



**Victorian  
Skills Authority**

## **Victorian Skills Plan**

# **Health and Community Services Industry Insight**

October 2022



Education  
and Training



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## Introduction

This report on the health and community services industry forms part of the 2022 Victorian Skills Plan and outlines demand for occupations, education and training directed to meeting the demand and current workforce issues facing the industry.

This report has been prepared by the Victorian Skills Authority (VSA). The VSA was formed in July 2021 in response to the review *Future Skills for Victoria: Driving collaboration and innovation in post-secondary education and training* (known as the Macklin Review). The VSA is charged with preparing an annual Victorian Skills Plan (the Skills Plan) to guide decision-making on skills and training, by the Government, education and training providers, industry and communities.

### The Victorian Skills Plan

The annual Skills Plan sets out Victoria's skills needs for 2022 to 2025 by drawing on data, evidence and insights from a range of system-wide and local sources.

The Government in conjunction with industry, communities and education and training partners brings collaborative action through the Skills Plan which:

- **defines skill needs** with clear statements of required skills and capabilities (current and emerging)
- **sets priorities** for post-school education and training in Victoria
- **communicates to the community** the opportunities education and training can provide to offer careers for individuals that also meet the workforce needs of industry
- **aligns action** across industry and government to support improved outcomes for all Victorians.

The Skills Plan consists of:

- a summary report – the Victorian Skills Plan
- the industry needs of the Victorian economy segmented into 13 insight reports, each comprising like industries – of which this report is one
- profiles of industry and occupations in the regional areas of Victoria which outline priorities for skills development – either as snapshots or Regional Skills Demand Profiles
- current employment and forecast demand to 2025 across Victoria – a user-driven dashboard.

### About Industry Insight Reports

Each industry insight is based on robust research, qualitative and quantitative data collection and analysis and extensive consultation with the Government's Industry Advisory Groups, partners and stakeholders over a period of six months. Each report sets out to:

- profile the **industry outlook**, taking into account sector trends and key drivers of demand
- detail the **workforce and skilling implications** of the industry based on forecasting
- set **industry priorities** in responding to current and future workforce challenges
- provide initial guidance for an **education and training response** to these challenges.

The industries reflected in each report are defined according to their classification within 1292.0 - *Australian and New Zealand Standard Industrial Classification (ANZSIC) 2006*, prepared by the Australian Bureau of Statistics. Occupations within industries have been defined using the *Australian and New Zealand Standard Classification of Occupations (ANZSCO)*.

Each industry insight contributes to the conclusions and recommendations of the Skills Plan, focusing on actions for implementation over a three-year period.

The VSA acknowledges and extends sincere thanks to the individuals and organisations that participated in the consultations and contributed to these materials.

**Using this report**

This is a point-in-time report on the health and community services industry in Victoria and the associated skills and workforce issues.

This report, along with the Skills Plan, has been prepared for industry and provider partners as a summary of demand for occupations and workforce issues. In addition to being used by the Victorian Government to consider responses as a public document it is available to industry and education and training partners to form actions and responses.

The report does not represent the full picture of workforce issues in the industry. Opportunities associated with skills and workforce are longstanding. The information in the report, however, provides the basis for ongoing work on skills demand and responses, including by the VSA and through the Industry Advisory Groups.

**Feedback**

Feedback on this report, and others, is welcome and can be provided to [SkillsPlan@education.vic.gov.au](mailto:SkillsPlan@education.vic.gov.au). Feedback will contribute to developing insights and actions.

## Report Coverage

This report focuses on the health and community services industry and the occupations relevant to the industry, classified according to ANZSCO. It covers childcare services; aged care, disability, mental health and family violence services; allied health, hospital and medical services; and homelessness services.

Statistics about an industry and its sub-sectors are collated by the Australian Bureau of Statistics (ABS) from the activity of businesses. Each business is classified to an industry based on their primary activities. Where an individual works for multiple businesses, their main job is generally used.

Industry classifications rarely encompass the full nature of the work (and therefore skills) associated with a given industry. ABS definitions of industries or sectors may not align with the definitions used by an industry association, while the allocation of businesses on primary activity can result in businesses that perform similar services but with a different emphasis being classified across different industries.

Coverage in this report is limited to employment in the industry and sectors as defined by the ABS, noting some occupations are almost exclusively associated with an industry, such as surgeons in the health services sector, while others, such as accountants and electricians, are associated with many industries. Note, however, that occupational demand for Victoria as reflected in the dashboard is the total of occupational demand for all industries.

Table 1 sets out related activities and the industry report that captures those activities. Where relevant this report should be read alongside those identified.

**Table 1 | Scope of related industry activities and insights related industries**

Activities	Industry insight
Aged care services through local government	Public Administration and Safety
Disability services through local government	Public Administration and Safety
Early childhood education and care where the focus is on the educator workforce	Education and training
Employment services	Administrative and support services
Youth justice	Public administration and safety

## Executive summary

### Industry outlook

The health and community services industry ensures Victorian's fundamental human needs are met across a range of interconnected areas. Over 521,600 workers are employed across allied health, childcare, community services, housing and wellbeing, and hospital and medical services.

COVID-19 is causing significant and ongoing strain to the industry. Organisations and businesses are on the front line, struggling to meet increased patient demand due to staff shortages and severe burnout.

This is occurring while the industry is expected to experience record growth over the next three years. Key drivers of demand include government investment to improve the quality of services, coupled with an ageing population and the anticipated return to population growth. Infrastructure developments to expand health care capacity and provide social and affordable housing, coupled with adoption of digital health, are also contributing to workforce demand.

### Workforce and skilling implications

On average, across all industries total employment is expected to grow by an additional 211,900 workers to 2025, from 3,538,900 workers in 2022, a growth rate of 1.97 per cent<sup>a,1,2</sup>. In comparison between 2017 and 2020 employment grew by 2.68 per cent<sup>b,3</sup>.

In the health and community services industry, employment is expected to grow by an additional 44,600 workers to 2025, from 521,600 workers in 2022, an annual growth rate of 2.9 per cent<sup>c</sup> which is higher than the overall Victorian average across all industries.<sup>4,5</sup> In comparison between 2017 and 2020 employment across this industry grew by 4.85 per cent<sup>d</sup> annually.<sup>6</sup>

Substantial workforce growth will be required to meet expected demand. By 2025, an estimated 64,500 new workers are needed. This includes employment growth of 44,600 and replacement of 19,900 retirees.

Table 2 identifies the top ten occupations in demand across the industry by 2025. Of these, seven occupations (highlighted in table) are expected to experience employment growth at a rate above the overall Victorian average between 2022 and 2025.

**Table 2 | Occupations in demand in the health and community services industry by 2025<sup>e,7,8</sup>**

Occupation	Current employment	Employment growth (2022–25)		Retirements (2022–25)	New workers needed (2022–25)
		Number	Per cent		
Aged and Disabled Carers	65,700	11,050	5.2%	2,850	13,900
Registered Nurses	75,200	6,350	2.7%	2,750	9,100
Nursing Support and Personal Care Workers	21,300	1,450	1.9%	950	2,400
Welfare Support Workers	11,600	2,000	5.2%	400	2,400
Child Carers	20,400	1,000	1.3%	1,000	1,950

<sup>a</sup> 3-year compound annual growth rate

<sup>b</sup> Computed for 2017 to 2020 employment growth for pre-COVID comparison

<sup>c</sup> 3-year compound annual growth rate

<sup>d</sup> Computed for 2017 to 2020 employment growth for pre-COVID comparison

<sup>e</sup> Due to rounding, some totals may not correspond with the sum of the separate figures

Physiotherapists	9,600	1,450	5.2%	300	1,750
Health and Welfare Services Managers	13,000	1,300	5.1%	450	1,700
Social Workers	9,850	1,200	4.8%	350	1,550
Receptionists	34,600	350	0.5%	1,150	1,500
General Clerks	10,950	950	3.3%	500	1,450

## Legend

	Above Victorian employment growth average between 2022 and 2025
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Advancements in the medical industry are driving demand for new jobs, including occupational health and safety technicians, radiation therapists and respiratory nurses. An increasing reliance on data led decision making is driving growth in biostatisticians. Other emerging occupations include nurse liaisons, physical therapist aids and medical equipment preparers.

Meeting this demand will be challenging. Industry already reports significant shortages including for aged and disabled carers, enrolled nurses, and occupational therapists, among many others. These roles must be filled to ensure services are delivered. Unconventional hours, physically demanding work, and lower remuneration relative to other industries make achieving this difficult.

The industry has also identified changing skill needs. Workers need to upskill in digital health technologies, increase resilience and develop transferable skills such as communication. Entry level technical and clinical engagement skills to support increasing delivery of person-centred care is key.

### Workforce priorities

Three priorities are identified to address workforce and skilling needs for the health and community services industry:

1. Build the supply of workers – focus is required to fill the significant number of occupations in shortage and meet strong future demand, particularly in regional areas.
2. Providing clearer pathway opportunities for current and future workers – opportunities for career progression into more specialised and/or senior leadership roles should be supported to enhance retention.
3. Develop workers' multi-disciplinary skills – effectively responding to government reform requires workers have inclusive, person-centred and digital skills to lift quality service delivery.

### Education and training pipeline and workforce response

Pathways to employment in the health and community services industry are split across Higher Education (HE) and Vocational Education and Training (VET) with 44 per cent of workers holding a degree or above as their highest level of education and 39 per cent holding a VET level qualification as their highest level of education. There were 107,170 enrolments in relevant VET qualifications in 2020 and 47,360 equivalent full-time study load (EFSTL) in higher education in 2019.

Key entry points to the industry include the Certificate III in Individual Support, the Certificate IV in Disability, the Diploma of Early Childhood Education and Care, and the Diploma of Nursing. Graduates from these programs provide an important source of workers to the industry. While activity is high in some courses, many courses have low enrolment numbers and opportunities exist to better respond to identified priorities.

There are opportunities to reach Victorians who are unemployed or underemployed and available and willing to start work. Models that support early entry to workforce and training delivered on-site have proved successful and could be expanded.

New models of training can also increase workforce diversity. Partnerships with local schools and community organisations to raise awareness of available pathways can help realise growth and foster increased diversity.

There is opportunity to recognise those qualifications that support the common skill and occupational needs across the industry, and that can support pathways into multiple sectors, reducing overheads for providers and preparing learners for the dynamic and interconnected nature of the industry. Improving recognition of prior learning processes and articulation between VET and HE can support more dynamic pathways and the skills for more technical and management positions.

However, without consideration of pay, job security and working conditions, the industry is likely to continue to face challenges attracting a highly skilled workforce.

Table 3 highlights actions that could be adopted by education, industry and government to meet workforce demand.

### **Table 3 | Actions for consideration for education, industry, and government**

Explore new apprenticeship/traineeship and internships models that are more flexible and inclusive to support early entry into the workforce.

Identify qualifications that recognise common skill requirements across related occupations and where they can support specialisation and upskilling.

Encourage articulation between VET and HE to support career progression, and develop cross-skilling, especially through transferable skills so workers can move occupation and workplaces in line with demand.

Review VET teaching and training qualifications to lift the quality of the teacher workforce, especially to support cross-disciplinary practices.

Strengthen partnerships between industry and education providers (including schools) to expand interest and awareness in health and community services related career pathways.



## Industry Outlook

### **The health and community services industry is a complex and adaptive system**

The health and community services industry provides essential care and services for all Victorians. These services ensure that fundamental human needs are met across a range of interconnected areas.

The health and community services workforce employs 14.7 per cent of the total Victorian workforce (521,600 workers).<sup>9</sup> Across the industry, 74.9 per cent of workers are female, which is significantly higher than the Victorian average of 47.2 per cent.<sup>10</sup> The average worker salary is \$62,093 and there is a significantly higher share of part time employment at 45 per cent.<sup>11</sup>

The health and community services industry provides a range of opportunities for workers from entry level to highly specialised roles. Many entry level roles require a VET qualification, with 39 per cent of current workers holding a VET level qualification as their highest level of education. Most of the highly specialised roles require a higher education qualification, with 44 per cent of all workers holding a bachelor's degree or above as their highest level of education.<sup>12</sup>

Victoria's health and community services system is funded by all levels of government, non-government organisations and private health insurers.<sup>13</sup> Individuals pay for out-of-pocket costs for products and services that are not fully subsidised or reimbursed.<sup>14</sup> It is a highly regulated industry, with many operators providing services to vulnerable consumers. Many community services, including aged care and disability, are regulated by the Australian Government with the Victorian Government organising delivery of services through Government, or public, private and non-profit organisations.

The industry continues to be on the front line of the COVID-19 pandemic response. It is responsible for service preparedness, delivery, and throughput for testing, treating, and vaccinating the community against COVID-19 and for the care for Victorians with the virus. Many health organisations faced significant strain in providing services due to increased number of people needing support, leading to staff burnout. They also faced widespread staff shortages due to workers contracting the virus and/or needing to care for family members who had contracted the virus. Many community service organisations were forced into hard lockdowns to protect their clients, most of whom were considered high risk due to underlying health conditions.

The health and community services industry faced significant strain and staff shortages during COVID-19 due to the large number of people requiring support, leading to severe burnout.

Having achieved 80 per cent fully vaccinated rate for adults aged 16+, Australia is currently in the Post-Vaccination Phase of the National Plan which calls for COVID-19 management consistent with public health management of other infectious diseases. The health and community services industry is still under pressure in this new phase, with staff shortages and delays in elective surgery some of the key issues.

The Victorian Government is providing \$12 billion of new funding in the 2022-23 budget as part of the Victorian Government’s Pandemic Repair Plan to reduce pressure on the health sector including:

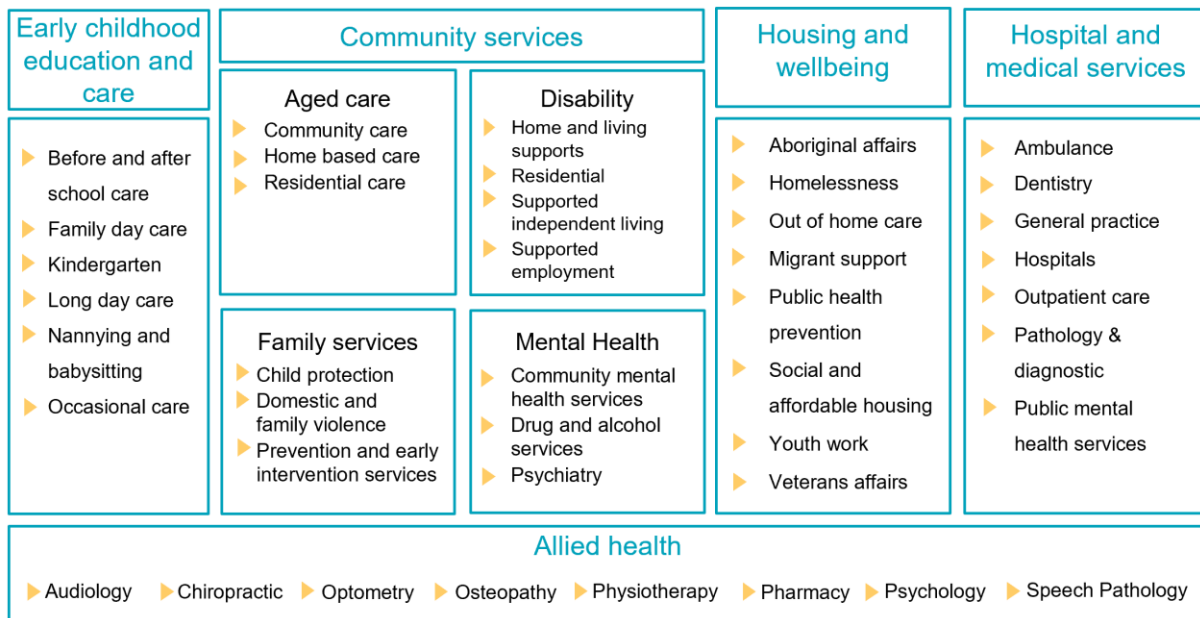
- hiring up to 7,000 new healthcare workers to help relieve pressure on the system and improve care
- \$1.5 billion to boost surgical activity across the state for cases deferred because of the global pandemic, and
- an \$80 million healthcare workforce package to upskill more than 1,000 nurses and theatre and sterilisation technicians, support the training of an additional 400 perioperative nurses and recruit a further 2,000 highly skilled healthcare workers from overseas.

Overall, the health and community services industry is increasingly looking to deliver more holistic service provision to individuals through greater communication and collaboration between clinical and support services across sub-sectors, however gaps remain.<sup>15</sup> Into the future, employees will require skills for multi-disciplinary approaches alongside technical skills.<sup>16</sup>

The health and community services industry interfaces with a range of other industries, specifically education (given the overlap with early childhood education and care services) and public administration, with the latter delivering a range of services to communities through Local Governments.

Key sectors within the health and community services industry are shown in Figure 1.

**Figure 1 | Key sectors within the health and community services industry<sup>17</sup>**



**Allied health**

The allied health workforce represents a broad range of health professionals including chiropractors, osteopaths and psychologists, who work both independently and within all other key sectors across the health and community services industry. They often work collaboratively as part of a multidisciplinary health team to provide holistic, person-centred care. Allied health services contribute to the public and private sectors and work across acute, subacute, and primary care sectors.<sup>18,19</sup> The Australian Health Practitioner Regulation Agency (Ahpra) regulates some allied health

professions through the National Registration and Accreditation Scheme. Other allied health professions self-regulate through their respective professional associations.

There are more than 42,500 allied health professionals in Victoria across 27 disciplines in health and community organisations.<sup>20</sup> Further information on the Allied Health sector can be found in Appendix A.

## Early childhood education and care

Early childhood education and care (ECEC) straddles the education and health and community service industries and includes long day care, kindergarten, family care day and outside-school-hours care. The workforce consists of both educators, who are the focus of this report (classified as child carers in administrative data and therefore represented that way in later sections of this report), and teachers, who are the focus of the Education and Training Industry Insight report (noting both carers and teachers are covered in the administrative data of both reports).

The vast majority of parents and guardians send their children to ECEC. Providers in this sector operate centres or provide services in homes (family day care) or through schools (for outside school hours care).

Early childhood education and care services focus on providing a safe, quality play-based learning program. Workers providing these services attain appropriate qualifications through VET pathways and higher education.<sup>21</sup>

Kindergarten programs are not compulsory in Victoria, but most children are enrolled in the year before school and, increasingly, in three-year-old kindergarten as well.<sup>22</sup>

In 2020-21, there were a total of 314,480 children in the Victorian early childcare and education system.<sup>23</sup> There are approximately 50,000 people working in the early childcare and education sector,<sup>24</sup> comprising primarily of female workers (94 per cent).<sup>25</sup>

While government subsidies have previously been available for both long day care and sessional kindergarten programs, it is likely that growth in the pre-school sector will accelerate with the Commonwealth Government's increased childcare subsidies and the State's \$5 billion of additional State funding announced for three-year-old kindergarten from 2019-2029 and \$9 billion over the next decade for the Best Start, Best Life reforms, which include free kindergarten and transitioning four-year-old kindergarten to 30-hour a week Pre-Prep programs by 2032.<sup>26,27, 28</sup> As enrolments in kindergarten and hours delivered increase, it is anticipated that demand for both sessional and long day care kindergarten programs will increase. Workers in kindergarten programs are a combination of educators, who have a VET qualification, and teachers, who have a university qualification.<sup>29</sup>

Most early childhood services are regulated under the National Quality Framework – coordinated by the federal Department of Education and the Australian Children's Education and Care Quality Authority.<sup>30</sup> Other early childhood services are regulated under the Victorian Children's Services Act.<sup>31</sup>

Most Victorian children attend kindergarten programs, with additional enrolments expected to drive growth in the pre-school education sector.

## Community services

Community services provide access to a range of primary health, human and community-based support services as well as targeted services for people experiencing hardship. They sit alongside general practice, hospitals and privately funded services to make up the primary health sector in Victoria.

## Aged care

The aged care sector provides assistance to older people (and their carers) who need support with their everyday living.<sup>32</sup> The Aged Care Quality and Safety Commission is the national regulator of the aged care industry, approving providers, responding to serious incidents and ensuring overall quality of care. The aged care workforce operates across a range of settings and comprises residential care, in-home care (care in your home classified as either entry-level home care support and more complex home care) and short-term care (in homes or community).<sup>33</sup> In 2020-21, there were a total of 368,721 older aged care clients<sup>34</sup> in Victoria.<sup>35</sup>

In 2020 there were 38,220 direct care full-time equivalent workers across the three key aged care services (residential aged care, home care and home support) in Victoria.<sup>36</sup> Around 77 per cent of the direct care staff are supporting residential aged care, followed by home support (16 per cent) and home care (8 per cent). Further information on the aged care sector can be found in Appendix B.

