

Welfare workforce: demand and supply

9

Welfare workforce: demand and supply

Key messages

- The welfare workforce grew by 65% from 2012 to 2022 – mainly driven by the increase in the number of individuals working in Aged and Disabled Carers occupations. During this same period, the growth in overall workforce was 53%.
- The demand for welfare workers – particularly in aged care, disability, and early childhood education and care services – is expected to increase further, due to factors such as an ageing population, an increasing number of participants in the National Disability Insurance Scheme (NDIS) and the growing participation of women in the overall workforce which has increased the demand for child-care services.
- The welfare workforce, while mostly female, changed slightly over the decade from 2012 to 2022 to include more males, particularly in the Aged and Disabled Carers occupations, due to increased demand for services in this sector. In 2022, women made up 83% of the welfare workforce.
- Average earnings for welfare workers remain lower than those for similar occupations in other industries, but the gap has narrowed.
- From 2012 to 2021, men’s average earnings in the welfare workforce grew faster than women’s.
- In 2022 full-time employment in the welfare workforce slightly exceeded part-time employment for the first time in a number of years. This shift coincided with the pandemic and a greater reduction in part-time compared with full-time welfare workers.
- The impact of the pandemic varied by occupation – Aged Care and Child Care services reported substantial pressures due to staff shortages, while Disability Support services reported financial hardship due to clients cancelling their shifts.
- Note that this analysis differs from that for the former National Skills Commission Care Workforce Labour Market Study, which includes Allied Health Professional occupations and the industries that provide Allied Health services in their study.

Introduction

For the purposes of this article, the welfare workforce is defined as one that provides welfare-related services and support to individuals, including people in child-care facilities, people with disability and people who need assistance due to ageing (Box 9.1).

Based on this definition, around 663,000 individuals were employed in the welfare sector (ABS 2023a) as of 2022. These welfare workers help with tasks such as personal care (for example, bathing, toileting and feeding), providing counselling and guidance, and implementing support plans for clients. Their role was particularly highlighted during the COVID-19 pandemic.

The welfare sector is constantly evolving; it is important, therefore, to keep track of changes in service delivery models, government policies and community needs, as these may affect the demand for, and supply of, workers in the sector. Monitoring the supply and demand pressures on the welfare workforce helps to inform efforts to ensure its workers have the necessary skills and knowledge to deliver efficient and adaptable services.

Box 9.1: Defining the welfare workforce

The welfare workforce is difficult to quantify and study – particularly due to overlaps with and movements between sectors such as health – and the lack of a dedicated data collection focusing on this professional group. Given these limitations, the AIHW used a combination of industry and occupation categories to estimate the welfare workforce drawing on data reported in the Australian Bureau of Statistics (ABS) Labour Force Survey (ABS 2023b).

For the purpose of this analysis, the AIHW identified a number of occupations in the Australian and New Zealand Standard Classification of Occupations (ANZSCO) that are also engaged in work in select industries in the Australian and New Zealand Standard Industrial Classification (ANZSIC) to represent the best approximation of the ‘welfare workforce’. Selecting the occupations and industries included in this analysis was based on the following key criteria:

- Individuals were in paid employment and provided services directly to welfare-related industries, excluding workers in sectors such as health and hospitality.
- People employed in community service industries, who had community service occupations, were included.
- Community service industries included the following ANZSIC classifications:
 - Residential Care Services (Group 860), Preschool Education (Group 801), Child Care Services (Group 871) and Other Social Assistance Services (Group 879).

(continued)

Box 9.1 (continued): Defining the welfare workforce

- Community service occupations included the following ANZSCO classifications:
 - 2411 Early Childhood (Pre-primary School) Teachers
 - 2544 Registered Nurses
 - 2721 Counsellors
 - 2723 Psychologists
 - 2725 Social Workers
 - 2726 Welfare, Recreation and Community Arts Workers
 - 4114 Enrolled and Mothercraft Nurses
 - 4117 Welfare Support Workers
 - 4211 Child Carers
 - 4231 Aged and Disabled Carers
 - 4233 Nursing Support and Personal Care Workers
 - Other Community Service Occupations (for example, 1341 Child Care Centre Managers, 2415 Special Education Teachers, 4113 Diversional Therapists, 4115 Indigenous Health Workers, 4221 Education Aides, 4234 Special Care Workers).

