



## Career Pathways for Care & Support Sectors: Aged, Disability & Veterans' Care

Public submission paper



## 1. Project background

HumanAbility is one of 10 Jobs and Skills Councils (JSCs) established in 2023 by the Australian Government Department of Employment & Workplace Relations. HumanAbility is responsible for addressing skills and workforce challenges in the care, support, and recreation industries including aged care, disability, and veterans' support services.

The care and support economy is one of the fastest growing parts of the Australian economy and continues to be a top priority for the Australian Government. The Australian Government has a significant reform agenda underway across aged care, disability, veterans' support, and early childhood education and care. These reforms are working towards the vision for a sustainable and productive care and support economy that delivers quality care and support with quality jobs.

HumanAbility is working in partnership with ACIL Allen to undertake research into career pathways in the aged care, disability and veterans' support sectors. The project aims to support:

- new approaches to workforce development, promoting and strengthening pathways
- alignment of career progression opportunities within and across aged care, disability and veterans' care
- attraction of more workers to the sector, ensuring the skills and knowledge they bring to roles, and develop over their career, are recognised and valued
- increased worker retention and reduce attrition rates
- increased participation rates in training and employment, particularly from under-represented groups such as First Nations people, people with a disability, young people and men.

The project will lead to the development of a Careers Pathway Framework, Good Practice Guide and Action Plan for the aged care, disability and veterans' support sectors.

Findings of this project will form the basis of further initiatives such as training product development required to support contemporary and emerging job roles and to enhance career pathway mobility. Insights from the project may be leveraged to inform sectoral workforce recruitment, attraction and development strategies through the sharing of good practice and advice on shared challenges.



## 2. Public submissions process

### 2.1. Who can make a submission?

This submission paper provides background information on the workforce in scope for this project, including existing education, training and pathways associated with key roles. The paper also highlights the core challenges and opportunities to support quality aged, disability and veterans' care into the future.

Public submissions are invited from industry associations, employers, employee representatives, education and training providers, peak bodies, government agencies and other key stakeholders. The paper outlines questions we would value your specific input into.

### 2.2. How can you make a submission?

Public submissions should respond to the discussion questions provided in this paper and can be submitted via [acilallen.com.au/pathways](http://acilallen.com.au/pathways) or emailed to [pathways@acilallen.com.au](mailto:pathways@acilallen.com.au).

### 2.3. Consent for acknowledgement

When providing your submission, please indicate whether you consent to:

- being identified in reporting as having made a submission
- your submission being quoted with attribution in reporting
- your submission being quoted anonymously in reporting.

Your choices about what you consent to will not affect how your submission is viewed or analysed.

### 2.4. Privacy information

In collecting information through this public submissions process, HumanAbility and ACIL Allen must comply with the Australian Government's Privacy Act 1988.

HumanAbility and ACIL Allen staff participating in the project will have access to submissions. The responses and any other information received will be kept strictly confidential, in a locked computer. This information will be deleted after seven (7) years. No personal information that would enable you to be identified will be included in research products and reporting.

### 2.5. Further information

If you have any questions or would like to know more about this project, please contact the HumanAbility project manager, Yvonne Webb on [yvonne.webb@humanability.com.au](mailto:yvonne.webb@humanability.com.au) or 0492 936 280.

## 3. The care workforce

### 3.1. Overview

The aged care, disability and veterans' support sectors share similar characteristics, challenges and opportunities in meeting community needs. These sectors:

- rely on paid and unpaid care and support
- are projected to experience significant growth in demand in coming years – heightened by the ageing population
- provide care and support to a population with increasingly complex needs
- involve a high proportion of entry-level roles that have no to low qualification or registration requirements
- involve professions and occupations that receive lower wages on average than in similar sectors
- experience limited visibility of potential career pathways for new workers, particularly when compared to related sectors such as health.<sup>1</sup>

The aged care, disability and veterans' support sectors have attracted royal commissions in recent years that have investigated issues in the quality and accessibility of care. This includes:

- *Royal Commission into Aged Care Quality and Safety (2018)* – focused on the quality of aged care services in Australia, whether these services were meeting community needs and how they could be improved for the future.<sup>2</sup>
- *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2019)* – occurred in response to widespread reports of violence, neglect, abuse and exploitation of people with disability.<sup>3</sup>
- *Royal Commission into Defence and Veteran Suicide (2021)* – established to investigate the high rates of suicide amongst Defence and veteran communities.<sup>4</sup>

These royal commissions identified workforce shortages, knowledge and skill gaps, and poor quality practices that directly impact on current and future workforce needs. Findings provide key areas of focus for workforce growth, education and training, and quality and regulatory standards, which require a collective response across industry, education and training providers, and government.