## Disability

The disability care workforce provides services to assist people with disabilities achieve their goals, build independence, develop their capabilities and participate in the community. The workforce comprises support workers for in-home, community access, employment and residential services, allied health practitioners (for example, occupational therapists), allied health assistants, early childhood intervention workers, support coordinators and administrative and managerial support roles.<sup>37</sup> The roll out of the National Disability Insurance Scheme (NDIS) is managed by the National Disability Insurance Agency (NDIA). The NDIS in Victoria is jointly funded by the Australian and Victorian Government.

In 2020, there were approximately 65,000 NDIS workforce participants in Victoria. Across Australia, there were around 270,000 workers employed across 20 occupations. The NDIS workforce comprises 66 per cent home-based support workers, 24 per cent community-based support workers, 7 per cent allied health workers and 3 per cent other workers.<sup>38</sup> At the time of publication, there is limited data on the size and composition of the NDIS workforce, future workforce demand and potential service gaps in Victoria.<sup>39</sup> One of the key priorities of the Victorian Government's *Keeping our sector strong: Victoria's workforce plan for the NDIS* was to work with the disability sector to build a comprehensive picture of the Victorian disability workforce and training and skills needs, with work still being needed.<sup>40</sup> Further information on the disability sector can be found in Appendix C.

Most National Disability Insurance Scheme workforce participants across Australia are home-based or community-based support workers, with almost 65,000 participants in Victoria.

## Mental health

The mental health workforce plays a critical role in the delivery of effective treatment, care, and support to Victorians with mental illness or psychological distress.<sup>41</sup> The mental health sector encompasses professionals from a broad range of disciplines: generalists such as General Practitioners (GPs), Aboriginal health workers and allied health professionals; specialised disciplines such as psychiatrists, mental health social workers and mental health nurses; allied health professionals in mental health such as social workers and psychologists; and non-clinical workers such as lived experience workers, health management and administration and support personnel.<sup>42,43</sup> Mental health practitioners in Victoria deliver services in a range of settings across public, community, and private mental health sectors as well as in alcohol and other drug (AOD) services.<sup>44</sup> The mental health workforce overlaps with other sectors in the industry, for example the disability workforce, with many NDIS participants requiring active support for mental health challenges.

In Victoria, there were 11,343 public specialist mental health professionals and 21,185 Australia Health Practitioner Regulation Agency (Ahpra) regulated professionals<sup>45</sup> across public and private

<sup>f</sup> Consisting of medical practitioner (others), nurse/midwife, occupational therapists, psychologists and psychiatrists

mental health services in 2021. Further information on the mental health sector can be found in Appendix D.

### **Family services**

The family services workforce supports the safety, stability and development of vulnerable children, youth and families. The sector comprises child protection, children in care, family and parenting support, sexual assault and family violence support services.<sup>46</sup> There is a large intersection between the family service occupations and the broader health, childcare and education workforce, ranging from social and welfare workers to counsellors and psychologists. In 2019-20, 45,686 children received child protection services,<sup>47</sup> and more than 140,000 Victorians were assisted by the Orange Door network, a free government service for adults, children and young people who need extra support with the care of children.<sup>48</sup>

In 2020-21, there were 2,278 child protection practitioners and 304 people working in government family violence agencies.<sup>49</sup>

### **Housing and wellbeing**

Victoria has extensive care prevention and promotion strategies to support individuals to stay healthy and safe for as long as possible. This includes ongoing policy, legislation and guidelines to prevent disease and create safe environments.<sup>50</sup> Homes Victoria, an agency within the Department of Families, Fairness and Housing, manages the government's portfolio of public housing dwellings which houses nearly 120,000 people. The Department more broadly works with youth, women, people of CALD background, seniors, veterans and LGBTIQ+ community organisations and groups to shape policy and implement initiatives that promote those communities' health and safety. The Department assisted 123,000 people in preventing homelessness, and 6,800 people participated in funded primary prevention and gender equality programs.<sup>51</sup>

The Department of Families, Fairness and Housing, as the main service provider of housing and wellbeing, has a workforce of 6,409, with 801 people working in housing services and children, youth and families.

### **Hospital and medical services**

The Australian Government funds most of the spending for medical services (Medicare), subsidised medicines (Pharmaceutical Benefits Scheme) and health and medical research.<sup>52</sup> The Australian Government and state and territory governments share funding of public hospital services, preventative services and palliative care.<sup>53</sup> Private health insurers fund hospital cover for some (or all) of the costs for private patients and general treatment for some non-medical health services not covered by Medicare, such as dental and physiotherapy (the latter falling under allied health).<sup>54</sup>

The first point of contact for people seeking health care are primary health services, such as community medical services where general practitioners and community health workers are located, hospitals that provide emergency and elective care, maternity services, medical, surgical and outpatient services, and pharmacies that provide medications.<sup>55</sup> In Victoria, there were 127,922 nurses and midwives<sup>56</sup> registered with the Nursing and midwifery board of Australia (NMBA) in 2022.<sup>57</sup> <sup>58</sup> The sector is made up primarily of female workers (approximately 80 per cent), and generally are aged between 30-39 for both nursing and clinical staff.<sup>59</sup>

There are six primary health networks (PHNs) across Victoria that coordinate health services in local areas.<sup>60</sup> They are responsible for supporting community health centres, hospitals, GPs, nurses, specialists and other health professionals to help improve patient care, assessing the health needs of their local area and providing extra services that are needed, such as mental health services and health promotion programs.<sup>61</sup>





















Secondary health care is the specialist treatment and support provided by doctors and other health professionals to patients referred to them, such as for planned operations or specialist clinics.<sup>62</sup> Tertiary care refers to highly specialised medical care, usually provided over an extended period as an









































inpatient or outpatient-based service such as neurosurgery and transplant services.<sup>63</sup> Victoria has over 300 hospitals and health services, including large public and private hospitals as well as regional health services and small specialist hospitals.<sup>64</sup> There were 32,346 registered medical practitioners registered in Victoria as of September 2021.<sup>65</sup>

### Government investment and population growth is driving demand across the entire health and community services industry.

The Victorian Government is committed to investing in the industry to ensure high quality care is provided to those who need it most, particularly through the pandemic recovery. This will ensure the industry is a key pillar of economic growth for Victoria, and Victorians are continually provided with high quality care and community services in the places they live and work. Key factors that will influence future demand are set out in Table 4.<sup>66</sup>

**Table 4 | Drivers of growth for the health and community services industry**

Driver	Allied Health	Early childhood education and care	Community Services	Hospital and medical services	Housing and wellbeing services
Policy	Government reform to increase capacity and quality of services. <sup>67,68,69</sup> High	 Very High	 Very High	 High	 Medium
	Infrastructure developments totalling over \$9 billion to expand health care capacity and provide social and affordable housing. <sup>70,71</sup> Medium	 Low	 Medium	 High	 Very High
	Occupational licensing requirements for workers engaging with vulnerable people to ensure they do not present an unacceptable risk to participants. <sup>72</sup> Low	 Medium	 High	 Low	 Medium
	Reliance on time-bound government grants leading to inability for long term planning Low	 Medium	 High	 Medium	 High
Economic	Increased levels of competition for workers between related healthcare professions due to COVID-19. High	 High	 High	 High	 Medium

Driver	Allied Health	Early childhood education and care	Community Services	Hospital and medical services	Housing and wellbeing services
<b>Social</b> Staff burnout due to increased activity in response to COVID-19, compounding often unconventional hours and low pay  A shift from acute, tertiary care towards more preventative, community-based treatment	 High	 High	 High	 High	 High
	 High	 Low	 High	 Medium	 Low
<b>Environmental</b> Population growth and ageing populations increasing demand for services  Changed community mores leading to increased risk of transmissible diseases  Changing societal perceptions around wellbeing, with greater awareness of and advocacy for appropriate supports	 High	 High	 High	 High	 High
	 Medium	 Medium	 Medium	 Very High	 Medium
	 High	 High	 Very High	 High	 High
<b>Technological</b> The adoption and continued use of digital health care such as telehealth to provide flexibility of access for patients  Increased use of digital platforms to store patient records and verify worker skill sets	 Medium	 Low	 Medium	 Medium	 Medium
	 Low	 Low	 Medium	 Medium	 Low
<b>Environmental</b> Extreme weather events driving increased emergency response and associated caring needs	 Low	 Low	 Low	 Medium	 Medium

Population growth and ageing populations are driving heightened demand across the entire health and community services industry. An additional 125,000 people per year up to 2026-27 (~1.5 per cent) are expected in Victoria, with growth concentrated in Greater Melbourne, and half of all regional growth

concentrated in Greater Geelong, Ballarat and Bendigo.<sup>73</sup> In addition, by 2056 the number of people above the age of 65 is expected to increase from ~15 per cent to ~21 per cent.<sup>74</sup>

More detail on the outlook for Aged Care, Allied Health, Disability and Mental Health can be accessed via Appendix A, Appendix B, Appendix C and Appendix D, respectively.

### Allied Health

The Allied Health workforce is poised for ongoing growth. Government has invested in long term strategies to grow awareness of the work undertaken by allied health professionals and assistants, particularly given the increased centrality of the allied health workforce in community-based healthcare.<sup>75</sup> The Victorian Assistant Workforce model, developed in 2015 reviewed annually, aims to increase staff understanding of the work undertaken by allied health assistants. The Rural Workforce Agency Victoria (RWAV) administers the Rural Allied Health Workforce Support Program which provides funding to support continuous professional development for allied health professionals.

COVID-19 continues to place additional pressure on allied health workers, leading to increased levels of stress, burnout and ultimately exits from the industry. The resulting staff shortages has placed additional demand on an already stretched workforce.<sup>76</sup> This is compounded by competition for workers among adjacent sectors such as aged care, mental health and disability. Further information on drivers impacting the Allied Health sector can be found in Appendix A

### Early childhood education and care

The Victorian Government will invest \$9 billion over the next decade to expand the Best Start, Best Life program with three major new initiatives, making kinder free across the state, transitioning four-year-old kindergarten to 30-hour a week Pre-Prep programs by 2032 and establishing 50 government operated childcare centres.<sup>77</sup> This is in addition to \$5 billion previously committed to support the rollout of funded three-year-old kindergarten for all children.<sup>78</sup> These investments will drive significant demand for early childhood teachers and educators.

The Australian Government will also invest approximately \$5.4 billion to reduce the cost of childcare, starting in July 2023<sup>79</sup> leading to significant growth in these services.

The ECEC sector will be driven by population growth, including in regional and rural areas.<sup>80 81</sup> This will have implications for the physical infrastructure that is required to support changing numbers of children accessing services and creates additional opportunities for providers to enter the industry.

Government investment to expand services, coupled with population growth, will drive significant growth in the early childhood education and care sector.

### Community services

Government reform is driving significant industry growth with recent Royal Commissions into mental health, aged care, family violence and disability leading to significant public investment in the industry.<sup>82,83,84,85</sup> These reforms seek to improve overall care quality. Key system changes include implementing smaller practitioner to patient care ratios, increasing the level of training required for some roles and shifting to more personalised models of care. Government is also investing over \$1 billion in infrastructure projects to expand and modernise mental health care settings and public sector residential aged care facilities.<sup>86</sup> Further information on drivers impacting the aged care sector can be found in Appendix B. Further information on drivers impacting the disability sector can be found in Appendix C. Further information on drivers impacting the mental health sector can be found in Appendix D.

A trend towards the consolidation of community-based services toward larger providers is also taking place.<sup>87</sup> This presents an opportunity for providers to diversify and innovate in service offerings and will require practitioners to have a multi-disciplinary skill base.<sup>88</sup>



Heightened levels of activity and changed business practices in response to the COVID-19 pandemic and Government reform has led to increased competition for workers. In parallel, stakeholders highlighted burnout from already challenging work conditions including typically unconventional hours, physical and sometimes confronting work, and low pay. This has led to high labour mobility, higher rates of attrition and an inability to attract diverse workers into the industry.<sup>89</sup>

To uphold safety and well-being of NDIS participants all applicants for work in NDIS must complete a mandatory Worker Screening Check. NDIS workers will also need to upskill in digital skills to support the shift toward increased use of telehealth and digitally enabled service provision.

### Hospital and medical services

Government reform, time-bound grants a shift toward community based and person-centred care are driving demand across the community services sector.

Infrastructure developments totalling over \$7 billion, which is opening access to services, is increasing demand for hospital and medical service workers. This includes a \$1.5 billion investment to deliver a new Footscray Hospital with capacity for 200 beds opening in 2025, \$900 million to develop the fully electric Melton Hospital, and an additional \$2 billion infrastructure investment in the pipeline to expand broader hospital and healthcare capacity including significant developments in regional Victoria such as the expansion of the Ballarat Base Hospital and the redevelopment of the Goulburn Valley Health Shepparton Hospital.<sup>90,91 92</sup>

Expanding by 8 per cent each year, the adoption and continued use of digital health care such as telehealth will provide flexibility of access for patients.<sup>93</sup> This will require the existing workforce to upskill in digital tools to manage patient care. This presents challenges for rural and remote areas unable to access the same quality of technology or undertake training due to financial and travel barriers and/or caring responsibilities.

COVID-19 has also placed significant additional pressure on the hospital system. In February 2022, the Victorian Premier announced a Code Brown to support a coordinated and efficient response for hospital resources across the State.<sup>94</sup> In April 2022, the Victorian Government introduced a pandemic-specific framework to effectively manage the COVID-19 pandemic and any future pandemics. The Minister for Health can make a 'pandemic order' to protect the public health system if the Premier declares a pandemic.<sup>95</sup>

Heightened levels of activity and changed clinical and patient practices in response to the COVID-19 pandemic and government reform has led to increased competition for workers. One example involves staff who were relocated to new roles to respond to the pandemic such as vaccination centres, now wanting to remain in the role due to better work conditions and remuneration.<sup>96</sup>

Growth in the hospital and medical services sector will be driven by infrastructure investment (opening access to more services), competition for professionals, staff burnout and the increased risk of transmissible diseases.

### Housing and wellbeing services

Government invested a record \$5.3 billion in social and affordable housing as part of the Big House Build, delivering over 9,300 new social housing dwellings and replacing 1,100 existing dwelling.<sup>97</sup> Around 2,000 of these homes will be provided to people living with complex mental health challenges. The investment also includes \$1.38 billion for the Social Housing Growth fund to enable the community housing sector to access financial support to grow the supply of social housing.

Government has also funded initiatives that support vulnerable populations including the \$50 million Extreme Hardship Support Program which provides emergency assistance, information and referrals to people on temporary visas living in Victoria who cannot access Australian Government income support. This program supported 46,000 people and 52,000 received advice over the phone.

Additionally, the \$19.88 million Multicultural Community Infrastructure Fund was set up to support Victorian multicultural communities upgrade and build their own community facilities. This funding is shared by 99 projects, ranging from small upgrades to regional facilities, to remodelling work in building the new Integrated Services Hub of the Asylum Seeker Resource Centre in Dandenong.

Around \$2 million was provided to address asylum seeker vulnerability through case coordination, basic needs assistance and homelessness assistance. Mental health support for veterans was assisted by the \$1.5 million expansion of Centenary of Anzac Centre which provides mental health support for veterans. This investment will support technology and research into diagnosis and treatment of mental health challenges faced by veterans and first responders.

Regarding public health prevention, government has invested \$155 million to continue COVID-19 prevention, preparedness and recovery efforts, including a high-risk accommodation response model to support people in congregated living circumstances who may not be able to isolate safely. This model supports almost 30,000 facilities and dwellings including high-rise public housing towers and supported residential services.

## Workforce and Skilling Implications

### An estimated 64,500 net new workers are required to meet projected demand over the next 3 years

On average, across all industries total employment is expected to grow by an additional 211,900 workers to 2025, from 3,538,900 workers in 2022, a growth rate of 1.97 per cent<sup>g</sup>.<sup>98,99</sup> In comparison between 2017 and 2020 employment grew by 2.68 per cent<sup>h</sup>.<sup>100</sup>

In the health and community services industry, employment is expected to grow by an additional 44,600 workers to 2025, from 521,600 workers in 2022, an annual growth rate of 2.9 per cent<sup>i</sup> which is higher than the overall Victorian average across all industries.<sup>101,102</sup> In comparison between 2017 and 2020 employment across this industry grew by 4.85 per cent<sup>i</sup> annually.<sup>103</sup>

Strong growth is expected across the entire health and community services industry over the next three years, with 64,500 net new workers needed by 2025. This includes 44,600 new workers<sup>104</sup> and replacing 19,900 retirements.<sup>105</sup> The number of retirements does not consider people leaving the industry for other reasons.

The disability support workforce is estimated to grow by 76 per cent,<sup>106</sup> driven by significant government investment and the continued roll out of the NDIS. Further information on the growth of the disability workforce is found in Appendix C. Approximately 130,000 additional workers will be needed across Australia by 2050 to meet aged care Royal Commission recommendations,<sup>107</sup> while mental health system reform will also require 2,500 additional workers across several occupations.<sup>108</sup> Further information on the growth in the aged care sector is found in Appendix B, while further information on the growth in the mental health sector is found in Appendix D. Family Safety Victoria is responsible for implementing the Government's family violence reforms, with workers needed across a range of occupations including victim support services, refuge services, and therapeutic support services.<sup>109</sup>

The Allied Health workforce is forecast to grow by 14,000<sup>110</sup> jobs over the next three years, with the fastest-growing fields being occupational therapy, osteopathy and physiotherapy.<sup>111</sup> Most allied health occupations work across health, aged care, disability and mental health settings driving competition for workers for the adjacent sectors. Further information on the growth in the Allied Health sector is found in Appendix A.

The hospital and medical services sectors are expecting growth over the next three years due to population growth and infrastructure investments (expanding access to services). Registered nurses, general practitioners and psychologists are in high demand.

Transitioning staff through unprecedented demand following the COVID-19 pandemic presents a significant challenge for the sector. Industry has highlighted the burnout staff are facing, leading to high levels of attrition and difficulties in attracting new workers. This is compounded by challenging and sometimes confronting work and high levels of competition across the industry, particularly for new workers.

Most occupations across the industry will grow in demand for new workers. Table 5 identifies the top ten occupations in demand, taking into account the number of new jobs created and replacing retirees by 2025. Of these, seven occupations (highlighted in table) are expected to experience employment growth at a rate above the overall Victorian average between 2022 and 2025.

<sup>g</sup> 3-year compound annual growth rate

<sup>h</sup> Computed for 2017 to 2020 employment growth for pre-COVID comparison

<sup>i</sup> 3-year compound annual growth rate

<sup>j</sup> Computed for 2017 to 2020 employment growth for pre-COVID comparison

The data estimates occupation growth but is not definitive. It is important to note that the total occupations that need to be filled will be higher as these numbers do not account for existing vacancies or whether there are higher than usual numbers of workers leaving the industry.

**Table 5 | Occupations in demand for the health and community services industry<sup>k,112,113</sup>**

Occupation	Current employment	Employment growth (2022–25)		Retirements (2022–25)	New workers needed (2022–25)
		Number	Per cent		
Aged and Disabled Carers	65,700	11,050	5.2%	2,850	13,900
Registered Nurses	75,200	6,350	2.7%	2,750	9,100
Nursing Support and Personal Care Workers	21,300	1,450	1.9%	950	2,400
Welfare Support Workers	11,600	2,000	5.2%	400	2,400
Child Carers	20,400	1,000	1.3%	1,000	1,950
Physiotherapists	9,600	1,450	5.2%	300	1,750
Health and Welfare Services Managers	13,000	1,300	5.1%	450	1,700
Social Workers	9,850	1,200	4.8%	350	1,550
Receptionists	34,600	350	0.5%	1,150	1,500
General Clerks	10,950	950	3.3%	500	1,450

Legend

	Above Victorian employment growth average between 2022 and 2025
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The forecasts indicated for some occupations have been flagged by Department of Health as conservative, particularly for enrolled nurses given the addition of the Diploma of Nursing to Free TAFE and implementation of the Aged Care Royal Commission recommendation on minimum care standards. The VSA will work with the Victorian Department of Health and other Government Departments as needed to review forecasts for health and community services occupations.