The welfare workforce definition excludes some people in community service occupations who do not work in a community service industry. For example, a registered nurse working in a hospital would not be classified as part of the welfare workforce, though a registered nurse working in a residential aged care setting would be. Similarly, a teacher working in child care or preschool would be included, while a teacher working in a school would be excluded. Note also that teachers in preschool education, according to the ABS classification, include only those individuals in purely preschool units, not teachers in units where pre-primary school education is provided in conjunction with normal primary school education (ABS 2013).

Volunteering is an important part of the welfare workforce. However, since it is unpaid work, it is not discussed in this article.

The main data used in this article are drawn from ABS survey data. See the ABS web page – on Labour Force, Australia methodology – for more information on the strengths and limitations of these data (ABS 2023b).

From 2012 to 2022, the size of the welfare workforce grew by 65% to 663,000 workers. The majority of this growth (64%) was driven by growth in the Aged and Disabled Carers occupations.

Over the longer term, a number of factors are increasing the demand for welfare workers:

- An ageing population, alongside increasing funding for aged care services (ABS 4 November 2021), is creating demand for Aged and Disabled Carers.

- The increasing demand for, and number of participants in, the NDIS (NDIS 2022a) is creating demand for Disability workers.
- The increased participation of women in the labour force, is likely to increase the demand for Early Childhood Education and Care workers (ABS 2021).

The demographics of a workforce can offer important insights in designing initiatives to influence supply – for example, an ageing workforce can signal higher rates of imminent retirement, which, in turn, indicates a need to invest in preparing younger people to capably replace those workers who are leaving. The welfare workforce is:

- predominantly female (83%), though less so over time
- getting younger and almost on par with the average age of the overall workforce, which is ageing
- becoming slightly more dependent on overseas trained workers.

The education and employment conditions of the welfare workforce also affect the supply of its workers. Education levels continue to increase – between 2012 and 2022, the number of individuals in the welfare workforce who held a bachelor's degree or higher grew by 53%, exceeding the equivalent growth rate of the overall workforce of 46%. This increase in education level corresponds with increasing wages, although these still lag behind those for similar occupations in different industries. For example, a nurse working in health care is likely to be paid more than a nurse working in aged care.

The Aged Care, Disability Care and the Early Childhood Education and Care workforces make up the bulk of the welfare workforce and, as such, reflect its overall profile, with some notable exceptions:

- The Aged and Disabled Carers workforce has a much higher proportion of male and part-time workers compared with other occupations in the welfare workforce.
- The Early Childhood Education and Care workforce is predominantly female compared with other occupations in the welfare workforce.

While the welfare workforce has grown, due to factors described above, other medium and longer term factors continue to increase the demand for workers in this sector. The COVID-19 pandemic, for example, disproportionately affected segments of the welfare workforce compared with the overall workforce. The Aged Care sector was the most affected, with aged care residents being particularly vulnerable to outbreaks, more severe illness and death. Demand for Aged and Disabled Carers increased as visitor restrictions reduced the available support of volunteers and families. Simultaneously, supply was affected, due to the increased illness of and stress on the workforce and the restrictions placed on workers in working across multiple facilities.

At the same time, there is strong competition for welfare workers from other industry sectors, particularly the health sector.

Welfare workforce overview

As of 2022, 662,542 individuals were employed in community service occupations in the community service industry in Australia (Table 9.1), comprising 4.9% of the country's employed population. Of this workforce, 26% were employed in Residential Care Services, 18% in Child Care Services and 45% in Other Social Assistance Services.

Between 2012 and 2022, the welfare workforce grew by 65%, while the growth in overall workforce was 53%.