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<sup>1</sup> Australian Government Department of Prime Minister and Cabinet. 2023a. *Introduction: Care and support in Australia*. <https://www.pmc.gov.au/resources/draft-national-strategy-care-and-support-economy/introduction-care-and-support-australia>

<sup>2</sup> Australian Government Royal Commission into Aged Care Quality and Safety. 2018. *Aged Care Quality and Safety*. <https://www.royalcommission.gov.au/aged-care>

<sup>3</sup> Australian Government Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. 2019. *About the Royal Commission*. <https://disability.royalcommission.gov.au/about-royal-commission>

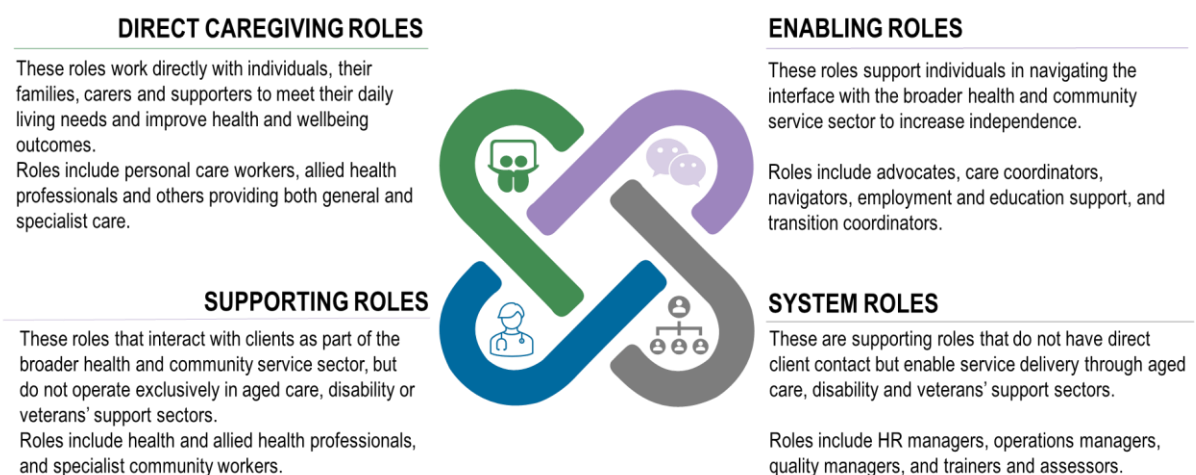
<sup>4</sup> Australian Government Royal Commission into Defence and Veteran Suicide. 2022. *About the Royal Commission*. [https://defenceveteransuicide.royalcommission.gov.au/system/files/2023-04/about-royal-commission\\_infographic.pdf](https://defenceveteransuicide.royalcommission.gov.au/system/files/2023-04/about-royal-commission_infographic.pdf)

### 3.2. Definition of the workforce

The care workforce includes a diverse range of people who provide treatment, care and support to consumers in the aged care, disability and veterans' support sectors. These sectors play a vital role in supporting quality health and wellbeing outcomes across a person's lifetime. The primary focus of these roles is on addressing the needs of people accessing care and support, their families, carers and supporters.

There are different occupations and professions in the care workforce. These have been broadly categorised into those who provide direct care, enabling roles, supporting roles, and system roles. An overview of these key role categories is provided in the figure below.

Within these categories, there are both regulated professions (generally through the Australian Health Practitioner Regulation Agency (AHPRA) or related bodies), self-regulated professions (such as dietitians) and unregulated occupations (such as personal care workers).



### 3.3. Education and training

Nationally recognised education and training for the care workforce is delivered through the Vocational Education and Training (VET) and Higher Education (HE) sectors. Non-accredited training is also delivered by industry, contract services and employers.

Education and training requirements differ between regulated professions and unregulated occupations. For regulated professions, such as occupational therapists or registered nurses, approved programs of study are determined by the relevant national health practitioner board under AHPRA and delivered by universities. These professions typically require bachelor or post-graduate level qualifications.