Significant government reform across the health and community services industry, coupled with rapid technological advancements, are driving demand for new and emerging occupations detailed in Table 6. Emerging occupations are defined as new, frequently advertised jobs which are substantially different to occupations already defined in ANZSCO.<sup>114</sup> Emerging skills often drive the need for new occupations due to the pace of change in demand for those skills. Whereas previously skills changes were more gradual, emerging skills have changed the nature of traditional roles to the extent that new roles are required in much shorter time frames.

<sup>k</sup> Due to rounding, some totals may not correspond with the sum of the separate figures

**Table 6 | Emerging and growing occupations in the health and community services industry<sup>115</sup>**  
 116 117

Emerging occupations	
• Advanced practice nurse	• Biostatisticians
• Clinical nurse consultants	• Exercise physiologists
• Medical Equipment preparers	• Medical transcriptionists
• Nurse liaisons	• Nurse practitioners
• Occupational Health and Safety Technicians	• Physical Therapist aids
• Radiation therapists	• Respiratory nurses

## Occupation shortages need to be addressed, particularly in disability, mental health and allied health professionals

The health and community services industry is facing widespread occupation shortage that will need to be addressed to meet projected demand. Aged and disabled carers are in significant shortage, as are occupational therapists and personal care assistants. General practitioners and registered nurses are desperately needed in regional and rural areas. Industry has identified several reasons for these shortages, including competition for workers across related sectors, challenges with retention of staff due to burnout from COVID-19 and the long time it takes to become qualified for many higher education prepared occupations, such as optometrists, physiotherapists and radiographers.

A shortage exists when employers are unable to fill or have considerable difficulty filling vacancies for an occupation at current levels of remuneration and conditions of employment, and in reasonably accessible locations. In some instances, shortages in a specialisation within an occupation will show the occupation in shortage.

VSA consultations indicate further occupations across Victoria can be considered to be in shortage, or soon will be. A list of current occupation shortages is shown in Table 7. Further information on occupational shortages can be found in:

- Appendix A for the allied health sector
- Appendix B for the aged care sector
- Appendix C for the disability sector
- Appendix D for the mental health sector.

**Table 7 | List of occupation shortages facing the health and community services industry.**

Occupation shortages <sup>118, 119</sup>	
• Audiologists	• Aged and disabled carers
• Counsellors	• Enrolled nurses
• General practitioners, particularly in regional and remote areas	• Mental health lived experience workers
• Nursing support and personal care workers	• Occupational therapist
• Orthotists	• Optometrists
• Social workers	• Physiotherapists

• Psychologists	• Radiographers
• Sonographers	• Speech therapists

**Additional occupations as part of the National Skills Commission's updated Skills Priority List released on 06 October 2022<sup>120</sup>**

• Registered Nurse (various) <sup>l</sup>	• Medical Radiation Therapist
• Clinical haematologist	• Dentist
• Endocrinologist	• Thoracic Medicine Specialist
• Gastroenterologist	• Surgeon (various) <sup>m</sup>
• Intensive Care Specialist	• Otorhinolaryngologist
• Neurologist	• Urologist
• Paediatrician	• Emergency Medicine Specialist
• Renal Medicine Specialist	• Nurse Researcher
• Rheumatologist	• Nurse Practitioner
• Drug and Alcohol Counsellor	• Family and Marriage Counsellor
• Optical Dispenser	• Rehabilitation Counsellor
• Optical Mechanic	• Dental Hygienist
• Dental Technician	• Dental Prosthetist
• Dental Therapist	• Residential Care Officer
• Youth Worker	

## Health and community service workers need upskilling in managing complex person-centred needs

Workers need a combination of technical and general knowledge, skills and personal attributes to ensure the delivery of quality and efficient person-centred care. Against the backdrop of significant government reform that is re-positioning the health and community services industry to be more integrated and driven by service users' needs, workers will be required to be increasingly multi-skilled and be able to work across sub sectors as the people they see present with intersectional care challenges.

Certain skills have been identified in shortage across the industry, while others relate to sectors or occupations. The skills identified in Table 8 can be considered either technical as they relate to a particular occupation, or general as they impact a worker's ability to work well with others (colleagues or consumers) and help an organisation be more productive.

<sup>l</sup> Specialities referenced include aged care, child and family health, community health, critical care and emergency, developmental disability, disability and rehabilitation, medical, medical practice, surgical, paediatrics, perioperative and mental health

<sup>m</sup> Specialities referenced include vascular, paediatric, plastic and reconstructive, orthopaedic, neuro and cardiothoracic

**Table 8 | Skill shortages facing the health and community services industry.**

Skills shortages <sup>121</sup>
• Breadth of knowledge across the diverse services to manage complex and integrated care needs.
• Digital literacy in shift to hybrid ways of working and remote health.
• Generalist skill sets for engaging with end users that can be easily transferred, e.g., communication and teamwork, especially in regional settings.
• Leadership skills to support development of early career professionals.
• Numeracy and literacy, acute in disability workforce.
• Specialised skill sets including lived experience, suicide prevention, LGBTIQ support, and family violence.
• Technical or job-specific in entry-level hospital and medical service roles.

While some of these skills are required immediately, others will have increasing need in the future. The pace of change in the health and community services industry will have implications for the existing workers who will be required to upskill in areas such as digital health technologies to support delivery of person-centred care, dementia and palliative care, and resilience, stress tolerance and flexibility.

Emerging skills also often relate to skills in shortage due to the lag between demand and workers developing the new skills (see Table 8 above). This lag comes from the delay in demand becoming widespread enough that the workforce has little time to respond, and then in the time taken to train and develop the relevant skills. Some workers may already have these skills while others may be in shortage. An overview of the emerging skills in the health and community services industry is provided in Table 9.

**Table 9 | Emerging skills in the health and community services industry<sup>122 123</sup>**

Emerging skills <sup>124</sup>	
• Advanced communication Skills	• Adaptive problem solving
• Computer Literacy	• Consumer-centred care
• Dementia	• Digital health technologies
• Palliative care	• System thinking

## Education and Training Pipeline

There were almost 107,170 enrolments in health and community services related VET qualifications in 2020 and 47,360 relevant enrolments in Higher Education in 2019.<sup>125,126</sup> This should translate to more than 78,150<sup>n</sup> graduating students entering the workforce each year with relevant qualifications, presenting a significant opportunity to meet the projected demand although some will seek employment in other industries. For more detail, see the collaborative response towards the end of this report.

### VET is a significant pathway into the health and community services industry

VET will likely continue as a significant channel of education supply to the health and community services workforce, with 39 per cent of workers holding a VET level qualification as their highest level of education.<sup>127</sup> A VET level qualification is aligned to some of the most in-demand occupations in the industry, including aged and disabled carers, child carers and counsellors.

There were approximately 107,170 enrolments in health and community services across 75 VET courses in 2020 in Victoria. Of these, 12 courses had less than 15 enrolments.

Apprenticeships and traineeships support a range of occupations across the industry. They play an important role for the early childhood education and care sector with 940 enrolments in the Diploma of Early Childhood Education and Care and 936 enrolments in the Certificate III of Early Childhood Education and Care. Both qualifications are fully subsidised for eligible students as part of the Victorian Government's Free TAFE program. The Government's Skills First scheme also subsidises course costs for students not eligible for Free TAFE. Other than the Certificate III Dental Assisting, also part of Free TAFE, which had 454 enrolments, enrolment activity for all other apprenticeships and traineeships is spread relatively evenly across the industry due to the variety of employment pathways available.

In 2020, there was also 3,664 students studying health and community services related VET qualifications while currently being employed.<sup>128</sup> There were around 1,550 enrolments in health and community services related skill sets in Victoria.<sup>129</sup> The majority of these enrolments (957) were in the Course in Introduction to the National Disability Insurance Scheme which provides the foundational skills and knowledge for providing basic client care.

### VET Activity

People enrol in VET courses for one of three main reasons:

- to prepare for employment
- to support current employment
- to progress their careers within the industry.

This equates to training categorised as prior to employment; with employment (as an apprenticeship or traineeship) and upskilling once qualified as shown in Tables 10 and 11. The tables show the enrolments in 2020 VET courses on the Victorian Funded Course List<sup>130</sup> related to this industry and against each category. The enrolment numbers are drawn from Total VET Activity (TVA) which comprises enrolments supported by public funding or private contribution.

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<sup>n</sup> This number is determined by taking the total number of VET enrolments in courses undertaken prior to employment, combined with 1/3 of the total number of HE enrolments in AQF 5-8 courses (as these courses are traditionally undertaken prior to employment and the average bachelor degree is three years, so therefore only those in their final year of study will enter the workforce the following year).



As part of preparing this report, industry representatives have provided their perspectives on the purpose of these qualifications, which is summarised in Figure 2 and helps to read the tables.

### Figure 2 | VET pipeline key

- 'AT' indicates a classroom-based course is also available as an apprenticeship or traineeship option.
- 'Q' indicates industry values the course as a qualification.
- 'SS' indicates industry values the course as a skill set.
- 'EIR' indicates it is an Endorsed Industry Requirement as noted by industry.
- 'OL' indicates the course leads to an Occupational License as noted by industry.

Note: Industry has not provided feedback on all qualifications and where indicated; each value assignment can be reviewed in the future.

## Community, housing and wellbeing services

Table 10 outlines total VET activity (TVA) for community, housing and wellbeing services. In 2020, there were 78,200 enrolments in VET courses related to community, housing and wellbeing services.

**Table 10 | Victorian VET pipeline for childcare, community, housing and wellbeing services<sup>o</sup>**

Prior to employment	
Qualifications (47,199 TVA enrolments 2020, 957 Skill Set enrolments 2020)	
<b>Certificate I</b>	<b>124</b>
Certificate I in Developing Independence (Q,EIR)	124
<b>Certificate II</b>	<b>1,875</b>
Certificate II in Community Services (Q,AT,EIR)	1,875
<b>Certificate III</b>	<b>26,403</b>
Certificate III in Community Services (Q,AT,EIR)	5,499
Certificate III in Individual Support (Q,AT,EIR)	12,878
Certificate III in Early Childhood Education and Care (Q,AT,EIR)	8,026
<b>Certificate IV</b>	<b>16,477</b>
Certificate IV in Alcohol and Other Drugs (Q,AT,EIR)	881
Certificate IV in Child, Youth and Family Intervention (Q,AT,EIR)	1,177
Certificate IV in Disability (Q,AT,EIR)	8,918
Certificate IV in Leisure and Health (Q,AT,EIR)	1,364
Certificate IV in Mental Health (Q,AT,EIR)	2,799
Certificate IV in Mental Health Peer Work (Q,AT,EIR)	137
Certificate IV in Youth Justice (Q,AT,EIR)	-
Certificate IV in Youth Work (Q,AT,EIR)	1,201
<b>Diploma</b>	<b>2,320</b>
Diploma of Alcohol and Other Drugs (Q,EIR)	279
Diploma of Counselling (Q,EIR)	1,241

<sup>o</sup> VET courses can support a range of occupations across a range of industries, and occupations can also support a range of industries. To present the likely VET trained employment pipeline by industry, enrolments for a course have been assigned to the most common industry in which people seek employment.

Diploma of Financial Counselling (Q,AT,EIR)	257
Diploma of Mental Health (Q,AT,EIR)	543
<b>Skill Set</b>	<b>957</b>
Course in Introduction to the National Disability Insurance Scheme (Q,EIR)	957
Entry into Care Roles Skill Set (Q,EIR)	-
Induction (Q,EIR)	-
<b>With employment (apprenticeship and traineeship)</b>	
Qualifications (2,650 TVA enrolments 2020)	
<b>Advanced Diploma</b>	<b>5</b>
Advanced Diploma of Community Sector Management (Q,EIR)	5
<b>Certificate II</b>	<b>43</b>
Certificate II in Community Services (Q,EIR)	43
<b>Certificate III</b>	<b>1,324</b>
Certificate III in Community Services (Q,EIR)	57
Certificate III in Individual Support (Q,EIR)	331
Certificate III in Early Childhood Education and Care (Q,EIR)	936
<b>Certificate IV</b>	<b>262</b>
Certificate IV in Ageing Support (Q,EIR)	<5
Certificate IV in Alcohol and Other Drugs (Q,EIR)	<5
Certificate IV in Community Services (Q,EIR)	66
Certificate IV in Disability (Q,EIR)	183
Certificate IV in Leisure and Health (Q,EIR)	5
Certificate IV in Mental Health (Q,EIR)	<5
<b>Diploma</b>	<b>1,016</b>
Diploma of Community Services (Q,EIR)	76
Diploma of Early Childhood Education and Care (Q,EIR)	940
<b>Upskilling once qualified</b>	
Qualifications (26,959 TVA enrolments 2020, 434 Skill Set enrolments 2020)	
<b>Advanced Diploma</b>	<b>1,237</b>
Advanced Diploma of Community Sector Management (Q,AT,EIR)	1,237
<b>Certificate IV</b>	<b>7,099</b>
Certificate IV in Ageing Support (Q,AT,EIR)	4,148
Certificate IV in Community Development (Q,AT)	<5
Certificate IV in Community Services (Q,AT,EIR)	2,947
<b>Diploma</b>	<b>18,544</b>
Diploma of Community Development (Q,AT,EIR)	73
Diploma of Community Services (Q,AT,EIR)	6,705
Diploma of Leisure and Health (Q,AT,EIR)	131
Diploma of Youth Work (Q,AT,EIR)	273
Diploma of Early Childhood Education and Care (Q,AT,EIR)	11,362
<b>Graduate Certificate</b>	<b>79</b>
Graduate Certificate in Client Assessment and Case Management (Q,EIR)	79
<b>Skill Set</b>	<b>434</b>
Alcohol and Other Drugs Skill Set (Q,EIR)	-
Course in Identifying and Responding to Family Violence Risk (Q,EIR)	392
Course in Supporting People with Complex Personal Care Needs, including Behaviours of Concern (Q,EIR)	27
Course in Supporting People with Psychosocial Disability (Q,EIR)	15

## Allied health, hospital and medical services

Table 11 outlines total VET activity (TVA) for the allied health, hospital and medical services. In 2020, there were 28,970 enrolments in VET courses related to hospital, medical and allied health services.

**Table 11 | Victorian VET pipeline for hospital, medical and allied health services<sup>P</sup>**

<b>Prior to employment</b>	
Qualifications (25,866 TVA enrolments 2020)	
<b>Advanced Diploma</b>	<b>233</b>
Advanced Diploma of Dental Prosthetics (Q,OL)	37
Advanced Diploma of Myotherapy (Q,EIR)	196
<b>Certificate II</b>	<b>1,312</b>
Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care (Q,AT,EIR)	-
Certificate II in Auslan (Q)	170
Certificate II in Health Support Services (Q,AT,EIR)	1,142
<b>Certificate III</b>	<b>10,071</b>
Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (Q,AT,EIR)	<5
Certificate III in Allied Health Assistance (Q,AT,EIR)	3,606
Certificate III in Auslan (Q)	115
Certificate III in Dental Assisting (Q,AT,EIR)	773
Certificate III in Health Administration (Q,AT,EIR)	295
Certificate III in Health Services Assistance (Q,AT,EIR)	2,887
Certificate III in Health Support Services (Q,AT,EIR)	65
Certificate III in Hospital/Health Services Pharmacy Support (Q,AT,EIR)	45
Certificate III in Non-Emergency Patient Transport (Q,EIR)	609
Certificate III in Pathology Assistance (Q,EIR)	23
Certificate III in Pathology Collection (Q,EIR)	1,458
Certificate III in Sterilisation Services (Q,AT,EIR)	191
<b>Certificate IV</b>	<b>4,576</b>
Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Q,AT,EIR)	-
Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Q,AT,OL)	33
Certificate IV in Allied Health Assistance (Q,AT,EIR)	2,756
Certificate IV in Dental Assisting (Q,AT,EIR)	327
Certificate IV in Health Administration (Q,AT,EIR)	927
Certificate IV in Health Care (Q,EIR)	131
Certificate IV in Massage Therapy (Q,AT,EIR)	370
Certificate IV in Optical Dispensing (Q,AT,EIR)	32
<b>Diploma</b>	<b>9,674</b>
Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care (Q,EIR)	<5
Diploma of Dental Technology (Q,AT,EIR)	147
Diploma of Nursing (Q,AT,OL)	8,360
Diploma of Remedial Massage (Q,AT,EIR)	1,164
<b>With employment (apprenticeship and traineeship)</b>	
Qualifications (1,014 TVA enrolments 2020)	
<b>Certificate II</b>	<b>23</b>

<sup>P</sup> VET courses can support a range of occupations across a range of industries, and occupations can also support a range of industries. To present the likely VET trained employment pipeline by industry, enrolments have been apportioned across industries where an occupation supports a range of different industries.

Certificate II in Health Support Services (Q,EIR)	23
<b>Certificate III</b>	<b>880</b>
Certificate III in Allied Health Assistance (Q,EIR)	252
Certificate III in Dental Assisting (Q,EIR)	454
Certificate III in Health Administration (Q,EIR)	21
Certificate III in Health Services Assistance (Q,EIR)	138
Certificate III in Health Support Services (Q,EIR)	7
Certificate III in Laboratory Skills (Q,EIR)	8
<b>Certificate IV</b>	<b>21</b>
Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Q,OL)	<5
Certificate IV in Allied Health Assistance (Q,EIR)	16
Certificate IV in Dental Assisting (Q,EIR)	<5
<b>Diploma</b>	<b>90</b>
Diploma of Dental Technology (Q,EIR)	22
Diploma of Laboratory Technology (Q,EIR)	31
Diploma of Nursing (Q,OL)	37
<b>Upskilling once qualified</b>	
Qualifications (1,930 TVA enrolments 2020, 157 Skill Set enrolments 2020)	
<b>Advanced Diploma</b>	<b>5</b>
Advanced Diploma of Nursing (Q,EIR)	5
<b>Certificate III</b>	<b>501</b>
Certificate III in Laboratory Skills (Q,AT,EIR)	501
<b>Certificate IV</b>	<b>848</b>
Certificate IV in Auslan (Q)	78
Certificate IV in Hospital/Health Services Pharmacy Support (Q,AT,EIR)	112
Certificate IV in Operating Theatre Technical Support (Q,AT,EIR)	253
Certificate IV in Sterilisation Services (Q,AT,EIR)	405
<b>Diploma</b>	<b>576</b>
Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (Q,EIR)	-
Diploma of Auslan (Q)	84
Diploma of Emergency Health Care (Q,EIR)	329
Diploma of Laboratory Technology (Q,AT,EIR)	163
<b>Skill Set</b>	<b>157</b>
Assist Clients with Medication Skill Set (Q,EIR)	157
Telehealth Administration skill set (Q,EIR)	-

Note: Enrolment figures in the tables above are as reported by NCVER, Total VET student and courses 2020: program enrolment. There may be instances where program enrolments are not reported by providers to NCVER and therefore not included in the enrolment figures in the total VET training activity data. Total VET activity for 2021 is expected to be released in August 2022.

The data highlights the significant number of qualifications available to students, many of which have low enrolments, and many which provide similar skills and employment pathways. This indicates an opportunity to streamline pathways into employment (which is discussed in the last section).

## Higher education is a significant pathway into the industry and is required for many in demand occupations

Higher education (HE) provides significant education and training pathways into the health and community services industry, with 44 per cent of workers holding a degree or above as their highest level of education.<sup>131</sup> A higher education qualification is required for many occupations in the industry, including some that are in high demand, such as registered nurses, general practitioners, psychologists, physiotherapists, and dental practitioners.<sup>132</sup>

In 2019, there were more than 47,360 Equivalent Full Time Student Load (EFTSL) related to health and community services courses delivered by Victorian universities.<sup>133</sup> Despite this, over half of all enrolments were in low enrolment courses.

There were more than 47,360 enrolments in courses delivered by Victorian Universities in 2019. Over half were in low enrolment courses.

The health and community services industry pipeline in Higher Education is shown in Table 12. Only high enrolment courses with equivalent full-time study load (EFTSL) over 100 are included. Please note that many of these courses serve multiple industries – the total EFTSL numbers are reflective of this broader pipeline.