From 2012 to 2022, the 3 occupations with the highest growth rates were Aged and Disabled Carers, Early Childhood (Pre-primary School) Teachers, and Social Workers, with growth rates of 166%, 132% and 101%, respectively. The number of Aged and Disabled Carers per 100,000 population increased from 444 in 2012 to 1,032 in 2022.

Aged and Disabled Carers were the primary contributors to the growth of the welfare workforce between 2012 and 2022, accounting for 64% of the increase; this was followed by Early Childhood (Pre-primary School) Teachers (11%) and Child Carers (10%).

Note that the size of the workforce alone does not guarantee an increase in direct services to the community, as this depends on factors such as the number of hours worked; the workforce also includes people who carry out administrative duties.

Table 9.1: Total welfare workforce based on individuals employed in community service occupations within community service industries, 2022

	Community service occupations	Other occupations	Total
Community service industries	662,542 people employed in community service occupations in community service industries (for example, Child Carer workers in the child care services industry, Youth welfare service, Adoption service, Welfare counselling service): this is considered to be the welfare workforce of Australia in this article.	242,704 people employed in other occupations in community service industries (for example, as administrators, accountants, tradespeople, Health and Welfare Services Managers and labourers).	905,246
Other industries	621,672 people employed in community service occupations in other industries (for example, nurses working in hospitals, and counsellors in the education industry).		
Total	1,284,215		

Note: Annual average of quarterly data from original series estimates.

Source: ABS 2023a.

For an overview of the welfare workforce, see *Welfare workforce* at <https://www.aihw.gov.au/reports/australias-welfare/welfare-workforce>.

Demand for the welfare workforce

The demand for the welfare workforce has been steadily increasing over the years and is expected to continue growing; it is estimated that by 2049–50, 721,800 workers will be required (NSC 2022a). This increase can be largely attributed to factors such as an ageing population, increasing disability rates, and social policy reforms as well as a growing recognition of the importance of providing quality care to vulnerable individuals. For instance, 646,012 people are expected to be participating in the NDIS scheme by June 2024, and 693,889 by June 2025 (NDIS 2022a). Policy changes at both national and state levels that aim to offer free high-quality early childhood education of 15 hours per week (600 hours per year) to all 3-year-old children will increase demand for child-care workers.

Ageing population

The Australian population is ageing; between 2012 and 2022, the population aged 85 and above grew from 421,000 (1.8% of the population) to 549,000 (2.1%) (ABS 2023c). Life expectancy in Australia has also increased: male life expectancy in 2018–20 was 81.2 years, increasing from 80.9 years in 2017–2019, while that for females was 85.3 years, increasing from 85.0 years in the previous year (ABS 4 November 2021). These trends have considerably influenced the demand for aged care services.

Concurrently, the number of people using permanent residential aged care grew from 167,000 people in 2012 to 181,000 people in 2022 (up by 8.3%). The number of people using home care increased almost 4-fold over this period, from 55,000 people in 2012 to 216,000 people in 2022 – a rise of 294%. Moreover, between 2017 and 2022, people using Commonwealth Home support increased by 13% (Table 9.2). For more information on people using aged care services and other topics related to aged care, see the AIHW GEN website (AIHW 2023a).

Table 9.2: Number of people using aged care services grew by 294% between 2012 and 2022

Year	Permanent residential care	Respite residential care	Home care	Commonwealth Home support	Transition care
2012	166,960	4,034	54,708	-	3,439
2013	168,989	4,125	56,532	-	3,481
2014	173,930	2,809	59,708	-	3,455
2015	172,803	4,971	57,916	-	3,605
2016	175,994	5,047	64,243	-	3,624
2017	178,710	5,354	71,942	722,838	3,556
2018	180,892	5,671	91,847	783,043	3,683
2019	182,664	6,047	106,707	840,984	3,603
2020	183,965	5,958	142,436	839,373	3,499
2021	183,894	7,135	176,157	825,383	3,662
2022	180,750	7,458	215,742	818,228	3,535

Source: AIHW 2023a.