Unregulated occupations, such as personal care assistants and disability support workers, generally do not currently have minimum education and training requirements to commence employment. Some employers may set minimum qualifications for these roles, but practices are inconsistent and often guided by funding arrangements rather than workforce needs. Unregulated occupations typically align with VET Certificate III and IV qualifications, such as Certificate III in Individual Support (Ageing or Disability) or Certificate IV in Disability Support. There are other relevant qualifications to this workforce, including but not limited to the Certificate III in Community Services, the Certificate III in Allied Health Assistance, and the Certificate IV in Mental Health.

Beyond nationally recognised education and training, non-accredited training is delivered by employers, government or industry. Non-accredited training is available in many formats and typically relates to a particular skill or knowledge area. Examples of common non-accredited training include dementia care, palliative care, and trauma informed practice.

### 3.4. Employment settings

While the care workforce includes both paid and unpaid roles, this project focuses on paid positions. Individuals are employed under different arrangements, including Enterprise Bargaining Agreements, Awards, private contracts and contractor arrangements.

In recent years, there has also been an increase in the casualisation of the workforce. This has been driven by the significant workforce shortages impacting the sector, complexity of funding arrangements and increasing demand from community.

The workforce is employed across public, private and community (including home care) settings. This can include employment through Aboriginal Community Controlled Health Organisations, community and faith-based services, home-based care providers, and residential organisations. Providers can range in size, with some operating nationally in multiple locations and others providing place-based care. Some settings operate as 24/7 services, where others may be delivered only in business hours. There is also a high level of demand across metropolitan, regional, rural and remote locations – highlighting the need for a skilled, distributed and appropriately sized workforce.

#### 4. Future workforce needs

The care workforce is critical to achieving a high-quality care system that delivers the treatment, care and support that the community and individuals require – when and where they need it.

Workers are the most critical determinant of care quality.<sup>5</sup> Safe, high-quality care requires a skilled, capable, confident and compassionate workforce.

The changing needs and expectations of consumers, their carers, families, and supporters, alongside the complexity and co-occurrence of conditions, means there are knowledge and skills required of both new workforce entrants and the existing workforce. Research has identified gaps as:

- behavioural support (including skills in responding to complex and demanding behaviour)
- business management for sole trader and small businesses
- care coordination and case management
- communication
- leadership and team management
- person-centred, trauma-informed and culturally safe practices
- specialised areas of personal care (such as dementia and palliative care, mental health, alcohol and other drug issues).

Evolving community needs, regulatory structures and technology may also drive new professions or occupations in the care economy. Developments in the health sector have seen the growth of Allied Health Assistants, emergence of the lived and living experience workforce, and establishment of technology rich working environments.

##### Question 1

What are the new/emerging job roles and skills that will be required by the aged care, disability and veterans support sectors in the next 5-10 years?

*Responses should relate to roles and skills that either do not currently exist or are emerging in the sector.*

##### Question 2

What gaps have you identified between current and emerging job roles and existing training offerings?  
How can the national training system support the skilling of these emerging roles and skills?

*For example, through the development of skill sets, new nationally recognised qualifications, or other means.*

<sup>5</sup> The Centre for Workforce Futures at Macquarie University and SkillsIQ Limited Pathways. 2020. and Meagher, G., Cortis, N. Charlesworth, S. & Taylor, W. 2019. Meeting the social and emotional support needs of older people using Aged Care services, Macquarie University, UNSW Sydney and RMIT University. 39–40.

## 5. Entry pathways into the sector

Pathways into the aged care, disability support and veterans' care sectors are varied. Entry to the sector can occur via one or a combination of the below pathways:

- *Direct employment* – entry without formal education or training. Many entry level roles do not currently require formal qualifications and do not leverage an educational pathway to entry.
- *Traineeships* – entry via a traineeship where individuals can earn a wage while they study, similar to the apprenticeship model. Traineeships are delivered through supervised on-the-job training where trainees receive a nationally recognised qualification upon completion.
- *Vocational Education and Training (VET)* – entry to the workforce via skill sets or qualifications from an RTO, such as the Entry into Care Roles Skill Set, Certificate III in Individual Support (Ageing or Disability) and the Certificate IV in Disability Support.
- *Higher Education (HE)* – entry to the workforce via degrees and associated regulatory processes, namely for professionalised roles.
- *Volunteering* – entry to paid employment through unpaid volunteering or pre-employment initiatives and the collaboration of services providers with Volunteer Involving Organisations.