**Table 12 | Higher Education pipeline for health and community services industry in Victoria<sup>a</sup>**

<b>Dental studies (894 EFTSL, Victoria, 2019)</b>	
<b>Australian Qualifications Framework (AQF) 9+ (e.g., Master and above) (434 EFTSL)</b>	<b>AQF 5-8 (e.g., Diploma, Bachelor, Hons) (460 EFTSL)</b>
<i>Examples include:</i> <ul style="list-style-type: none"> <li>• Doctor of Dental Surgery (369)</li> </ul>	<i>Examples include:</i> <ul style="list-style-type: none"> <li>• Bachelor of Health Sciences in Dentistry/Master of Dentistry (270)</li> <li>• Bachelor of Oral Health (120)</li> </ul>
<b>Human Welfare Studies and Services (4,894 EFTSL, Victoria, 2019)</b>	
<b>AQF 9+ (e.g., Master and above) (2,356 EFTSL)</b>	<b>AQF 5-8 (e.g., Diploma, Bachelor, Hons) (2,538 EFTSL)</b>
<i>Examples include:</i> <ul style="list-style-type: none"> <li>• Master of Counselling (125)</li> <li>• Master of Social Work (986)</li> </ul>	<i>Examples include:</i> <ul style="list-style-type: none"> <li>• Bachelor of Community and Human Services (213)</li> <li>• Bachelor of Human Services and Master of Social Work (536)</li> <li>• Bachelor of Social Work (654)</li> <li>• Bachelor of Social Work (Honours) (328)</li> <li>• Bachelor of Youth Work &amp; Youth Studies (115)</li> <li>• Bachelor of Youth Work (210)</li> </ul>
<b>Medical studies (5,616 EFTSL, Victoria, 2019)</b>	
<b>Australian Qualifications Framework (AQF) 9+ (e.g. Master and above) (2,777 EFTSL)</b>	<b>AQF 5-8 (e.g. Diploma, Bachelor, Hons) (2,839 EFTSL)</b>

<sup>a</sup> A course may be allocated to different narrow field of educations by different higher education providers based on the primary purpose of the course. Higher education enrolments reported against a course under a specified narrow field of education reflect only the portion of enrolment allocated to the narrow field of education and are not reflective of the total enrolment for the course.

<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Master Psychiatry (104)</li> <li>• Doctor of Medicine (1,845)</li> <li>• Doctor of Philosophy - Medicine, Dentistry and Health Sciences (427)</li> </ul>	<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Bachelor of Medical Science and Doctor of Medicine (1,834)</li> <li>• Bachelor of Medicine and Bachelor of Surgery (Honours) (669)</li> </ul>
<b>Nursing (12,844 EFTSL, Victoria, 2019)</b>	
<b>AQF 9+ (e.g. Master and above) (1,218 EFTSL)</b>	<b>AQF 5-8 (e.g. Diploma, Bachelor, Hons) (11,626 EFTSL)</b>
<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Master of Advanced Nursing (114)</li> <li>• Master of Nursing (189)</li> <li>• Master of Nursing Practice (398)</li> <li>• Master of Nursing Science (234)</li> </ul>	<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Bachelor of Nursing (9,801)</li> <li>• Bachelor of Nursing/Bachelor or Midwifery (650)</li> <li>• Bachelor of Nursing/Bachelor of Psychological Science (166)</li> </ul>
<b>Other health (9,982 EFTSL, Victoria, 2019)</b>	
<b>AQF 9+ (e.g. Master and above) (672 EFTSL)</b>	<b>AQF 5-8 (e.g. Diploma, Bachelor, Hons) (9,310)</b>
<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Master of Dietetics (193)</li> <li>• Master of Public Policy and Management (176)</li> <li>• Master of Management (Marketing) (269)</li> </ul>	<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Bachelor Applied Science (exercise and sports science) (112)</li> <li>• Bachelor of Applied Science and Master of Dietetic Practice (152)</li> <li>• Bachelor of Dermal Sciences (356)</li> <li>• Bachelor of Exercise Science (155)</li> <li>• Bachelor of Exercise and Sports Science (1132)</li> <li>• B Health Science/Bachelor Applied Science (Osteo) (625)</li> <li>• Bachelor of Health Science (603)</li> <li>• Bachelor of Human Nutrition (126)</li> <li>• Bachelor of Food and Nutrition (466)</li> <li>• Bachelor of Food and Nutrition Sciences (199)</li> <li>• Bachelor of Nutrition Science (580)</li> <li>• Bachelor of Paramedicine (1071)</li> <li>• Bachelor of Physical Education and Sports Science (253)</li> <li>• Bachelor of Public Health (153)</li> <li>• Bachelor of Sports and Exercise Science (296)</li> <li>• Bachelor of Sports Science (111)</li> <li>• Diploma of Health Sciences (591)</li> </ul>
<b>Pharmacy (2,454 EFTSL, Victoria, 2019)</b>	
<b>AQF 9+ (e.g. Master and above) (223 EFTSL)</b>	<b>AQF 5-8 (e.g. Diploma, Bachelor, Hons) (2,231 EFTSL)</b>
<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Bachelor of Pharmacy (1254)</li> <li>• Bachelor of Pharmacy (Honours) and Master of Pharmacy (551)</li> <li>• Bachelor of Pharmaceutical Science (160)</li> <li>• Bachelor of Pharmaceutical Science Advanced (Honours) (151)</li> </ul>

<b>Public Health (3,742 EFTSL, Victoria, 2019)</b>	
<b>AQF 9+ (e.g. Master and above) (1,539 EFTSL)</b>	<b>AQF 5-8 (e.g. Diploma, Bachelor, Hons) (2,203 EFTSL)</b>
<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Master of Public Health (805)</li> <li>• Master of Health and Human Services Management (119)</li> </ul>	<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Bachelor of Health Sciences (1,595)</li> <li>• Bachelor of Health Sciences (Medical Classification) / Bachelor of Health Information Management (129)</li> <li>• Bachelor of Public Health and Health Promotion (115)</li> </ul>
<b>Radiography (925 EFTSL, Victoria, 2019)</b>	
<b>AQF 9+ (e.g. Master and above) (35 EFTSL)</b>	<b>AQF 5-8 (e.g. Diploma, Bachelor, Hons) (890 EFTSL)</b>
<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• N/A</li> </ul>	<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Bachelor of Medical Imaging (235)</li> <li>• Bachelor of Radiography and Medical Imaging (Honours) (286)</li> <li>• Bachelor of Radiation Sciences (112)</li> </ul>
<b>Rehabilitation Therapies (5,679 EFTSL, Victoria, 2019)</b>	
<b>AQF 9+ (e.g. Master and above) (1,488 EFTSL)</b>	<b>AQF 5-8 (e.g. Diploma, Bachelor, Hons) (4191 EFTSL)</b>
<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Doctor of Physiotherapy (307)</li> <li>• Master of Health Science (osteopathy) (182)</li> <li>• Master of Physiotherapy Practice (124)</li> <li>• Master of Speech Pathology (169)</li> </ul>	<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Bachelor of Applied Science and Master of Clinical Audiology (105)</li> <li>• Bachelor of Applied Science &amp; Master of Clinical Prosthetics &amp; Orthotics (155)</li> <li>• Bachelor of Applied Science and Master of Orthoptics (174)</li> <li>• Bachelor of Applied Science and Master of Podiatric Practice (290)</li> <li>• Bachelor of Applied Science and Master of Physiotherapy Practice (630)</li> <li>• Bachelor of Applied Science and Master of Speech Pathology (361)</li> <li>• Bachelor of Applied Science and Master of Occupational Therapy Practice (542)</li> <li>• Bachelor Exercise Science (Clinical Practice) (206)</li> <li>• Bachelor of Occupational Therapy (Honours) (447)</li> <li>• Bachelor of Physiotherapy (Honours) (432)</li> </ul>
<b>Unclassified Health (334 EFTSL, Victoria, 2019)</b>	
<b>AQF 9+ (e.g. Master and above) (163 EFTSL)</b>	<b>AQF 5-8 (e.g. Diploma, Bachelor, Hons) (171 EFTSL)</b>
<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Master of Clinical Audiology (124)</li> </ul>	<p><i>Examples include:</i></p> <ul style="list-style-type: none"> <li>• Bachelor of Health Sciences (139)</li> </ul>

The enrolment data highlights the volume of qualifications available to learners. Many are directly related to specialised and in demand roles, such as general practitioners and registered nurses. Some courses also build on qualifications offered in the VET system.

The next section outlines a proposed response to support industry meet workforce demand, building on the strengths and weaknesses of the current education and training pipeline.



## Workforce Priorities

### Supporting more people to enter and remain in the industry and building workforce with multidisciplinary skills are key priorities

Key challenges exist to address the supply of skilled and professional workers. These centre on responding to the substantial growth in industry demand, particularly since the COVID-19 pandemic. This has led to a tension between supporting rapid growth while not compromising the quality of care provided.

Some challenges extend beyond the remit of the VSA and the Skills Plan. These need to be considered in the broader context of industry reform (see next section).

Collaboration across key stakeholders such as government, industry, TAFEs and dual sector universities will be critical in responding to these challenges.<sup>†</sup>

Three priorities are identified to address workforce and skilling needs for the health and community services industry:

1. Build the supply of workers – focus is required to fill the significant number of occupations in shortage and meet strong future demand, particularly in regional areas.
2. Providing clearer pathway opportunities for current and future workers – opportunities for career progression into more specialised and/or senior leadership roles should be supported to enhance retention.
3. Develop workers' multi-disciplinary skills – effectively responding to government reform requires workers have inclusive, person-centred and digital skills to lift quality service delivery.

#### Build the supply of workers

The number of candidates available to fill roles is a significant priority. Industry representatives noted many workers face burnout following unprecedented demand driven by the COVID-19 pandemic and government reform. This is likely to increase levels of attrition into the immediate future. With sometimes unconventional and long hours, physically demanding work, and lower remuneration relative to other industries, attraction and retention within the industry is proving difficult.

Across community services, the disability, mental health and aged care sectors are in desperate need of workers to respond to growing demand. Aged and disability carers, occupational therapists, counsellors and social workers are all currently in severe shortage, while early childhood educators and teachers are needed to respond to government reform. The health sector needs a significant number of general practitioners, dental practitioners, midwives, specialised registered nurses in emergency and critical care and enrolled nurses to keep pace with growing demand. This is particularly acute in regional areas where access to affordable housing, transport and childcare is limiting the ability for employers to fill current vacancies and prepare for future demand.

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<sup>†</sup> In the 2022-2023 State Budget, the Victorian Government allocated \$10 million to establish new Skills Solutions Partnerships, which will help address skills shortages in priority areas through collaboration with government, industry, TAFEs and dual sector universities.

**Table 13 | Issues to address to build the supply of workers**

- Workforce growth is lagging demand for services.
- Worker burnout from COVID-19 coupled with working conditions is limiting the value proposition to employees and making attraction and retention difficult.
- Lack of services (e.g., housing, childcare, transport) in regional areas is contributing to acute worker shortages.

**Provide clearer pathway opportunities for current and future workers**

Introducing clear pathways for existing workers is a priority. Often limited career progression opportunities and workforce competition lead to high levels of attrition for the industry, especially in occupations supported by VET. Continuous professional development (CPD) could be extended to support workers' progression into more specialised or senior leadership roles. This needs to be underpinned by building the technical and leadership skills required for workers to be successful as they progress into more senior roles, including how they manage and support the influx of new workers into industry.

Industry can look to utilise VET and Higher Education qualifications more effectively. This will require improved partnerships with the education and training system to break down structural silos that inhibit quality and efficient continuing learning.

COVID-19 is however continuing to place significant pressure on industry operations, making investment in staff learning and development difficult. Recent State budget announcements will help, with ongoing, concerted effort needed.

**Table 14 | Issues to address to support career progression**

- Limited formal support for individuals to progress into specialist or senior leadership roles, especially those commencing in VET prepared roles.
- Structural silos between VET and HE inhibit continuous learning.
- Pressure from COVID-19 has made providing wrap-around supports and a focus on learning and professional development for workers difficult.

**Develop the multi-disciplinary skill set of workers**

Government reform in mental health, family violence, disability and aged care will increasingly require workers to have a multi-disciplinary skill-base. This is against a backdrop of increased expectations for inclusive, person-centred, and individualised services. Developing workers' skills to respond to this reform is essential to ensure they can keep pace with changing regulations, provide clients with high quality care and navigate changing job requirements. Central to this transition is supporting workers to develop transferable skills. This will afford more opportunities for industry to explore the transfer of capability according to shifting demand across the sector.

**Table 15 | Issues to address to develop workers multi-disciplinary skills**

- Existing workforce practices present barriers to person-centred care due to narrow occupational standards.
- Current training is not responsive to changing industry and clinical skill needs.
- Many workers lack the multi-disciplinary and transferable skills to respond effectively to government reform.

Responsibility for delivering on these priorities lies with many stakeholders. A recommended collaborative approach for education, government and industry is detailed in the following section.

## Collaborative response

### The education and training response can improve how it supports the health and community services industry

Three key priorities have been identified to improve how the industry meets workforce demand:

1. Building the supply of workers
2. Providing clearer pathway opportunities for current and future workers
3. Developing the multi-disciplinary skill set of workers

The education and training response has a key role to play in addressing these workforce priorities by building the pipeline of workers.

#### Supporting early entry to the workforce

There is an opportunity to reach Victorians who are currently unemployed or underemployed and available and willing to start work through traineeships that support early entry to the workforce. This has proven to work well in regional areas where education is delivered on site in a structured manner. Within nursing for example, industry highlighted the initiative of the Australian Nursing and Midwifery Federation (Victorian Branch) to incorporate undergraduate students of nursing and midwifery into workplaces under the Registered Undergraduate Student of Nursing (RUSON)<sup>134</sup> model as an example that has benefited the learner, the employer and the broader community.

The RUSON model could be used as an exemplar for developing similar apprenticeship models for students studying in other areas of the health and community services industry, noting that a formal evaluation has not yet been completed. The model is an example of where a student, yet to qualify in their profession, can be employed to undertake foundational nursing duties within a defined scope. This position has been identified as valuable to both the employee and employing organisations, as while it is not a training or apprenticeship role (and does not count towards gaining their qualification), it does provide the individual with an early experience working in the health care setting and an opportunity to consolidate key skills learnt as part of their undergraduate program. Gaining experience in the working environment as provided in RUSON roles, but also in “earn while you learn” positions such as apprenticeships, helps the individual to be more work-ready when they graduate from their program.

*“The Registered undergraduate Student of Nursing (RUSON) model could be used as an example for developing similar traineeship models for students studying in other areas of the health and community services industry.”*

Skills Plan consultation, Industry Forum, March 2022

Industry also highlighted scope for more traineeships if the costs and logistics of supervision requirements can be addressed. This is particularly pertinent in disability services where the majority of staff work one-to-one in home and community settings.

Education providers can also focus efforts on raising awareness of the education pathways available such as the Certificate III in Individual Support or Certificate IV in Disability and increase the diversity of individuals attracted to industry to ensure the workforce reflects the communities they are serving.

#### Recognise common skills and occupational requirements

The education and training response also has an opportunity to streamline entry into industry given the large number of qualifications, many of which have low enrolments and/or provide similar skills and pathways. This approach involves recognising the common skills and occupational requirements across different parts of the industry, for example:

- managing complex and interconnected needs
- digital literacy to accommodate the shift to telehealth and hybrid ways of working
- leadership skills to support the development of early career professionals.

Focusing on the qualifications that support pathways into multiple sectors may also reduce overheads for providers, prepare learners for the dynamic and interconnected nature of the industry, support industry to respond to workforce demand and address any identified gaps by transitioning staff into areas of need.

Similarly, improved recognition of prior learning processes would support many existing workers who have related skills from experience in other industries to access new dynamic qualifications, improving recruitment into the industry.

The education and training response can also focus on supporting the growing need for specialisation across the industry through upskilling workers into more technical roles and management positions. Industry advised that many Certificate IV qualifications are used to upskill workers into new and emerging roles, for example the Certificate IV in Community Services and Certificate IV in Ageing Support.

### **Articulation to support career progression**

Improved articulation between VET and HE qualifications can support career progression and help meet industry need. For example, there are high levels of enrolment in the Diploma of Nursing qualification – now on the Free TAFE List, which presents an opportunity to transition students into the Bachelor of Nursing. Consultation highlighted that those providers offering existing pathways could be made more visible to prospective students, whilst also ensuring all other providers offer similarly effective pathways. This could assist in meeting the significant demand for registered nurses (6,350 needed by 2025). The education and training response can focus on ensuring these pathways for students are easy to navigate, by providing them with accurate, real-time information on how to access the course and the career pathways available.

### **Building the VET workforce**

The education and training response can also focus on building a capable teaching workforce. Quality teaching is a vital ingredient to positive student outcomes. Consultation highlighted the current Certificate IV in Training and Assessment does not provide prospective VET trainers with the skills needed to deliver high quality training, especially for working in cross-disciplinary settings. This is particularly acute in regional Victoria with TAFEs reporting difficulty in attracting, recruiting and retaining teachers with the skills needed to deliver their courses. Compounding this issue is that TAFE teachers are not always able to get work within industry to keep their currency. This negatively impacts the skills development of learners in a course, leading to industry not having the skilled people they need.

## **Government and industry can focus on a connected workforce response and improved employee value proposition**

The education and training response alone cannot deliver on the three workforce priorities to support the health and community services industry attract, skill and retain appropriate talent. It is critical that government and industry also work together to support the workforce and skilling requirements necessary to meet future demand.

Consultation highlighted that despite the significant amount of Government reform across the industry, an overarching workforce response that recognises the interconnected implications of the reforms is lacking. This needs to include consistent and coherent workforce planning to better support industry planning and avoid workforce attrition. This can then flow through to funding and regulations, particularly for high growth industries and in-demand roles, procurement policy for government

delivered services, and strategies and information for assisting with internships, apprenticeships and placements.

Consultation also highlighted the complex award structures that exist across the industry, coupled with low pay and job security and often difficult working conditions. The average annual earnings (\$62,093) is one of the lowest nationally, and 46 per cent of all workers are employed part time, which is significantly higher than the Victorian average.<sup>135,136</sup>

*“Unless the employee value proposition is improved within the industry, ongoing workforce and skilling challenges will remain”*

Skills Plan consultation, Industry Forum, March 2022

### **Strengthen education-industry partnerships**

The health and community services industry can focus on improving the availability of work placements to increase the likelihood that people will want to enter the industry. This is particularly important in regional areas where services are delivered by small organisations, and practical experience prior to full employment improves the employability of future workers. New and improved partnerships between education providers and employers are required to deliver this training. Industry and education providers advised that TAFEs lack available resources to properly connect with industry, and similarly that industry lack the required mechanisms to connect with TAFEs.

Re-visiting specialised roles within education providers, particularly TAFEs and training providers, (which carry responsibility for student placements) to align them with areas of interest and industry need can materially improve the quality of training and contribute to higher rates of completion. These partnerships could explore placements that span several related sectors where employers are invested in student progression.

A set of actions for consideration are provided below. Potential actions for the allied health sector are found in Appendix A, the aged care sector in Appendix B, the disability sector in Appendix C and the mental health sector in Appendix D.

#### **Actions for consideration for education, government and industry**

Explore new apprenticeship/traineeship and internships models that are more flexible and inclusive to support early entry into the workforce.

Identify qualifications that recognise common skill requirements across related occupations and where they can support specialisation and upskilling.

Encourage articulation between VET and HE to support career progression, and develop cross-skilling, especially through transferable skills so workers can move occupation and workplaces in line with demand.

Review VET teaching and training qualifications to lift the quality of the teacher workforce, especially to support cross-disciplinary practices.

Strengthen partnerships between industry and education providers (including schools) to expand interest and awareness in health and community services related career pathways.

## Appendix A – Allied health deep dive

The centrality of the care economy is highlighted in the Macklin Review as one of the three critical sectors where innovation will yield the highest returns for Victoria's growth.

The allied health workforce represents a broad range of health professionals including chiropractors, osteopaths, and psychologists, who work both independently and within all other key sectors across the health and community services industry. They work collaboratively as part of a multidisciplinary health team to provide holistic, person-centred care. Allied health services contribute to the public and private sectors, and work across acute, subacute, and primary care sectors.<sup>137,138</sup> The Australian Health Practitioner Regulation Agency (Ahpra) regulates some allied health professions through the National Registration and Accreditation Scheme. Other allied health professions self-regulate through their respective professional associations.

