2020. Labour Force, Australia. Table 9. Tasmania. https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/latest-release#data-downloads

- On average, 25.6% of employees were over the age of 55.[37]

Education

According to 2016 ABS data, the educational attainment of the health and social assistance industry workforce in Tasmania was:[38]

	Post-graduate degree	Graduate diploma/ certificate	Bachelor degree	Advanced diploma/ diploma	Certificate	Secondary education	Not stated
Social assistance services	233	168	899	944	1469	1280	137
Child care services	13	135	165	632	641	343	41
Residential care services	12	5	64	139	165	105	19
Aged care residential services	115	88	740	819	2118	1643	228
Total	373 (2.8%)	396 (3%)	1868 (14%)	2534 (19%)	4393 (32.9%)	3371 (25.2%)	425 (3.1%)

It is important to note here that the National Skills Commission has observed that, at least within the aged care sector as reported in the aged care royal commission final report 2021 and the NDIS workforce interim report 2020, "there is criticism that training, both formal and informal, as well as qualifications may not be entirely fit for purpose."[39] This is something that warrants investigation across the industry.

Staff retention

Staff retention is an issue. In 2019, 47.6% of organisations reported that attracting skilled, qualified staff had become more difficult over the preceding 3 years.[40] Some of the reasons cited for this include:[41]

- Uncertainty about future funding.
- Change in funding models.
- Reduction in funds for existing services or programs.
- Inability to offer job security.

Remuneration

The community services industry is one of the highest contributors to the Tasmanian economy, but the workforce includes some of the lowest paid in the country, particularly those in the caring and support roles.[42] As compared to average income, child care workers earnt 65% of average, aged and disability carers 87% and welfare support workers 91%.[43]

[37] Cortis, 2019 at 8. By sector the mean % of employees over 55 was ageing, disability & carer 31.2%, neighbourhood houses 31.1%, other community based services 26.1%, child, youth & family 20.8%, legal, advocacy, housing & peaks 16.8% (Cortis, 2019 at 22).

[38] This appears to be ABS census data for Tasmania. Unclear of source. Could be labour market portal, or NERO.

[39] National Skills Commission, 2021a at 7.

[40] Cortis, 2019 at 26.

[41] Cortis, 2019 at 66.

[42] TasCOSS, 2021 at 9.

[43] Skills Tasmania

Volunteers

The community services industry workforce is supported by approx. 35,000 volunteers state-wide. Almost 90% of organisations use volunteers at some point.[44]

In 2019, 7.1% of organisations had no paid staff (down from 12.6% in 2015).[45]

Key challenges and issues facing the community services industry

Labour shortages

Lack of qualified staff and the difficulty of filling positions is a major issue within the industry. Cortis et al. report that in 2019:[46]

- 7 in 10 organisations had tried to recruit in the previous 12 months. Of these:
    - 64.7% said there was a shortage of suitable applicants.
    - 61.8% said there was a shortage of applicants with necessary qualifications.
- 25.5% of organisations identified inability to offer job security as a barrier to attracting staff.
- 21.6% identified inability to offer competitive wages.
- 12.7% identified inability to offer flexible hours.
- Services with a focus on child, youth and family and the ageing, disability and carer sectors were most likely to find it difficult to attract skilled, qualified staff.
- Casualisation of workforce has led to people being employed by multiple organisations.

The difficulty of attracting skilled and qualified staff is becoming more difficult and exacerbated by a low unemployment rate of 4.6% (September 2021) leading to a shallow labour pool.[47]

There are a number of occupations within the community services industry that are recognised as being in shortage. By shortage it is meant employers are unable to fill or have considerable difficulty in filling vacancies. The 2021 Skills Priority List indicates the following as in current shortage with a strong demand in the future (based on ANZSCO definitions):[48]

- Child care worker
- Aged and disabled carer
- Early childhood (pre-primary) teacher

It further lists the following as not currently in shortage but due to face strong demand in the future:

- Vocational education teacher
- Drug and alcohol counsellor
- Welfare worker
- Community worker
- Disabilities services officer
- Family support worker
- Residential care officer
- Youth worker
- Out of school hours care worker
- Social worker

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[44] TasCOSS, 2021 at 4 and 8.
[45] Cortis, 2019 at 20.
[46] Cortis, 2019 at 26-27.
[47] Salt, 2021.
[48] National Skills Commission, 2021b. It should be noted here that the National Skills Commission is currently finalising its Care Workforce Labour Market Study.

Deloitte 2020 further notes that reduced population growth due to reduced migration caused by COVID-19 will increase any supply pressures within the sector, particularly in those areas already experiencing skill shortages, such as early education.[49]

Funding

Funding is a perennial issue for organisations moving forward. Cortis et al. highlight a number of suggestions for reform in this area drawn from feedback from organisations surveyed. These include:

- Preference for longer funding periods, and certainly for longer than 1 year.
- Agreements focusing on outcomes and impact, rather than output, would better support achievement of objectives.
- Enabling greater innovation and planning to meet changing needs.
- Longer funding agreements that would enable better job security.
- Provision of funding for training (especially within context of new frameworks such as NDIS).
- Funding needs to reflect *full* cost of service provision and not just focus on direct service provision, for example, administrative costs, professional development, keeping on top of developments in practice and service delivery.[50]