Entrants may be starting their career in the aged care, disability or veterans' support sectors. They may also enter the sector after prior work experience in another sector, such as community services, health, retail and hospitality. Once employed in the care workforce, pathways within and across the sector may incorporate a mix of VET, HE and work experience.

Visible entry points, pathways and progression opportunities are essential for attracting and retaining the care workforce. Individuals working in the care sector experience difficulties in understanding, navigating and pursuing career pathways which has contributed to significant skill and labour market shortages. Both the Aged Care and Disability Royal Commission highlighted the need for clearer, established and recognised career pathways for direct care staff in these sectors.

### Question 3

What are examples of effective practice in supporting entry pathways for the aged care, disability, and veterans' support sectors?

*Responses may consider different roles, sub-sectors and settings.*

### Question 4

What actions/changes can industry, education and training providers, and government take/make to support entry pathways into the sectors?

*Responses may consider potential opportunities and approaches for supporting entry into the sectors.*





## 6. Career pathways within the sector

Within the care workforce, some occupations have flat, inconsistent, poorly defined career structures. This results in limited opportunities for career advancement (for example, personal care workers, lived experience (peer) workers, occupational therapists, and social workers). This is particularly relevant for disability support and aged care, where the lack of regulation limits classifications and wage progression associated with further study for entry level staff.<sup>6</sup>

The size of employers, structure of teams and models of care can impact opportunities for individuals to advance their skills and level. There can be limited differentiation in terms of functions and remuneration between positions, despite increased experience and expertise. This increases the attractiveness of work other sectors (such as health) which have greater opportunities for progression and reduces employer investment in further education and training.<sup>7</sup>

Opportunities for professional development can be impacted by funding arrangements, workforce shortages and the absence of continuing professional development (CPD) requirements for unregulated occupations. As a result, workers often struggle to access education and training to upskill. The NDIS review found that in 2020 one in four NDIS workers reported receiving less than one day of training in the past year and only one in three agreed they received the supervision needed to perform roles, which was lower for casual workers.<sup>8</sup>

The increase in casualised work has impacted pathways. The care workforce has developed a strong reliance on the use of casualised work arrangements – both to temporarily fill staff shortages and as a result of funding models. This can increase attrition, reduce length of service and remove progression opportunities.<sup>9</sup>

Pathways are also impacted by articulation arrangements between VET and Higher Education. Pathways between VET and Higher Education are poorly connected across these systems and not well understood by the care workforce, impacting further education pathways.

### Question 5

What are key features or examples of effective practice in supporting career progression in the aged care, disability and veterans' support sectors?

### Question 6

What actions/changes can industry, education and training providers, and government take/make to support career pathways and progression within the sectors?

*Responses may consider potential opportunities and approaches for supporting career pathways within the sectors.*

## 7. Mobility across sectors

There are common community needs across the aged care, disability and veterans' support sectors. This means there are roles or occupations that can work in all areas as a result of shared skills. Examples of these shared skills include both:

- foundational skills, including interpersonal communications, problem solving, self-care and safe work practices
- technical skills, including individual support and care planning
- specialist skills, related to the scopes of practice for professions and advanced skills such as supporting complex needs.

Employees often lack awareness on the transferability of their skills, limiting mobility and ability to progress. Without awareness of the possibilities and potential rewards tied to progression in the care workforce, employees may lose motivation or leave the field entirely.

### Question 7

What are key features or examples of effective practice in supporting mobility of workers across the aged care, disability and veterans' support sectors?

### Question 8

What actions/changes can government, industry or education and training providers take/make to support mobility across the sectors?

*Responses may consider potential opportunities and approaches for supporting mobility across the sectors.*

<sup>6</sup> Australian Government Department of Prime Minister and Cabinet. 2023d. *Professionalisation and career pathways*. <https://www.pmc.gov.au/resources/draft-national-strategy-care-and-support-economy/goal-2-decent-jobs/professionalisation-career-pathways>

<sup>7</sup> Royal Commission into Violence, Abuse, Neglect and Exploitation of people with Disability. 2023.

<sup>8</sup> Australian Government. 2023. NDIS Review: Building a more responsive and supportive workforce.

[https://www.ndisreview.gov.au/sites/default/files/resource/download/building-a-more-responsive-and-supportive-workforce\\_0.docx](https://www.ndisreview.gov.au/sites/default/files/resource/download/building-a-more-responsive-and-supportive-workforce_0.docx)

<sup>9</sup> Ibid