Allied health represents one of the largest workforces in Victoria, encompassing more than 42,500 professionals<sup>139</sup> across 27 disciplines in health and community organisations.<sup>140</sup> Key allied health disciplines identified by the Victorian Department of Health are shown in Table 16.

**Table 16 | Key allied health disciplines as identified by the Victorian Department of Health**

Allied Health Assistant*	Exercise Physiology	Orthotics	Radiation Oncology Medical Physics
Art Therapy	Medical Laboratory Science	Orthotics and Prosthetics	Radiation Therapy
Audiology	Music Therapy	Osteopathy	Medical Imaging (Radiography)
Biomedical Science	Nuclear Medicine	Pharmacy	Social Work
Chiropractic	Occupational Therapy	Physiotherapy	Sonography
Diagnostic Imaging Medical Physics	Optometry	Podiatry	Speech Pathology
Dietetics	Oral Health (not dentistry)	Psychology	

\* Allied health assistants work under supervision of some allied health professions in single or multidisciplinary roles.

### Workforce characteristics

The allied health workforce is predominantly female (83 per cent of all allied health professions employ more women than men). There is also evidence of a relatively young workforce with half the professions reporting that 30 per cent of their workforce is under 30 years of age.<sup>141</sup>

The number of allied health registered professionals is growing rapidly each year. The fastest-growing fields are occupational therapy, osteopathy and physiotherapy.<sup>142</sup> There is an inequitable rural-urban workforce distribution across most allied health professions, with urban regions benefiting from a far higher proportion of allied health workers per population head than rural areas. Demand for allied health services is expected to grow rapidly over the next decade, especially in rural areas.<sup>143,144</sup>

### Workforce demand and shortages

Most allied health occupations operate across aged care, disability care and mental health settings, driving competition for workers with adjacent sectors. This has resulted in strong employment growth for the allied health occupations that are currently identified as in shortage.

Most occupations across the allied health sector will grow in demand for new workers. The top ten occupations in demand for the health and community services industry are identified in Table 5 earlier in this report. The three occupations that will grow the most (taking into consideration net new positions and retirements) in the allied health sector by 2025 are Physiotherapists (1,450), Speech Professionals and Audiologists (550) and Psychologists (500).<sup>145</sup>

The National Skills Commission identifies a number of occupations in the allied health sector considered to be in shortage in Victoria. They all require higher education qualifications to pathway to employment. Table 17 details occupations that were in shortage in 2021, together with their corresponding higher education qualification requirements.

All the allied health occupations in shortage detailed in Table 17 are listed on the Australian Government's Skilled Occupation List (apart from Clinical Psychology), which aims to bring in migrant support for occupations at risk or currently in shortage.

**Table 17 | List of allied health occupations in shortage, 2021<sup>146,147</sup>**

Allied health occupations in shortage	Key training/qualifications required	Total Higher Education activity
Clinical Psychologist	Three years accredited undergraduate psychology sequence, a fourth-year accredited psychology studies, internship pathway or postgraduate study to general registration.	5,460
Hospital & Retail Pharmacist <sup>R</sup>	Bachelor's degree in pharmacy or a postgraduate study in pharmacy.	1,940
Optometrist <sup>R</sup>	An optometry degree or undergraduate degree which meet pre-requisite requirements and Doctor of Optometry.	685
Occupational Therapist	An occupational therapy degree, a master's degree in occupational therapy and continuing professional development.	1,595
Orthoptist <sup>Rs</sup>	Bachelor's degree in orthoptics, or a postgraduate study in orthoptics and continuing professional development.	185
Physiotherapist	Bachelor's degree in physiotherapy or complete a science-based tertiary qualification and a master's degree in physiotherapy and continuing professional development.	1,625
Podiatrist	Bachelor's degree in podiatric medicine or an approved undergraduate degree and a master's degree in podiatric practice.	305
Sonographer	Undergraduate degree majoring in medical radiation science or medical sonography, followed by a graduate diploma in sonography. Alternatively, a Master of Medical Sonography specialising in general, cardiac or vascular sonography.	0
Speech Pathologist	Bachelor's degree in speech pathology or master's degree in speech pathology and continuing professional development.	535

<sup>R</sup> Shortages are restricted to regional areas only as per Skills Priority List.

On 6 October 2022, the National Skills Commission released an updated Skills Priority List.<sup>148</sup> All of the occupations listed in the table above (except for Orthoptist) are still in the skills shortage list. Additional allied health occupations that are now in the skills shortage list for Victoria include:

<sup>S</sup> This occupation was considered in shortage during consultations for this report. In the 2022 Skills Priority List, this occupation is no longer considered in shortage.



- optical mechanic
- optical dispenser/dispensing optician
- medical diagnostic radiographer
- medical radiation therapist
- orthotist or prosthetist.

Industry has indicated there are other occupations in shortage, particularly allied practitioners working in mental health, and social workers.

Victoria’s ageing population will amplify demand for the occupations currently in shortage. Recent state and federal government reforms and investments in areas such as mental health, the National Disability Insurance Scheme (NDIS), new hospitals and community health delivery services will also increase demand pressures experienced by allied health workers across Victoria.

### Core competencies for allied health occupations in shortage

The National Skills Commission has developed the Australian Skills Classification to support detailed understanding of the core skills workers need to be successful in their job. For the allied health workforce, teamwork, reading and initiative and innovation are the most important core competency skills (skills that are transferrable between all jobs) for each of the allied health occupations in shortage (see Table 18). Specialist skills (activities that are job/sector specific) that are primary to these allied health occupations in shortage include the ability to develop treatment plans for patients, be they medical or non-medical therapies and the recording and processing of patient medical histories and records.<sup>149</sup>

**Table 18 | Skills classification: core competency skills for aged care occupations in shortage**

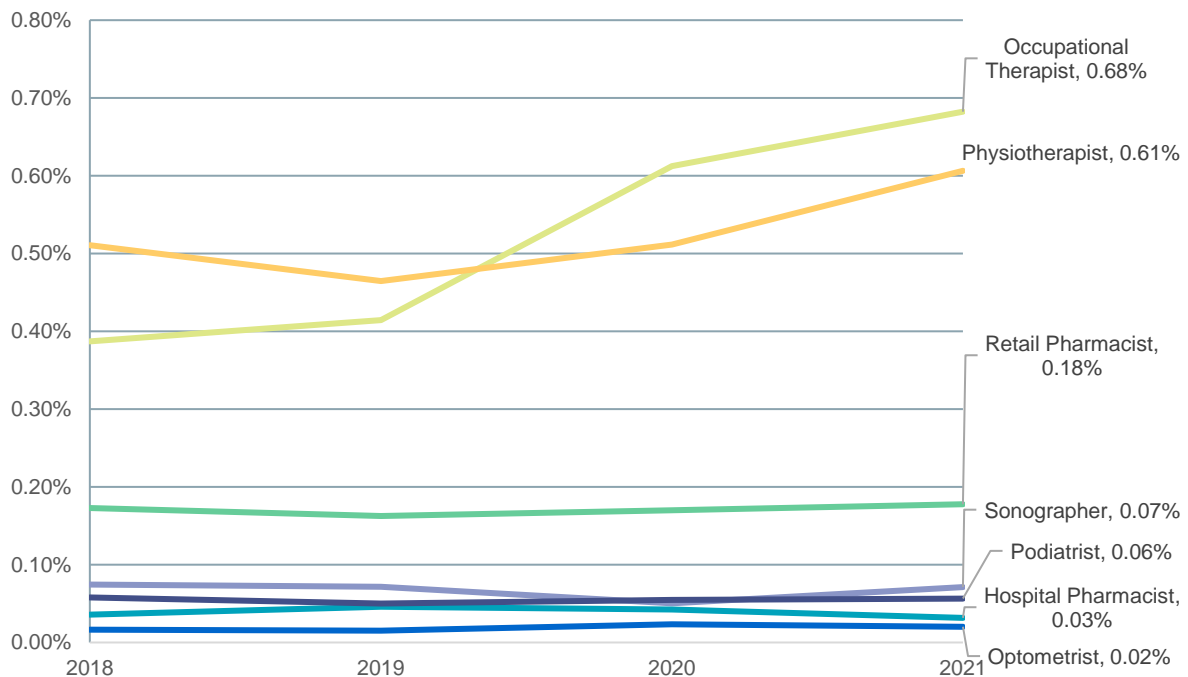
Proficiency level	Basic			Intermediate			High			
	Writing	Teamwork	Reading	Problem solving	Planning & organising	Oral communication	Numeracy	Learning	Initiative & innovation	Digital engagement
Optometrist	6	8	8	6	7	7	5	7	7	5
Occupational Therapist	7	8	7	6	8	7	4	7	8	5
Orthoptist	7	9	8	7	6	7	5	7	8	5
Hospital Pharmacist	7	8	8	6	8	7	6	7	6	6
Retail Pharmacist	7	8	8	6	8	7	6	7	6	6
Physiotherapist	7	9	7	6	7	7	5	6	8	5
Podiatrist	7	7	9	7	6	7	5	8	8	6
Sonographer	6	8	7	5	7	6	4	5	8	6
Clinical Psychologist	7	9	8	7	7	8	4	7	8	6
Speech Pathologist	7	8	7	6	8	7	5	7	8	5

### Online job vacancy trends

Online job advertisements for community and personal service workers (those that make up allied health support occupations) as a proportion of total online job advertisements grew by 18.6 per cent since 2018 and saw consistent growth throughout the COVID-19 pandemic.<sup>150</sup> Online job vacancy trends for key allied health occupations in shortage are provided in Figure 3.

The share of online job advertisements for ‘occupational therapists’ and ‘physiotherapists’ as a proportion of total job advertisements in 2020 showed notable increases, signalling strong demand for these occupations. Other allied health occupations in shortage have experienced consistent and sustained growth throughout the last four years.

**Figure 3 | Job advertisements by occupation as a proportion of all total advertisements, 2018–2021**



The allied health sector is facing current and future workforce shortages as its workers are stretched across these adjacent care sectors. The shortages of allied health workers are likely to worsen as workforce reforms roll out under the National Disability Insurance Scheme (NDIS) and Mental health workforce strategies. For example, it is estimated the NDIS workforce reforms will require an additional 83,000 FTE workers by 2041, which will increase demand for allied health workers in disability care, creating shortages in the aged care and mental health sectors.<sup>151</sup>

## Challenges in the allied health workforce

Several challenges existing for the allied health workforce in relation to meeting current and future demand pressures. These are summarised in Table 19.

**Table 19 | Challenges in the allied health workforce**

	Driver
Policy	<p>Research from 2016 indicated that the allocation of publicly funded positions is insufficient to meet community demand. This is especially true in regional areas and Indigenous communities.<sup>152,153</sup> Per information from Department of Health, the number of FTE in public allied health has risen substantially since then.</p>
Economic	<p>Rural and regional employers face challenges recruiting and retaining workers.<sup>154</sup> Challenges include competition for staff with metropolitan employers, a perceived lack of career development and continuing professional development opportunities, as well as the more generalist nature of the work.</p> <p>Work is often more sporadic in regional areas, meaning there is sometimes insufficient full-time work available to easily attract and retain workers.</p> <p>Senior roles are also often scarce and career pathway opportunities for career progression are often poor in the allied health workforce,<sup>155</sup> compared to career pathways available for medical or nursing professionals.</p> <p>At the sector level the Certificate IV in Allied Health Assistance was reported as a suitable qualification to work in Victorian health and community services, however there was uncertainty expressed about the qualification providing suitable examples and modules that equip students for working in the disability and aged care sectors.<sup>156</sup> Allied health assistants (AHAs) also need to be under the supervision of an allied health professional, which can limit the tasks AHAs are available to perform in these sectors.</p> <p>A shortage of suitably experienced VET sector allied health teachers impacts on the number of workers entering the allied health assistant workforce and produces variable training outcomes for allied health students.<sup>157</sup></p>
Social	<p>The COVID-19 pandemic has exacerbated the challenges for training in the allied health workforce, including a decrease in traditional face-to-face learning opportunities due to a transition to telehealth, social distancing requirements, the furlough of staff and travel restrictions.<sup>158</sup> Many private and community allied health services were closed due to COVID-19 restrictions and had to transfer their services online, both in metro and regional areas, putting on hold student placements and creating a backlog of students requiring placement completions as part of their qualification.</p>

## Opportunities to improve workforce supply and capacity

Several opportunities exist to alleviate general and localised demand pressures faced by the allied health workforce.

### Improving labour supply and retention in regional areas

Offering regional university training courses is reported to increase rural capacity and keep clinicians in regional/rural areas.<sup>159</sup> An example of this is the Rural Health Multidisciplinary Training (RHMT) program, which offers health students the opportunity to train in rural and remote communities via a network of training facilities to improve the recruitment and retention of medical, nursing, dental and allied health professionals in rural and remote Australia.<sup>160</sup> This may improve labour supply and retention in regional/rural areas.

Greater regional availability of AHA courses may also help alleviate regional and rural AHA supply shortages.

### Increasing the educational supply for allied health assistants

The cross-sector nature of work performed by AHAs presents an opportunity to alleviate demand pressure across the allied health workforce disciplines and across the health, aged care and disability sectors.<sup>161</sup> Allied health professionals need to gain skills in supervising allied health assistants as they need to perform duties under clinical supervision. Considerations need to be given to support and guide the assessment of competency for altered placements.

### Micro credentials to broaden the scope of practice of allied health professionals

Micro-credentialing could be used to broaden the scope of practice of allied health professionals, so that they can deliver some services not traditionally delivered by their profession.<sup>162</sup> For example, a physiotherapist who receives adequate training in sonography could perform basic sonography tasks themselves to avoid delays resulting from having to refer clients to a sonographer.

### Technology assisted placements can increase flexible options

During COVID-19, technology enabled new and different placement models, allowing virtual placements embracing telehealth, remote supervision and e-learning to be explored.<sup>163</sup> These methods moved outside of traditional apprentice models and time-defined placements. There is potential for these technology-assisted methods to increase flexibility and overcome geographical constraints in future training models. This could improve supply of allied health professionals to the workforce, including in rural and regional locations.

## Appendix B – Aged Care deep dive

The centrality of the care economy is highlighted in the Macklin Review as one of the three critical sectors where innovation will yield the highest returns for Victoria’s growth.

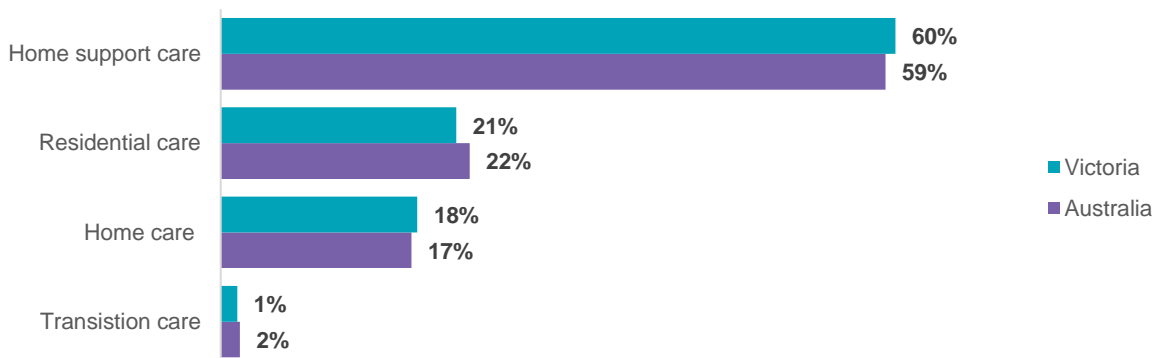
The aged care sector provides assistance to older people (and their carers) who need support with their everyday living.<sup>164</sup> The aged care workforce operates across a range of settings and comprises residential care, in-home care (care in your home classified as either entry-level home care support and more complex home care) and short-term care (in homes or community).<sup>165</sup>

The Australian Government has the primary role in funding and regulating the aged care system. Aged care services are delivered by not-for-profit, for-profit and government providers, with some providing more than one type of care. Most aged care services across the three aged care settings are delivered by not-for-profit providers, which encompass religious, charitable, and community-based organisations.

Nationally, around 70 per cent of aged care service costs are subsidised by government, with the remainder from consumer contribution.<sup>166</sup> The Australian Government funds residential aged care, home support through Commonwealth Home Support Programme (CHSP), home care through Home Care Packages Program (HCPP) and short-term care (transition care<sup>167</sup>, restorative care<sup>168</sup> and respite care<sup>169</sup>). The Victorian Government fund and deliver some of these services directly – for example, the Victorian Government operates 179 public sector residential aged care services with 159 (89 per cent) located in regional areas.<sup>170</sup>

In 2020-21, there were a total of 368,721 older aged care clients<sup>171</sup> in Victoria.<sup>172</sup> Comparable to the national level, the majority of the Victorian aged care clients prefer home support care (60 per cent), followed by 21 per cent for residential care, 18 per cent for home care and only one percent for transition care (short-term specialised care after a hospital stay) (see Figure 4).

**Figure 4 | Aged care clients in Victoria by aged care service type, 2020-21**



### Workforce characteristics

Analysis of the 2020 Aged Care Workforce Census data show that there are 38,220 direct care FTEs working across the three key aged care services (residential aged care, home care and home support) in Victoria.<sup>173</sup> Around 77 per cent of the direct care staff are supporting residential aged care, followed by home support (16 per cent) and home care (8 per cent). The home support has higher activity than home care in Victoria, which is the reverse of the national service provision.

The proportion of total direct care workers in Victoria is broadly in line with the proportion of the aged population in Victoria for residential aged care and home support. For home care, Victoria only has 12 per cent of the national direct care FTEs, relative to 25 per cent of the national aged population. This indicates that expansion of the home care workforce is needed to meet current and future demand.

Data on the Victorian aged care workforce is only available for the residential aged care sector and are highlighted where available.

Nationally, personal care workers are the largest group of direct care workers supporting service delivery across the three aged care services in 2020 (see Table 20). The age profile of the direct care workforce for home care and home support is older than residential aged care with 33 per cent and 30 per cent respectively younger than 40 years old. In contrast to the age profile of direct care workers in residential care where around half are aged under 40 years (52 per cent in Victoria). In 2020, the aged care workforce remains a largely female workforce, this distribution is consistent across residential aged care (86 per cent), home care (88 per cent) and home support (89 per cent).

Across the three aged care services, most direct care staff work in permanent part-time positions apart from allied health professionals who are often engaged in the aged care sector via an agency or subcontractor.

**Table 20 | Direct care workforce by job role and service care type, Australia, 2021**

	Personal care workers	Nurses	Allied health
Residential aged care	70%	23%	7%
Home Care Packages Program	88%	6%	6%
Commonwealth Home Support Program	80%	12%	8%

## Workforce demand and shortages

By 2031, it is estimated that nearly 20 per cent of the population is expected to be aged over 65, up from 16 per cent in 2021, requiring expansion of the current and future workforce to meet demand for care.<sup>174</sup> It is estimated that Australia will need an extra 400,000 workers by 2050 to meet growing demand.<sup>175</sup>

Government reforms in aged care continue to place pressure on workforce capacity to meet current and future demand for care. For example, the *Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety* will require all approved providers (both private and public aged care providers) to provide 200-minutes minimum of care each day for each resident from a registered nurse, enrolled nurse, or personal care worker, with at least 40 minutes of that staff time provided by a registered nurse and they must have at least one registered nurse onsite per facility for 16 hours per day.<sup>176</sup> This new mandate will necessitate the expansion of the current direct care workforce particularly personal care workers, registered and enrolled nurses to meet the new requirement. This will be complemented by the recent Australian Government reform in aged care which seeks to grow and upskill the home care workforce by 18,000 new personal care workers and continue to incentivise registered nurses into the aged care sector.<sup>177</sup>

As a result, most occupations across the aged care sector will grow in demand for new workers. The top ten occupations in demand for the health and community services industry are identified in Table 5 earlier in this report. The three occupations that will grow the most (taking into consideration net new positions and retirements) in the aged care sector by 2025 are Aged and Disabled Carers (11,050), Registered Nurses (6,350), and Nursing Support and Personal Care Workers (1,450).<sup>178</sup>

Meeting demand will be challenging. The Australian Nursing and Midwifery Federation's (ANMF) 2019 National Aged Care Survey found that 91 per cent of employees are concerned with having adequate staffing levels for basic care, and 83 per cent are concerned about adequate staffing levels for high care clients.<sup>179</sup> In January 2022, the ANMF launched a national aged care survey that explored the impact of COVID-19 on the aged care workforce. The survey found that 21 per cent of workers intended to leave their position within the next 12 months and 37 per cent planned to leave within 1-5 years.<sup>180</sup> The national survey results and future shortage demand are very applicable to the Victorian

aged care workforce landscape, with key aged care occupations already in shortage outlined in Table 21, together with current training requirements and activity.