Other

There are many challenges facing the industry as it moves forward. As noted by Cortis et al, the "industry has experienced significant growth [since 2015] … However, [it] remains unable to meet the growing demand for services and social support …"[51]

Some of the key challenges facing the industry include:

- An ageing workforce, with the aged and disability carer workforce, in particular, ageing.[52]
- Difficulties of moving to individualised funding models, including changes in governance structures (such as aged care standards and NDIS compliance requirements).[53]
- Small organisations and regional organisations facing the challenge of investing in the financial, physical and human resources needed to meet administrative and infrastructure needs as well as the costs of meeting quality and safeguarding assessment requirements and ensuring compliance with national standards.[54]
- Increased demand for services, particularly specialist homelessness services.
- Demand for service outstripping capacity, including long wait times.
- Difficulties in accessing services in rural and remote areas due to additional barriers and costs (such as transport).
- Lack of investment in preventative, early intervention strategies.
- Challenges accessing public health and supports (such as mental health and allied health).
- New and changing policy frameworks.
- Growth in volume and range of services required.[55]
- Low wages.[56]
- Casualised workforce.[57]

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[49] Deloitte, 2020 at 13.
[50] Cortis, 2019 at 56.
[51] Cortis, 2019 at 6.
[52] Salt, 2021.
[53] TasCOSS, 2021 at 6; Cortis, 2019 at 36.
[54] TasCOSS, 2021 at 6.
[55] Skills Tasmania A at 2.
[56] Skills Tasmania A at 2.
[57] Skills Tasmania A at 2.

- Ageing population.
- Increased number of Tasmanians living in poverty or on inadequate incomes.
- Impact of COVID-19.
- Increasing governance requirements, including balancing the need for increasing professionalism and skills based boards with ensuring board members are community minded and organisations are user led, having user representations and regional representation, board renewal, the increasing need for remuneration to address the difficulties of accessing expertise and adequate resourcing to support governance arrangements.[58]

Moving forward

Projected workforce demands

National

The health care and social assistance industry made the largest contribution to employment growth over the five years to May 2021 (up by 267,900 or 17.1%). It is the primary provider of new jobs in the Australian labour market and is projected to make the largest contribution to employment growth over the five years to November 2025 (increasing by 249,500 or 14.2%). This growth is supported by ongoing demand generated by the NDIS, an increasing demand for childcare and Australia's ageing population.[59]

Tasmania

As stated above, the community services industry, which sits within the health care and social assistance industry, is the largest and one of the fastest growing industries In Tasmania. The community services industry is predicted to need another 4000 jobs by 2024.[60]

Workforce development

Individual sectors have undertaken sector specific workforce development activities and strategies. However, a whole of industry strategic approach to workforce development is also needed to:[61]

- Create a sustainable, connected and responsive service system that delivers high quality support and services.
- Put people at the centre of decision making and empower individuals to be full participants in their own lives and communities.
- Listen to and include the voices of people with lived experience in designing policy and programs and implementing services.
- Operate in an efficient and transparent manner, with accountability to service users.
- Attract, support and retain an adaptive, diverse and skilled workforce.
- Harness a culture of innovation that empowers people to challenge accepted truths, take risks and test ideas.
- Provide fearless and fair representation to governments and others for effective systems change to reduce inequities and to address complex social and health issues.
- Contribute to place-based, community led solutions to local social problems.

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[58] Cortis, 2019 at 36.
[59] National Skills Commission, 2020.
[60] TasCOSS, 2021, 4. This estimate is based on current shortfalls, the growth rate to 2019 and LMIP, 2019 Employment Projections for the five years to May 2024 https://lmip.gov.au/default.aspx?LMIP/GainInsights/EmploymentProjections
[61] TasCOSS, 2021 at 12-14.

- Develop and maintain a well educated and well trained workforce (ensure that the right people with the right qualifications are in the right place at the right time).
- Attain and retain talented people of all ages and those from other industries in a highly competitive labour market.

Supporting future workforce development also requires longer term and better financed funding arrangements to encourage longer term employment and an investment in workforce development. Some suggestions that have been made in this regard include:[62]

- Government contracts could mandate that a certain % to be spent on workforce development.
- Sharing workforce development across sectors, for example peaks delivering training to sectors other than just their own.
- More workforce placements.
- Enhanced relationships with TasTAFE and the University sector.
- Specialist health and social care institute based on Victorian model (low or no cost training to students from low SES).
- Fully/partly funded level 3 community development or social care qualifications.
- Funded industry placements for students.
- Mentoring for existing staff.
- Secondment between organisations.

Gaps: What do we need to know?

More up to date data would be beneficial in providing a more stable evidence base from which to work. In particular:

- The National Skills Commission Care Workforce Labour Market Study is due for release and the Productivity Commission is conducting a study into employment in the aged care sector. Both of these reports will provide useful information.
- Information on service user experience and employee experience.
- Both current and future workforce planning capacity and capability strategies.
- The educational level of Tasmanians working within this sector, including minimum mandatory requirements and professional learning and development
- Measures of current workforce issues such as access to staff (vacancy rates and the time taken to fill positions), quality of candidates, sector wages relative to other similar employment opportunities and information such as hours worked, willingness to work extra hours, number of providers worked for.[63]

[62] Cortis, 2019 at 29.
[63] Hicks & Eggert, 2021 at 10.

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