The Committee for Economic Development of Australia (CEDA) estimated that prior to COVID-19, around 30 per cent (800,000 workers) of the workforce were migrants, highlighting the importance role of migration to the aged care workforce.<sup>181</sup> Constrained migration during COVID-19 pandemic placed greater pressure on the aged care workforce and exacerbated existing shortages.

Allied health occupations such as Pharmacists, Occupational Therapists, Physiologists, Podiatrists, Speech Pathologists and Psychologists working in the aged care sector are also in shortage and are covered in the Allied Health 'deep dive' (Appendix A).

**Table 21 | Aged care occupations in shortage supported by vocational education and training**

Aged care occupations in shortage	Key training/qualifications required	Total VET Activity
Aged and Disabled Carer	Certificate IV in Disability	9,100
	Certificate IV in Ageing Support	4,150
	Diploma of Community Services	6,775
	Course in Introduction to the National Disability Insurance Scheme	955
Diversional Therapist	Certificate IV in Leisure and Health	1,370
Enrolled Nurse	Diploma of Nursing	8,390
	Advanced Diploma of Nursing	5
Nursing Support Worker	Certificate III in Individual Support	13,210
	Certificate IV in Ageing Support	4,150
	Certificate III in Health Services Assistance	3,020
	Certificate III in Allied Health Assistance	3,860
	Certificate IV in Allied Health Assistance	2,770
	Certificate IV in Leisure and Health	1,370
Personal Care Assistant	Certificate IV in Ageing Support	4,150
	Certificate III in Health Services Assistance	3,020
	Certificate III in Allied Health Assistance	3,860
	Certificate IV in Allied Health Assistance	2,770
	Certificate IV in Leisure and Health	1,370
	Diploma of Leisure and Health	130
	Diploma of Leisure and Health	130

Of the occupations in shortage for the aged care sector, enrolled nurses and diversional therapists receive visa support from the Australian Government's skilled occupation list. Temporary skill shortage visas (482) and visas aiming to supply regional areas and shortages (489, 187, 494 & 491) are the

targeted visas aimed at assisting and encouraging temporary workers in coming to Australia for these occupations.<sup>182</sup>

The COVID-19 pandemic continues to have significant impact on the aged care workforce and volunteer levels, most acutely felt in residential care in Victoria compared to other states.<sup>183</sup> The 2020 Aged Care Workforce Census found that nationally there were 11,980 volunteers working in residential aged care, a decrease of 49 per cent from 2016 numbers.<sup>184</sup> Volunteers are critical to the delivery of aged care services with 83 per cent of residential facilities and 51 per cent of home care engaging the services of volunteers.<sup>185</sup>

In 2021, The Australian Government commissioned an in-depth study on the factors affecting the supply and demand of care workers both in the near term and longer term to 2050. The Care Workforce Labour Market Study will examine the needs of the care and support workforce, covering aged, disability, veteran and mental health care. The findings from the Study will inform the Australian Government’s care workforce strategy.

### Core competencies for aged care occupations in shortage

The National Skills Commission has developed the Australian Skills Classification to support detailed understanding of the core skills workers need to be successful in their job. For the aged care workforce, teamwork, and initiative and innovation are the most important core competencies (skills that are transferrable between all jobs) for each of the aged care occupations in shortage (Table 22). Specialist skills (activities that are job/sector specific) that are primary to these aged care occupations include patient care and management and the ability to assist them with daily activities.<sup>186</sup>

**Table 22 | Skills classification: core competency skills for aged care occupations in shortage**

Proficiency level	Basic			Intermediate			High			
	Writing	Teamwork	Reading	Problem solving	Planning & organising	Oral communication	Numeracy	Learning	Initiative & innovation	Digital engagement
Aged and disabled carer	5	8	5	4	6	5	3	5	7	2
Personal care Assistant	5	8	6	5	7	6	4	5	6	3
Enrolled Nurse	5	9	5	4	7	5	4	5	8	3
Nursing Support Worker	5	9	5	4	7	5	4	5	8	3
Diversional therapist	7	9	7	6	9	7	4	6	9	6

There is a common theme of desired specialist skills for occupations that are classified as ‘health’. Namely, recording and processing of patient and medical histories and records and developing (non-medical) treatment plans and therapies. This is to be expected as the aged care sector is often competing with other similar health and care sectors for workers.

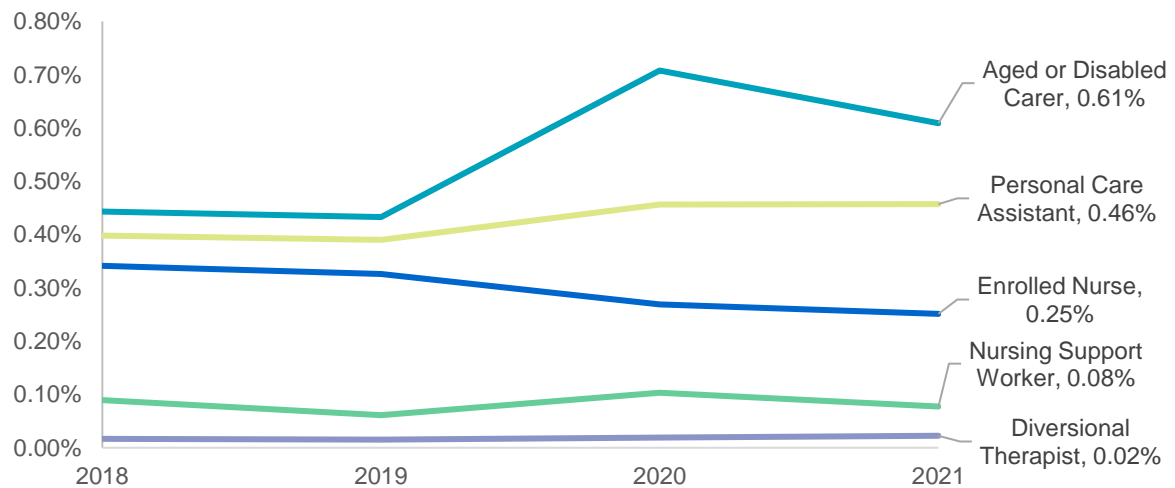
### Online job vacancy trends

Online job advertisements for community and personal service workers as a proportion of total online job advertisements have grown by 18.6 per cent since 2018 and saw consistent growth throughout the COVID-19 pandemic.<sup>187</sup>



The COVID-19 pandemic resulted in significant increase in aged care service demand. This was reflected in the share of online job advertisements increasing substantially for ‘aged or disabled carers’ and ‘personal care assistants’ as a proportion of total job advertisements in 2020. As the Victorian economy recovers from COVID-19, the job vacancy trends for the aged care occupations in shortage are returning to pre-COVID-19 levels however the level of job advertisements are showing signs of positive future growth.

**Figure 5 | Job advertisements by occupation as a proportion of all total advertisements, 2018–2021**



\* ANZSCO6 level Burning Glass job advertisements as a proportion of all total job advertisements.

Overall, the health and community services industry is combating the issue of a shared workforce, with ‘competition’ for skilled workers among adjacent sectors such as allied health, mental health and disability care. The aged care sector is facing current and future workforce shortages, particularly for personal care workers, enrolled nurses, allied health professionals and nursing support workers as these occupations are servicing multiple health sectors. These workforce shortages are likely to heighten as workforce reforms roll out under the National Disability Insurance Scheme (NDIS) and Mental Health Workforce Strategy. For example, the NDIS is expected to be one of the largest job creation opportunities in Australia with an additional 83,000 FTE employees needed by 2024.<sup>188</sup> Most of the NDIS workforce are employed as disability support workers providing supports to people with disability like those that PCWs provide to aged care services recipients.<sup>189</sup>

### Challenges in the aged care workforce

Challenges impacting on the aged care workforce in relation to meeting current and future demand are summarised in Table 23.

**Table 23 | Challenges in the aged care workforce**

	Driver
Policy	<p>Government reforms are driving industry growth with Royal Commissions into mental health, aged care, family violence and disability totalling over \$5 billion.<sup>190,191,192</sup> These reforms seek to improve overall care quality. Key system changes include implementing smaller practitioner to patient care ratios, increasing the level of training required for some roles and shifting to more personalised models of care.</p> <p>The new requirement in residential aged care of the new minimum care time standard<sup>193</sup> will place additional pressure on the direct care workforce in the aged care sector, especially personal care workers and nurses.<sup>194</sup></p> <p>Addressing workforce shortages stemming from the new minimum care time standard requires strong workforce planning that focuses on improving the supply of personal care workers through upskilling the existing workforce, improving training pathways, and attracting and retaining long term talent.</p> <p>Aged care services operate within a tightly regulated market where the Australian Government controls the number, funding level and location of residential aged care places and the number and level of home care packages.<sup>195</sup> The implication of this is that competition and price play a minor role in signalling to providers the demand for care and the need for new investments impacting on provider sustainability.<sup>196</sup></p>
Economic	<p>There is limited aged care workforce data available for Victoria particularly in home-based care. This impacts on the ability of government and industry to undertake effective workforce planning to support current and future demand.</p> <p>Providers are experiencing issues attracting and retaining qualified staff due to competition for skilled workers within the sector between the public sector and not-for-profit and with adjacent sectors (disability and mental health). The rollout of the National Disability Insurance Scheme (NDIS) and mental health reforms will exacerbate the shortages in the direct care workforce in the aged care sector and increase staffing costs. There is opportunity for the aged care, disability, and mental health sector to look at ways to share workers across these sectors such as creating a workforce pool and establishing collaborative care arrangements.<sup>197</sup></p> <p>The COVID-19 pandemic has amplified some existing staffing challenges within the aged care workforce including high levels of staff turnover and difficulty in attracting staff, workforce shortages due to restricted access to international talent, and increased job demands creating preconditions for employee burnout.<sup>198</sup> It is estimated that around 65,000 workers will leave the aged care sector each year exacerbating the current skills shortage and placing greater on the current workforce.<sup>199</sup></p> <p>The education supply was also disrupted due to COVID-19 as the traditional face-to-face learning opportunities and placements were disrupted due to public health orders. A longitudinal study of student outcomes related to the aged care sector conducted by SkillsIQ found that 15 per cent of respondents planned to train or reskill into a different sector due to the impact of the COVID-19 pandemic and/or the 2019-20 bushfires.<sup>200</sup></p>
Social	<p>There is a poor reputation and perception attached to working in the aged care sector, and this has negatively impacted on the ability of the sector to attract and retain workers. Underlying the negative image are some key workforce factors such as low wages and poor working conditions, threats to workers' health and safety, limited opportunities to progress or be promoted and career pathways are not clearly defined.<sup>201</sup></p> <p>The ageing population, from the perspective of the consumer and the aged care workforce, is placing additional pressure on workforce planning for the aged care sector. The sector already faces difficulties in attracting and retaining workers, with shortages in key direct care occupations such as personal care worker and nurses. The current workforce shortage will worsen with retirement of the older workers especially in home care (HCPP) and home support (CHSP) where 44 per cent and 46 per cent of workers are aged 50 and over respectively. Around 28 per cent of the residential aged care workforce are aged 50 years and over (the same as the average across all workforces in Victoria).</p>

## Opportunities to improve workforce supply

Opportunities exist to improve workforce supply, capacity and quality of services provided in the aged care sector.

### Repositioning the sector

Repositioning the reputation of aged care and highlighting the benefits of working in this sector, would assist with recruitment and retention of aged care workers especially in an environment where workers are able to work in adjacent sectors (disability and mental health). This may also improve the talent pool and attracting workers that are suited to work in aged care.

### Enhanced digital literacy

Boosting digital literacy and upskilling of workers with digital skills within the aged care workforce will allow the sector to adopt new models of care such as at-home care and virtual care and improve access to aged care services especially in regional areas.<sup>202</sup> Enhancing the aged care service experience is also possible through personalisation, transparency and family engagement through technology.<sup>203</sup>

### A culturally diverse workforce

Building an aged care workforce that possess cultural understanding to recognise and respond to the needs of ageing population from different ethnic and spiritual backgrounds will improve access for consumers where language and cultural difference is a barrier. This is a key enabler in providing holistic care at all stages of the aged care journey and improving representation of Aboriginal and Torres Strait Islander people and CALD people in aged care.<sup>204</sup>

## Appendix C – Disability deep dive

The centrality of the care economy is highlighted in the Macklin Review as one of the three critical sectors where innovation will yield the highest returns for Victoria's growth.

The disability care workforce provides services and support to assist people with disabilities to help them achieve their goals, build independence, develop their capabilities and participate in the community. The workforce comprises support workers for in-home, community access, employment and residential services, allied health practitioners (for example, occupational therapists), allied health assistants, early childhood intervention workers, support coordinators and administrative and managerial support roles.<sup>205</sup>

Disability services are primarily supported by not-for-profit or charitable organisations. Government, or government-owned organisations also deliver disability services, and a small proportion of services are delivered by privately owned organisations.<sup>206</sup>

The National Disability Insurance Scheme (NDIS) was rolled out across Victoria between 2013 and 2019<sup>207</sup> and has transformed the way disability services are funded and accessed. The reform to disability services and a focus on delivering person-centred services under the NDIS<sup>208</sup> has resulted in increased demand pressure on the disability care workforce.

### Workforce characteristics

In 2020, there were approximately 65,000 NDIS workforce participants in Victoria. Across Australia, there were around 270,000 workers employed across 20 occupations. The NDIS workforce comprises 66 per cent home-based support workers, 24 per cent community-based support workers, 7 per cent allied health workers and 3 per cent other workers.<sup>209</sup>

The disability services is primarily performed by females, making up approximately 69 per cent of the Australian disability services workforce<sup>210</sup>. The disability workforce is also ageing reflecting in a higher proportion of workers aged 45 and over than the Australian all-industry employed workforce average.<sup>211</sup>

There is limited data on the size and composition of the NDIS workforce, future workforce demand and potential service gaps in Victoria.<sup>212</sup> One of the key priorities of the Victorian Government's *Keeping our sector strong: Victoria's workforce plan for the NDIS* is to work with the disability sector to build a comprehensive picture of the Victorian disability workforce and training and skills needs.<sup>213</sup>

The number of NDIS participants is expected to grow by 60 per cent by 2030,<sup>214</sup> placing pressure on the workforce already experiencing great demand.

Occupations that support the disability care sector are also in high demand in adjacent health sectors such as allied health, mental health, and aged care. The competition for skilled workers from the same workforce is leading to labour shortages across all these sectors.

### Workforce demand and shortages

The top ten occupations in demand for the health and community services industry are identified at Table 5 earlier in this report.

Most occupations across the disability care sector will grow in demand for new workers. The three occupations that will grow the most (taking into consideration net new positions and retirements) in the disability sector by 2025 are Aged and Disabled Carers (11,050), Registered Nurses (6,350), and Nursing Support and Personal Care Workers (1,450).<sup>215</sup>

The Department of Health has flagged that the forecasts are fairly conservative, particularly for enrolled nurses given the implementation of the Aged Care Royal Commission recommendation on minimum

care standards. The VSA will be working with the Department of Health on reviewing forecasts for care economy occupations.

Meeting demand will be challenging. There are key disability care occupations in Victoria that are in shortage, shown in Table 24, together with their current training requirements and activity. Several allied health occupations working in disability care are also in shortage (for example, occupational therapists, physiotherapists, and speech therapists). These allied health occupations are discussed in the Allied Health 'insights' (Appendix A).

**Table 24 | Disability care occupations in shortage supported by vocational education and training**

Disability care occupations in shortage	Key training/qualifications required	Total VET Activity
Aged and Disabled Carer	Certificate IV in Disability	9,100
	Certificate IV in Ageing Support	4,150
	Diploma of Community Services	6,775
	Course in Introduction to the National Disability Insurance Scheme	955
Diversional Therapist	Certificate IV in Leisure and Health	1,370
Enrolled Nurse	Diploma of Nursing	8,390
	Advanced Diploma of Nursing	5
Nursing Support Worker	Certificate III in Individual Support	13,210
	Certificate IV in Ageing Support	4,150
	Certificate III in Health Services Assistance	3,020
	Certificate III in Allied Health Assistance	3,860
	Certificate IV in Allied Health Assistance	2,770
	Certificate IV in Leisure and Health	1,370
Personal Care Assistant	Certificate IV in Ageing Support	4,150
	Certificate III in Health Services Assistance	3,020
	Certificate III in Allied Health Assistance	3,860
	Certificate IV in Allied Health Assistance	2,770
	Certificate IV in Leisure and Health	1,370
	Diploma of Leisure and Health	130
	Diploma of Leisure and Health	130

A number of skill sets are also available on the Victorian Government's Funded Course List to support skill development for the workforce, including:

- Course in Introduction to the National Disability Insurance Scheme
- Course in Performing Allied Health Tasks and Supporting People with Disability
- Course in Identifying, Reporting and Preventing Abuse and/or Grooming of People with Disabilities

- Course in Culturally Considerate Disability Support for Aboriginal and Torres Strait Islander People
- Course in Supporting People with Psychosocial Disability
- Course in Supporting People with Disability to use Medications
- Course in Supporting People with Complex Personal Care Needs, including Behaviours of Concern
- Entry Into Care Roles Skill Set.

Enrolled Nurses and Diversional Therapists who work in the disability care workforce are listed on the Australian Government’s skilled occupation list, which aims to assist bringing in skilled migrant support for specific skill sets and occupations.<sup>216</sup>

**Core competencies for disability care occupations in shortage**

The National Skills Commission has developed the Australian Skills Classification to support detailed understanding of the core skills workers need to be successful in their job. For the disability workforce, teamwork is the most important core competency (skills that are transferrable between all jobs) for each of the disability care occupations in shortage (Table 25). Specialist skills (activities that are job/sector specific) that are primary to these disability occupations include patient care and management and the ability to assist them with daily activities.<sup>217</sup>

There is a common theme of desired specialist skills for occupations that are classified as ‘health’. Namely, recording and processing of patient and medical histories and records and developing (non-medical) treatment plans and therapies. This is to be expected as the disability care sector is often competing with other similar health and care sectors for workers. Other desired skills share many similarities to the allied health occupations with an emphasis placed on initiative and innovation, planning and organising, as well as communication.

**Table 25 | Skills classification: core competency skills for disability care occupations in shortage**

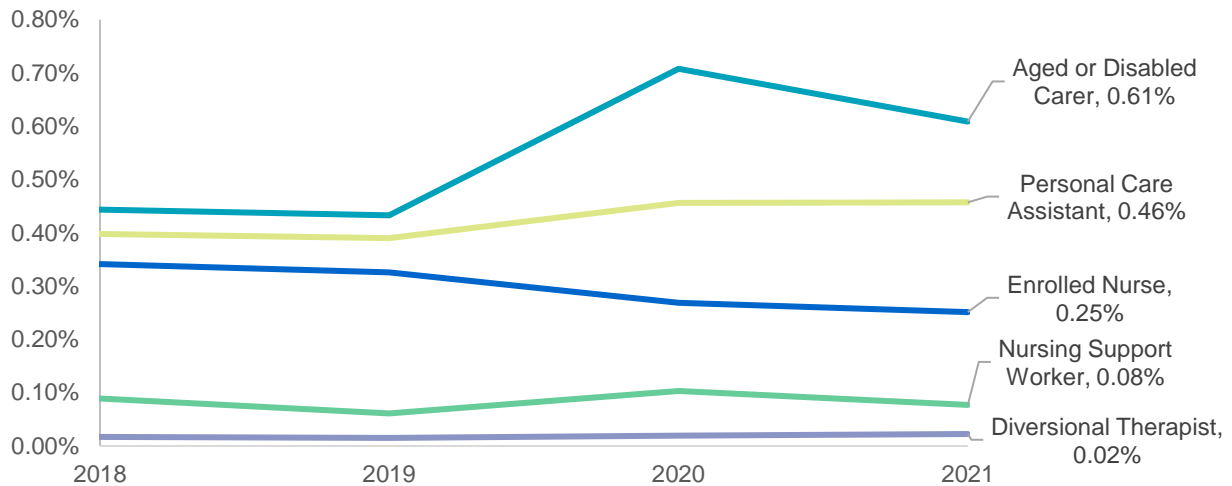
Proficiency level	Basic			Intermediate			High			
	Writing	Teamwork	Reading	Problem solving	Planning & organising	Oral communication	Numeracy	Learning	Initiative & innovation	Digital engagement
Aged and disabled carer	5	8	5	4	6	5	3	5	7	2
Personal care assistant	5	8	6	5	7	6	4	5	6	3
Enrolled nurse	5	9	5	4	7	5	4	5	8	3
Nursing support worker	5	9	5	4	7	5	4	5	8	3
Diversional therapist	7	9	7	6	9	7	4	6	9	6

**Online job vacancy trends**

Online job advertisements for community and personal service workers as a proportion of total online job advertisements have grown by 18.6 per cent since 2018 and saw consistent growth throughout the COVID-19 pandemic.<sup>218</sup> Online job vacancy trends for key disability care occupations in shortage underpinning the community and personal service occupational group are shown in Figure 6.

There has been a marked increase in the share of online job advertisements for ‘aged or disabled carers’ and ‘personal care assistants’ as a proportion of total job advertisements in 2020. This may be due to the increase in demand for aged care during the COVID-19 pandemic and implementation of NDIS reforms. Other disability care occupations in shortage are returning to pre COVID-19 levels however the level of job advertisements is showing signs of sustained future workforce growth.

**Figure 6 | Job advertisements by occupation as a proportion of all total advertisements, 2018 – 2021**



\* ANZSCO6 level Burning Glass job advertisements as a proportion of all total job advertisements.

The health and community services industry overall is combating the issue of a shared workforce, with ‘competition’ for skilled workers among adjacent sectors such as allied health, mental health and disability care. The disability care sector is facing current and future workforce shortages, particularly for personal care workers, enrolled nurses, allied health professionals and nursing support workers as these occupations are servicing multiple health sectors. These workforce shortages are likely to worsen as workforce reforms are being roll out under the National Disability Insurance Scheme (NDIS) and Mental health workforce strategy. For example, it is estimated that NDIS workforce reforms will require an additional 83,000 FTE workers by 2041, with majority of the occupations also servicing the aged care sector.<sup>219</sup>

### Challenges in the disability care workforce

With multiple occupations in shortage and a high annual workforce turnover (17 to 25 per cent annually between 2015-16 and 2017-2018)<sup>220</sup>, the disability care sector faces multiple workforce recruitment and retention challenges. Many of these workforce challenges are particularly acute in regional and remote communities as well as in supporting clients with complex needs. The key challenges in the disability care workforce are summarised in Table 26.

**Table 26 | Challenges in the disability care workforce**

	Driver
Policy	Isolation requirements resulting from COVID-19 infections and worker mobility restrictions, <sup>221</sup> meant many disability care providers acted to minimise movement of staff across residential services. This resulted in disability care workers having their hours significantly reduced with no or limited access to paid leave. At the same time, some workers had to take on long hours of work in stressful conditions with extra COVID-19 related tasks to cover for furloughed staff, resulting in job stress, fatigue and mental health issues. <sup>222</sup>
	COVID-19 also impacted on the ability of students to undertake placements in the disability care sector prompting concerns about the effect on vocational training and critical workforce shortages in these settings and beyond. <sup>223</sup>

	<p>As of June 2021, 33 per cent of the NDIS workforce across Australia were employed casually.<sup>224</sup> While for some workers casual work is attractive and the flexibility is important to them, other workers would like the opportunity to work regular full-time hours.<sup>225</sup> Casualisation together with poor pay is likely to reduce workforce retention in the sector.</p>
<p>Economic</p>	<p>The disability, mental health and aged care sector workforces have a large degree of similarity between occupations, resulting in competition for already in demand workers<sup>226</sup> between these adjacent sectors as well as amongst the general health care industry. This negatively impacts workforce supply and retention across the disability care sector.</p> <p>In a recent survey of Australia’s disability workforce, only 31 per cent of respondents strongly agreed that their skills are well matched to the work they are asked to do.<sup>227</sup> There is evidence that many disability care workers feel that they receive insufficient training,<sup>228</sup> due to both a lack of time and a lack of resources provided to them.</p> <p>Many disability care providers report difficulties providing necessary training and supervision to staff due to lack of time and resources.<sup>229</sup></p> <p>High levels of administration, including paperwork and auditing functions, are taking away from time that can be spent delivering quality support services to clients.<sup>230</sup></p>
<p>Social</p>	<p>Disability support work is perceived to have lower job prestige, lower pay and fewer opportunities for career progression compared to other sectors. There is a lack of understanding about the NDIS and broader disability sector and attracting Culturally and Linguistically Diverse (CALD) and Aboriginal and Torres Strait Islander workers is challenging.<sup>231</sup></p> <p>The rise of individualised support has led to more workers delivering support alone and feeling disconnection from their peers and organisation. For example, workers delivering in-home disability care support services often have limited interaction with their colleagues on a day-to-day basis<sup>232</sup>.</p>



## Opportunities to improve workforce supply

Opportunities to improve workforce supply, capacity and quality of services provided in the disability care sector are discussed below.

### Attracting a diverse workforce

The NDIS is creating opportunities for people looking for a values-driven career. There is an opportunity in Victoria to promote careers in disability across the spectrum of roles and reach out to groups that are typically under-represented in the disability workforce including young people, people from CALD backgrounds and Aboriginal Victorians.<sup>233</sup> The lived experience of people with disabilities and their carers (for example, family members) gives them potential to become very valuable members of the disability care workforce.<sup>234</sup>

The Future Social Services Institute (FSSI) has been established in Victoria, which will help the care industry develop and improve its profile and boost the skills of the Victorian disability workforce.<sup>235</sup>

### Micro credentials to support skills needs

Several occupations in this sector are suitable for micro-credential education/qualification models (including use of these for upskilling).<sup>236</sup> Micro-credentialing has the potential to improve relevant training for the workforce, multi-skill the workforce enabling a wider variety of work, engage employees with career and development pathways specific to the disability care sector, and to enhance connection with peers.

Accredited micro-credentials can also provide a viable initial learning pathway, which can later lead to formal qualifications. Such a pathway into the disability care sector could support potential workers who would otherwise be discouraged from seeking opportunities if there is a hard qualification barrier to entry.

## Appendix D – Mental Health deep dive

The centrality of the care economy is highlighted in the Macklin Review as one of the three critical sectors where innovation will yield the highest returns for Victoria's growth.

The mental health workforce plays a critical role in the delivery of effective treatment, care and support to Victorians with mental illness or psychological distress.<sup>237</sup> The mental health sector encompasses professionals from a broad range of disciplines:

- generalists such as General Practitioners (GPs), Aboriginal health workers and allied health professionals
- highly specialised disciplines such as psychiatrists, mental health nurses and allied health professionals in mental health such as social workers and psychologists
- non-clinical workers such as lived experience workers, health management and administration and support personnel.<sup>238,239</sup>

Mental health practitioners in Victoria deliver services in a range of settings across public, community, and private mental health sectors as well as in the alcohol and other drug (AOD) services.<sup>240</sup> The mental health workforce overlaps with other sectors in the industry, for example the disability workforce, with many NDIS participants requiring active support for mental health challenges.

### Defining lived experience workforces (consumers and carers)

The lived experience workforces use their own experiences with mental illness and recovery, as either a consumer or a carer, to provide emotional and practical support to Victorians with mental illness. These workforces are complementary but distinct, with their own role and purpose.

Lived experience workers are primarily employed within their focus area and perform a range of tasks including assisting the person to:

- articulate their goals for recovery
- monitor their progress
- manage their personal wellbeing by modelling and articulating effective recovery strategies based on the worker's own learning and experiences
- obtain appropriate and/or effective services
- understand different pathways to recovery.

Lived experience workforces are employed in a range of positions across various settings and include but are not limited to peer workers, advocates, educators, and consultants.

Each year, around one in five Victorians will experience a mental health condition each year and nearly half of Victorians will experience mental illness during their lifetime.<sup>241</sup> The COVID-19 pandemic has exacerbated demand for mental health services, with the impacts expected to remain for many years. The pandemic has placed significant additional pressure on the mental health sector workforce and highlighted workforce shortages and skills gaps that constrain the effective functioning of the mental health system to deliver high-quality treatment, care, and support in community wellbeing.

The Royal Commission into Victoria's Mental Health System outlines a ten-year reform vision for the future mental health and wellbeing system. The reform will see the transformation of Victoria's mental health and wellbeing system with a community-based model of care at the centre, where people with lived experience of mental illness or psychological distress are central to the design and delivery of mental health services.

**Marking one year of Victoria’s mental health and wellbeing reform journey**

In the last twelve months, the Victorian Government has commenced work on 85 per cent of the Royal Commission’s nine interim and 65 final recommendations.

Some key achievements include:

- Releasing Victoria’s Mental Health and Wellbeing Workforce Strategy (2021-2024) to cultivate a diverse and multidisciplinary mental health workforce. It focuses on activities to build workforce supply and capabilities, improve workforce wellbeing and establish critical system enablers
- Establishing 27 of 60 locations for the new Local Adult and Older Adult Mental Health and Wellbeing Services to improve access to early intervention support for adults and older adults, experiencing mental illness or psychological distress
- Engaging on the development of a new Mental Health and Wellbeing Act, which will establish the legal framework for a redesigned mental health and wellbeing system
- Providing the largest investment in the lived experience workforces in the 2021/22 Victorian Budget
- State-wide expansion of the Hospital Outreach Post-Suicidal Engagement (HOPE) service to provide a vital follow-up and aftercare support to people who have taken a suicide attempt
- Progressing work to deliver new acute public mental health beds across the state, and new forensic mental health beds at Thomas Embling Hospital

Victoria’s mental health and wellbeing workforce strategy 2021-2024 embarks a coordinated and strategic approach to deliver a diverse, skilled and multidisciplinary workforce that Victoria needs. The strategy rolls out the following four key priorities for mental health workforce reform<sup>242</sup>.

**Table 27 | Policy priorities and action areas identified in Victoria’s Mental Health and Wellbeing Workforce Strategy 2021-2024<sup>243</sup>**

Priority	Action areas
Priority 1: Building workforce supply	1a: Attracting people to mental health careers 1b: Growing graduate, post-qualifying and transition training pathways 1c: Building emergent and new workforces 1d: Ensuring workforce meets regional needs
Priority 2: Building workforce skills, knowledge and capabilities	2a: Ensuring education and training meets the needs of the community 2b: Embedding a system wide capability focus 2c: Improving capability through ongoing training opportunities 2d: Ensuring workforce reflects and responds to diverse communities
Priority 3: Supporting the safety, wellbeing and retention of the mental health and wellbeing workforce	3a: Establishing workforce wellbeing monitoring and supports
Priority 4: Building system enablers for excellence in workforce	4a: Improving system planning and sustainability 4b: Shaping the workforce for the future

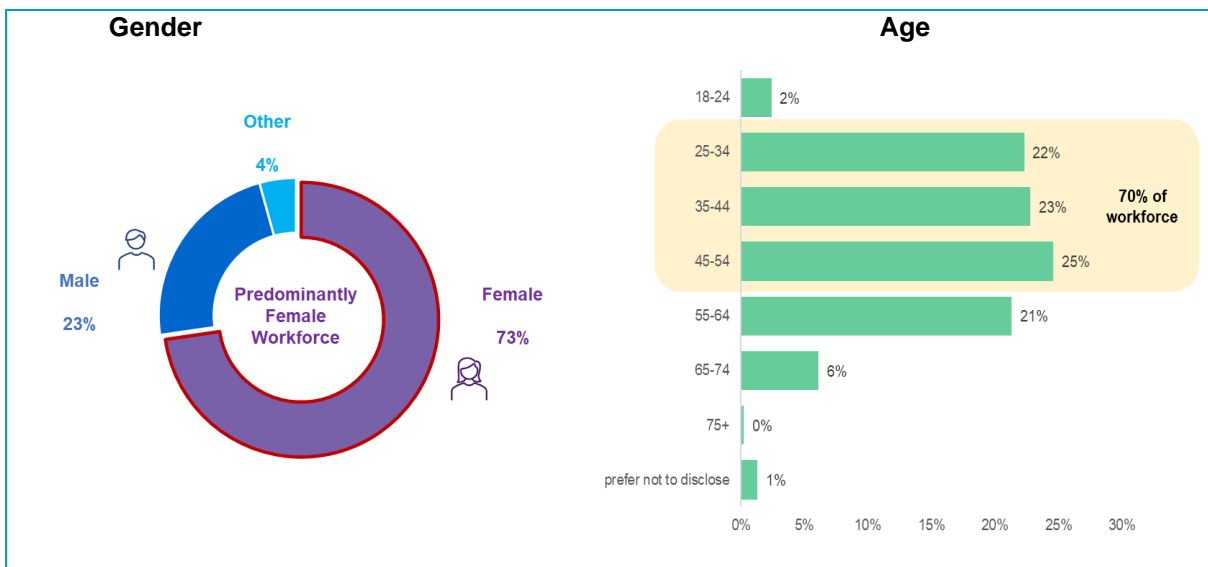
## Workforce characteristics

The Victorian Department of Health’s ‘*Mental Health and Wellbeing Workforce Personnel Survey*’ provides insights into the mental health workforce in public, community and private settings in 2021. It shows that the mental health workforce is primarily supported by women (75 per cent) and 70 per cent of workers are between the ages of 25 and 54.

The mental health workforce is also impacted by an ageing workforce, with more than one in four workers above the age of 55. Indigenous workforce representation is around 1.2 per cent, above the Victorian average of 0.57 per cent.<sup>244</sup>

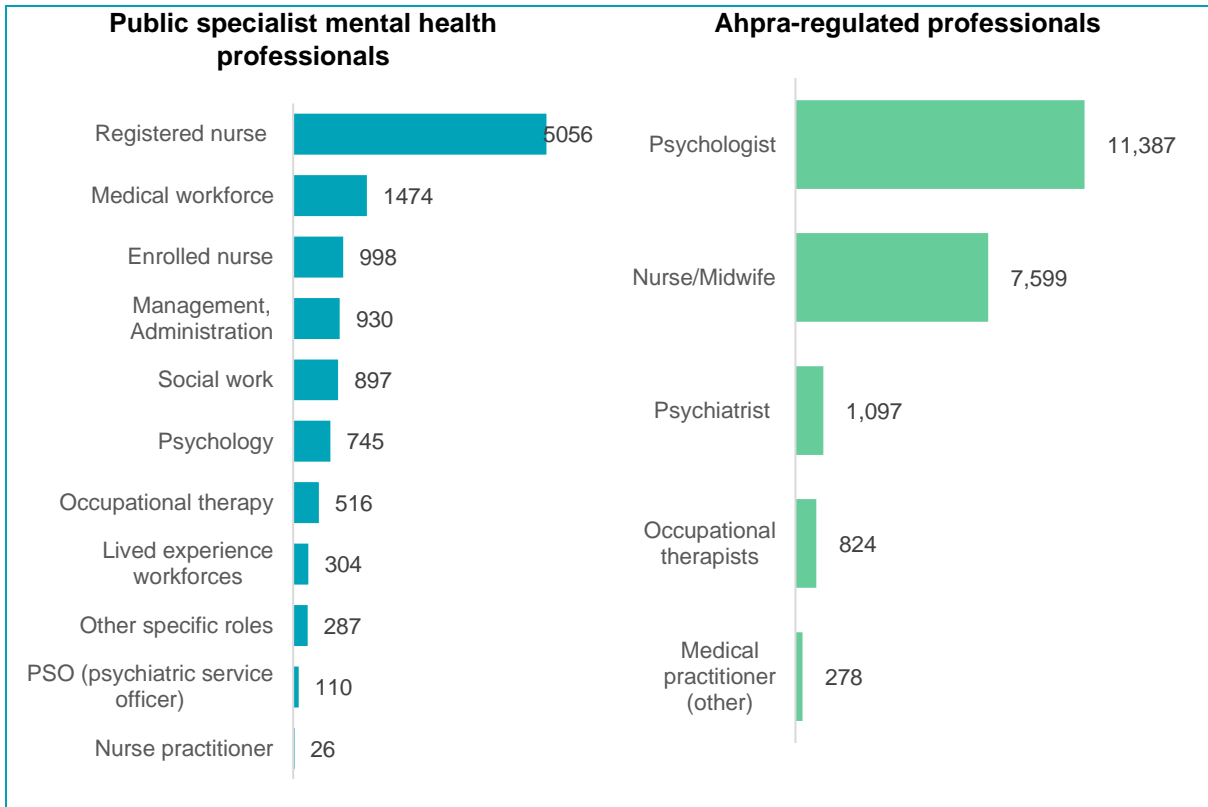
In Victoria in 2021 there were 11,343 public specialist mental health professionals and 21,185 allied health Australia Health Practitioner Regulation Agency (Ahpra) regulated professionals<sup>245</sup> across public and private mental health services. The majority of individuals working in the public mental health sector are located in the metropolitan area with 7,469 professionals (76 per cent) and 2,321 (24 per cent) in rural and regional catchment areas.<sup>246</sup>

**Figure 7 | Workforce demographic profile**



There is a substantial commonality among different care sector workforces where the sectors share similar occupations, occupation shortages and challenges. According to the Australian Institute of Health and Welfare (AIHW), Australian welfare occupations derive mainly from three major community service industries: i) residential care services, ii) childcare services and preschool education, and iii) other social assistance services.<sup>247</sup> These industries, especially residential care services and other social assistance services, cover all occupations irrespective of sectors such as mental health, aged care, or disability, and therefore many occupations overlap in multiple care sectors. For instance, an allied health practitioner, such as a speech pathologist, can work across mental health, disability or aged care sectors or an enrolled nurse can work across all care sectors. The shared nature of the care sector workforce across mental health, disability and aged care is leading to competition for skilled workers and shortages across all these sectors.

Figure 8 | Headcount of mental health professionals in Victoria



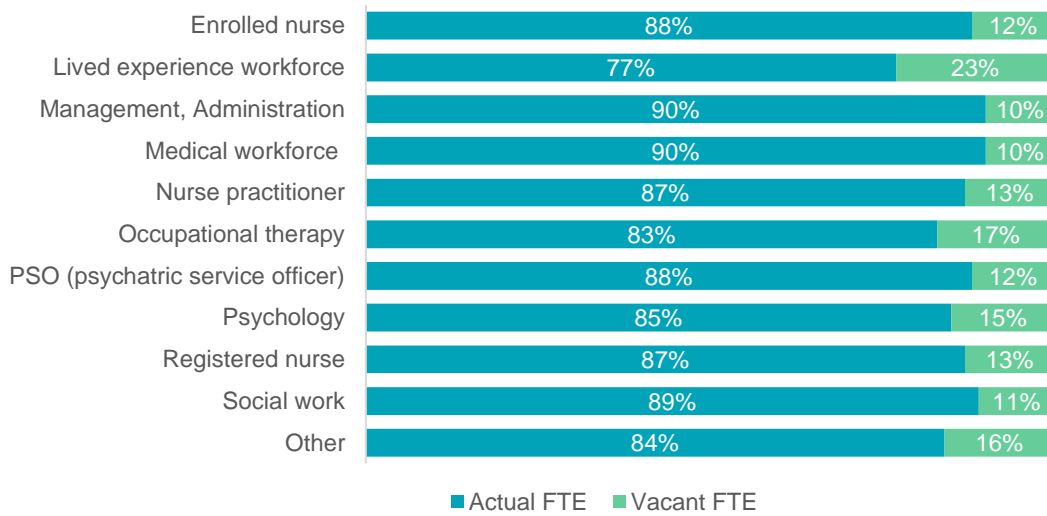
### Workforce demand and shortages

The demand for mental health services has steadily increased over time and is at an all-time high.<sup>248</sup> Throughout 2020 and in the early months of 2021 (during the pandemic), there was evidence to suggest heightened psychological distress and a rise in the use of mental health services.<sup>249</sup> The mental health workforce is expected to increase by approximately 2,500 additional workers over the next three and a half years to meet the scale of Victoria’s mental health workforce challenges.<sup>250</sup>

Meeting demand will be challenging. The mental health sector is in significant shortage across most occupations, with service expansion and an ageing workforce expected to exacerbate the challenge.<sup>251</sup> Key mental health occupations that are in shortage in Victoria are included in Figure 9, together with their current training requirements and activity.

Allied health occupations such as occupational therapists, psychotherapists and speech pathologists working in the mental health sector are also in shortage and are covered in the Allied Health ‘insight appendix’.

**Figure 9 | Public specialist mental service vacancy rate by professional discipline**



Registered Nurses, Psychiatrists and Social Workers are listed on the Australian Government’s Skilled Occupation List, which aims to bring in migrant support for occupations that are at risk of or currently in shortage both in urban and regional areas. Most common visa categories are skilled, regional, and temporary visas,<sup>252</sup> whilst clinical psychologist also includes temporary graduate and family sponsored regional visas,<sup>253</sup> suggest an increasing demand for this occupation.

**Core competencies for mental health occupations in shortage**

The National Skills Commission has developed the Australian Skills Classification to support detailed understanding of the core skills workers need to be successful in their job. For the mental health workforce, teamwork, initiative and innovation, and planning and organising are the most important core competencies (skills that are transferrable between all jobs) for each of the mental health occupations in shortage (Table 28). Specialist skills (activities that are job/sector specific) that are primary to these mental health occupations in shortage include safe, effective and person-centered care and providing care advice, performing medical tests and examinations, and developing treatment/care plans.<sup>254</sup>

**Table 28 | Skills classification: core competency skills for mental health occupations in shortage**

Proficiency level	Basic			Intermediate			High			
	Writing	Teamwork	Reading	Problem solving	Planning & organizing	Oral communication	Numeracy	Learning	Initiative & innovation	Digital engagement
Clinical Psychologist	7	9	9	7	7	8	4	7	8	6
Personal care Assistant	5	8	6	5	7	6	4	5	6	3
Enrolled Nurse	5	9	5	4	7	5	4	5	8	3
Nursing Support Worker	5	9	5	4	7	5	4	5	8	3
Diversional therapist	7	9	7	6	9	7	4	6	9	6

## Challenges in the mental health workforce

With multiple occupations in shortage, the mental health sector is particularly affected by workforce issues including long-term unfilled positions, high staff turnover, poor job satisfaction and worker burnout. These challenges are magnified in rural and regional settings.

A list of key challenges in the mental health workforce is summarised in Table 29.

**Table 29 | Challenges in the mental health workforce**

	Driver
Policy	<p><b>Workforce shortages in the mental health sector</b> The Royal Commission into Victoria’s Mental Health System (2021) has highlighted an emerging need for a mental health workforce with a high level of expertise and knowledge<sup>255</sup> to meet current and future service demand. The Commission’s final report recommended a range of reform changes to encompassing funding, infrastructure, and service delivery to create a mental health and wellbeing system that is contemporary and adaptable. The Victorian Government has accepted and commenced work on 85 per cent of all 9 interim and 65 final recommendations by the Royal Commission.</p>
	<p><b>Work placement and training hurdles</b> Some mental health occupations face high training hurdles in the entry and completion of their required qualification. Some require extensive tertiary qualifications along with prolonged work placements/significant supervision/high training requirements. For instance, social work students need to undertake 1,000 hours of unpaid placements.<sup>256</sup></p>
Economic	<p><b>Poor workforce recruitment and retention in the mental health sector</b> A major challenge in the mental health sector is the recruitment and retention of staff, with the workforce persistently exposed to stigma, stress, and burnout. Some major stressors include excessive, unsustainable, and increasingly complex workloads, high administrative burden contributing to a loss of meaningful clinical time spent with consumers, fear of making clinical errors, balancing work and life, limited resources, and workforce shortages which compound these pressures.<sup>257</sup></p>
	<p><b>Shortage of appropriately trained and qualified workers in rural and remote settings</b> The distribution of the mental health workforce is skewed towards urban areas. For instance, rural communities have only about half the psychologists and occupational therapists per 100,000 population of the major cities, and therefore, suffer greater disadvantages in accessing mental health services.<sup>258</sup></p>
	<p><b>A lack of professional development or career progression opportunities</b> One of the major drivers for mental health workforce shortage is high staff turnover due to lack of professional development opportunities and career pathways.<sup>259</sup> Some lived experience and non-clinical mental health occupations face issues such as achieving the right mix of training, accreditation, and qualification requirements for different types of providers. Appropriate and responsive education, training, and professional development is essential to the ongoing improvement and sustainability of the mental health workforce.</p>
	<p><b>COVID-19 pandemic impact on mental health workforce supply</b> COVID-19 pandemic has put significant pressure on the mental health workforce and exacerbated demand for mental health services. During the pandemic, several COVID-19 health restrictions and safety protocols on international travel posed significant interruption to overseas recruitment that complements the mental health workforce supply for some key occupations in Victoria.<sup>260</sup> In addition, the education supply was also disrupted due to COVID-19 as the traditional face-to-face learning opportunities and placements were unavailable.</p>
Social	<p><b>Physical and psychological health and safety concerns</b> Many mental health professions experience physical and moral occupational injuries in the workplace including physical and verbal aggression fatigue, vicarious trauma, and burnout,<sup>261</sup> leading to serious health and safety concerns. A Victorian based survey revealed that one in three specialised mental health workers reported high rates of physical violence at work particularly for paramedics and in hospital emergency departments. For example, nurses working in Emergency Department (ED) triage areas have been found to</p>

	Driver
	<p>be particularly at risk of violence from people with alcohol intoxication, substance misuse and mental illness.<sup>262</sup></p> <p><b>Some mental health professionals prefer to work in private practice</b> The mental health workforce is constantly exposed to stigma, stress, and burnout, particularly in the publicly funded system.<sup>263</sup> As a result, mental health professionals, such as psychologists, psychiatrists, and social workers, prefer working privately, so they have more flexibility and greater monetary benefit.</p>

## Opportunities to improve workforce supply

In response to the Royal Commission's vision for a sustainable and skilled mental health workforce,<sup>264</sup> the Victorian Government has released *Victoria's Mental Health and Wellbeing Workforce Strategy 2021–2024*. This builds on \$228 million invested in reforming the mental health system and workforce, supported by an additional \$372 million investment in the 2022-23 Victorian State Budget to implement the Strategy, including hiring more than 1,500 mental health workers, including 400 mental health nurses, 100 psychiatrists and 300 psychologists.<sup>265</sup>

### Building a skilled and capable mental health workforce

The current Victorian Mental Health and Wellbeing Workforce Strategy (2021-24) sets out some key initiatives to build a skilled and capable mental health workforce. Some major investments include existing initiatives such as:

- \$37.4 million to train up junior doctors with foundational mental health skills
- \$76 million to support mental health graduate nurses

New initiatives include:

- \$1.3 million to postgraduate scholarships for undertaking postgraduate training such as a Graduate Certificate in Mental Health
- \$12.2 million for a training program for experienced allied health and nurse clinicians to transition into mental health
- \$34 million for graduate allied health positions

The strategy provides a roadmap to deliver a diverse, multidisciplinary mental health and wellbeing workforce across Victoria. One of the four policy priorities of the strategy focuses on building workforce supply through the following action areas<sup>266</sup>:

- Attracting people to mental health careers
- Growing graduate, post-qualifying and transition training pathways
- Building emergent and new workforces
- Ensuring workforce meets regional needs.

### Attracting people to mental health careers

The strategy has a key focus on increasing awareness of mental health careers and the opportunities available in the sector. The Victorian Government is working to restore the supply of international workers in the sector through facilitated entry supports upon employment at the Victorian public service, including 1,000 relocation subsidies of up to \$2,000 in value.<sup>267</sup> A new domestic attraction campaign will aim to encourage local and interstate clinicians to take up career opportunities in mental



health, which will then be expanded to target non-clinical and international workforces in the 2022-23 financial year.

Medium to long term actions include:

- providing additional supports for international recruitment such as migration toolkits, community orientation, settlement supports and mentoring for migrants
- advocacy to Australian Government to address barriers to immigration for mental health professionals.

### **Growing graduate, post-qualifying and transition training pathways**

The Victorian Government has invested \$228 million over the 2020-21 and 2021-22 Victorian State Budgets to build a diverse and skilled mental health workforce. From 2020-21 to 2024-25, approximately 582 full-time equivalent entry positions will be supported by the funding.

Over the medium to longer term, successful initiatives to address workforce supply will be adapted to respond to system needs. Victoria will also continue to advocate to the Australian Government to reduce barriers to entry for the workforce through removing blockages in the training pipeline, including expansion of critical provision of training places, delivery of quality and fit-for-purpose course content and support for placements in mental health settings.

### **Building emergent and new workforces**

Emergent workforces include the Lived Experience Workforces and workforces with capability in delivering integrated care for substance use and addiction. New workforce cohorts are also needed to deliver consumer-centred care and new service models, such as expanded wellbeing supports in Local Mental Health and Wellbeing Services.

The Victorian Government committed \$40 million in the 2021-22 Victorian State Budget to support the consumer and carer lived experienced workforces. Some of the key initiatives include a new lived experience peer cadet program to promote career pathways for up to 100 lived experience peer cadet positions in mental health services, funding two lived experience workforces lead positions at Victoria's consumer and carer peak bodies and a pilot lived experience workforces – consumer and carer feedback program.

Medium to long-term actions include:

- establishment of new services and models of care – including a Lived Experience Residential Centre, Statewide Trauma Centre and Local Child and Youth Hubs
- a continued focus on opportunities for new workforces in the reformed mental health system, and on support for existing workforces to maximise their scopes of practice
- focusing on the scale of the workforce pipeline once foundations for emergent and new workforces are in place.

### **Ensuring workforce meets regional needs**

The Victorian Government acknowledges that rural and regional areas face exacerbated workforce supply challenges. A number of incentives and supports are in place to encourage mental health professionals to train, live and work in rural and regional communities. These initiatives include:

- relocation grants pilot program, administered by Rural Workforce Agency Victoria, to support mental health workers to move and settle in rural and regional Victoria
- workforce incentive grants to encourage and support mental health workers to relocate, settle and remain in rural and regional areas (\$3.2 million over two years)
- providing pre-employment and integration support to help individuals and their families to settle into their new communities (\$2.6 million)
- a pilot incentive program to attract the AOD workforce into rural and regional services

- a pilot internship program for students studying allied health courses or a Certificate IV in AOD.

Rural and regional workforce incentive program offerings will be developed and refined based on a review of implementation in 2022 and 2023. Regional Mental Health and Wellbeing Boards will also be established in the medium to long-term, focusing on localised workforce needs and ensuring workforces are reflective of local communities.

The strategy will be reviewed every two years to reflect the changing needs of the system, the community and the mental health and wellbeing workforce.<sup>268</sup>

## Appendix E – Data Methodology

### VSA Employment Model overview

The VSA Employment Model produces estimates of:

- projected employment growth between 2022 and 2025
- projected retirements between 2022 and 2025
- projected total new workers needed between 2022 and 2025.

Table 30 further defines the model outputs and identifies the primary source for each output.

**Table 30 | Employment model outputs**

	Employment growth 2022-25	Retirements 2022-25	New workers needed 2022-25
<b>Definition</b>	Change in the number of workers employed from 2022 to 2025	Workers expected to permanently leave the workforce from 2022 to 2025	Workers needed from 2022 to 2025 to meet demand from growing employment and to replace retirees
<b>Primary source</b>	Benchmarked to the NSC Employment Projections	Derived from retirement rates from Australian Census Longitudinal Dataset	The sum of employment growth and retirements

All outputs are modelled at the occupation, industry and region level:

- occupations are defined by 4-digit occupation unit groups in the Australian and New Zealand Standard Classification of Occupations (ANZSCO)
- industries are defined by 1-digit industry divisions in the Australian and New Zealand Standard Industrial Classification (ANZSIC)
- regions are defined by the nine Regional Partnerships of Victoria as outlined by the Victorian Department of Jobs, Precincts and Regions.

Benchmark data from the NSC give estimates of projected employment growth. Using an approach called iterative proportional fitting, the detailed occupation, industry and region breakdowns are generated by applying the distribution of employment in ABS Census and other data to the benchmark projections.

The model was developed by the VSA with the support of Nous and Deloitte Access Economics (DAE). The sections further below describe how the key outputs were modelled.

The VSA Employment Model gives a best estimate of employment by industry, occupation and region. It provides an indication but does not, and cannot, tell the full story of the region's economy.

### Employment growth, 2022-25

**Source:** VSA and Nous (2022), *modelling of NSC (2022) Employment Projections*

This modelling takes the NSC Employment Projections as the benchmark data for 2022-25 and breaks it down into occupation by industry by region tables.

The benchmark data sources provide ‘control totals’ for occupation, industry and region breakdowns independently. However, they do not provide the interaction between each of the variables. For example, they do not give the breakdown of occupations within industries.

Iterative proportion fitting uses a detailed ‘seed’ data table with the necessary breakdowns from a representative dataset and scales that distribution to control totals in the new dataset. Over many iterations, the seed data is transformed to sum up to the occupation, industry and region control totals.

The seed data comes from the ABS Census 2016. The control totals for occupation and industry come from the NSC's Employment Projections, and the control totals for region come from the NSC's Small Area Labour Markets data. Table 31 describes the inputs in detail.

The modelling results in:

- industry and occupation projections that align with the NSC Employment Projections
- regional data that matches the distribution across NSC Small Area Labour Markets
- industry by occupation by region data tables that approximate the distribution within the ABS Census 2016.

**Table 31 | Data sources used to model employment growth from 2022 to 2025**

Type	Data	Source
Seed	Employment x 3-digit industry (ANZSIC3) x 4-digit occupation (ANZSCO4) x Statistical Area Level 2 (SA2)	ABS, <i>Census of Population and Housing</i> , place of usual residence data
Control total	Employment x SA2	NSC, <i>Small Area Labour Markets</i> , ‘SALM smoothed SA2 Datafiles (ASGS 2016) - March quarter 2022’.
Control total	Employment x ANZSIC1	NSC, <i>Employment Projections, 2020-25</i>
Control total	Employment x ANZSCO4	NSC, <i>Employment Projections, 2021-26</i>

Notes:

1. Following the modelling, SA2 data is aggregated up to Regional Partnership region. Where an SA2 spans multiple regions, the estimates have been apportioned based on geographic area.
2. The NSC industry projection is often not available until some months after the occupation projections. As at May 2022, there were no 2021 to 2026 ANZSIC1 by state forecasts available. The previous release of 2020 to 2025 ANZSIC1 by state forecasts were used and scaled up to match the Australian total employment numbers in the ANZSCO4 forecasts.

## Retirements, 2022-25

**Source:** VSA, *Deloitte Access Economics (DAE) and Nous (2022), Retirement projections 2022-2025*

Retirements are estimated by applying occupation-specific retirement rates to the employment projections.

Using the Australian Census Longitudinal Dataset, an estimate of the size of the labour force aged 50 and over in 2016 was taken and compared to the size of the labour force aged 45 and over in 2011. After adjusting for migration, the gap is an estimate of retirements between 2011 and 2016. The relative age structures of occupations in the Census 2011 were then used to estimate retirements at the detailed occupation level (ANZSCO4).

The outputs were used to estimate an occupation-specific retirement rate, calculated as:

$$\text{Retirement rate} = \text{retirements between periods } t \text{ and } t+1 / \text{employment at } t$$

The retirement rates were applied to the employment projections to estimate the number of retirements between 2022 and 2025 at the region (Regional Partnerships), industry (ANZSIC1) and occupation (ANZSCO4) level.

## **New workers needed, 2022-25**

New workers needed is the simple sum of employment growth and retirements. It is calculated at the region (Regional Partnerships), industry (ANZSIC1) and occupation (ANZSCO4) level.

**New workers needed is an estimate of demand for workers to join an industry, occupation or region.** In this model, demand comes from growth in employment (as business, government and other employers expand their operations) and the need to replace retirees who leave the workforce.<sup>t</sup>

**New workers needed is not an estimate of skills shortage.** In the VSA Employment Model, demand is always met by supply of new workers who enter the work force from study, unemployment, migration, a change in industry or occupation, or other avenues.

This means that the VSA Employment Model is not suitable for identifying current or future skill shortages. The Victorian Skills Plan draws on the National Skills Commission's Skills Priority List and stakeholder feedback to identify skills shortages within industries and across Victoria.

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<sup>t</sup> This will generally underestimate demand as it does not account for the need to replace workers who leave a job for other reasons, such as switching occupations or migrating out of Victoria.

## Appendix F – Victorian VET pipeline methodology

### Enrolment numbers

#### Sources:

National Centre for Vocational Education Research (NCVER) (2021), Total VET students and courses 2020, available [here](#).

Victorian Department of Education and Training (2022), Funded Course List, available [here](#).

Victorian Department of Education and Training (2022), Funded Skill Set List, available [here](#).

The Victorian VET pipeline table estimates the number of enrolments in each qualification and skill set for the 2020 academic year in Victoria. The NCVER total VET students and courses is used as the dataset. Only courses on the Victorian Funded Course List (FCL) and the Victorian Funded Skill Set List (FSSL) are included.

The following steps were taken to develop the table:

1. Each course was reviewed by IAG members and allocated to **only one** of three main reasons for studying: to prepare for employment; to support current employment (apprenticeship or traineeship); and to progress their career. Each course is then listed under their respective allocation.<sup>u</sup>
2. The numbers of students who enrolled in that course in 2020 is then noted in the VET pipeline table.
3. For courses that provide **an apprenticeship and traineeship option and a classroom-based option**, these courses are duplicated twice in the table, with enrolment numbers split across the other two options: the number of apprentice and trainee enrolments are reported under the header 'with employment (apprenticeship and traineeship); the number of classroom-based enrolments is shown under the purpose for completing the classroom-based option (either to prepare for enrolment or to progress their career). An (<sup>AT</sup>) is noted next to these duplicated classroom-based courses to indicate they are also delivered as an apprenticeship or traineeship.
4. Where industry has provided feedback on the value of qualification or skill set, a (<sup>Q</sup>) indicates it is valued as a qualification, while a (<sup>SS</sup>) indicates it is valued as a skill set. A (<sup>EIR</sup>) indicates it is an Endorsed Industry Requirement and (<sup>OL</sup>) indicates it is an Occupational Licence. Industry has not provided feedback on all qualifications and where indicated; and each value assignment can be reviewed in the future.
5. Numbers are then totalled in their respective headers above. For the Skills Plan, the number of enrolments 'prior to employment' is a key focus for industry as it indicates how many students are being trained but are not yet employed.

The 2020 enrolment figures are a best estimate of the pipeline of workers for industry to draw on. The 2020 figures were the latest dataset available from the NCVER at the time of developing the Skills Plan and will be updated in future iterations of this document. They intend to provide an indication of the pipeline but do not and cannot tell the full story of workforce supply. Factors such as completion rates and the COVID-19 pandemic during 2020 are also likely to impact the availability of the future workforce.

<sup>u</sup> The Victorian Skills Authority's Industry Engagement Framework is the main way for industry, unions and employers to inform and engage with the state's training system. 10 Industry Advisory Groups are an important part of this Framework. Further information can be found on the VSA's website, [here](#).

## Appendix G – Stakeholder engagement process

Stakeholder engagements allowed VSA to test, update and validate the content of the Health and Community Services Industry Insight report. Stakeholders from organisations in government, education and industry were engaged to provide input to the report and the Skills Plan more broadly. Specifically, stakeholders provided insight on economic outlook, workforce and skilling challenges and an education and training response across three rounds of consultations. Engagements guided initial thinking and research, as well as opportunities to test and revise the insights. We would like to thank the following organisations for their participation in the stakeholder engagement process. Table 32 outlines the participants involved.

**Table 32 | Consultation participants**

Organisation
Australian Community Workers Association - Victoria
Australian Dental Prosthetists Association Ltd
Australian Nursing and Midwifery Federation (Vic Branch)
Australian Services Union
Community and Public Sector Union
Community Child Care Victoria
Community Services and Health Services Industry Advisory Group
Early Learning Association Australia
Health and Community Services Union
Health Workers Union
Leading Aged Health Services Ltd.
Mental Health Victoria
National Disability Services Victoria
RMIT University
The Gordon TAFE
Victorian Alcohol & Drug Association
Victorian Department of Education and Training
Victorian Department of Families, Fairness, and Housing
Victorian Department of Health
Victorian Department of Jobs, Precincts, and Regions
Victorian Department of Justice and Community Safety
Victorian Department of Premier and Cabinet
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