An ageing population increases the demand for aged care services; yet it is reported that staffing levels in residential care remain well below those required to meet the basic standards of care (200 minutes of care per resident per day) (CEDA 2022).

Growth in number of people using disability-related services

In 2018, more than 4 million people in Australia reported they had disability – around 18% of the population. The prevalence of disability increases with age. Around 1 in 8 (12%) people aged under 65 have some level of disability, rising to 1 in 2 (50%) for people aged 65 and over (AIHW 2022c). As Australia’s population continues to age, the demand for disability care will grow. Moreover, the roll-out of the NDIS (for people aged under 65) in recent years has also driven the demand for disability care (NSC 2022a).

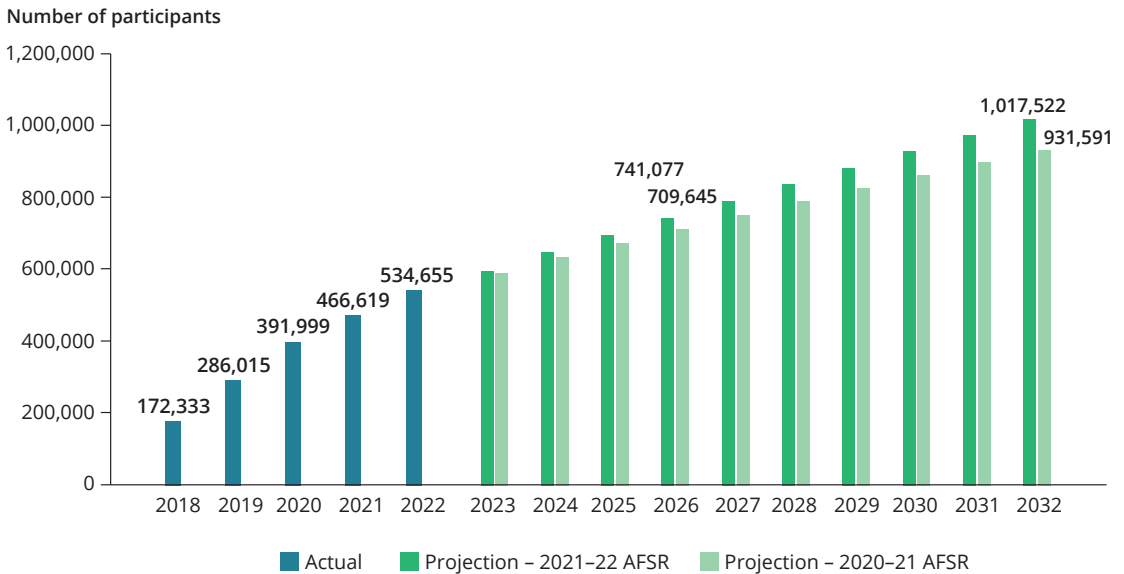
From June 2018 to June 2022, the number of NDIS participants increased from 172,000 to 535,000; by June 2032, it is expected to exceed 1 million (Figure 9.1) (NDIS 2022a)

The National Disability Insurance Agency’s Annual Financial Sustainability Report 2021–22 estimates that there will be 646,012 participants in the scheme by June 2024, and 693,889 by June 2025 (NDIS 2022a).

By July 2025, an estimated additional 128,000 workers will be needed to meet the full demand of NDIS participants (that is, from the 325,000 workers in 2021–22 to an estimated 453,000 workers by July 2025) (NDIS 2022a).

Figure 9.1: One million NDIS participants forecast by 2032

Number of actual participants in the NDIS scheme, and the projected number of future participants, 2018 to 2032



AFSR = Annual Financial Sustainability Report (NDIS report).

Source: NDIS 2022a.

Increased demand for mental health services

The National Study of Mental Health and Wellbeing conducted in 2021 estimated that over 2 in 5 Australians (44%) have a mental disorder during their lifetime. To meet the rising demand for mental health services, various levels of government provide and fund a range of services. The key services are:

- Medicare-subsidised mental health-specific services and support for psychosocial disability through the Medicare Benefits Schedule (MBS)
- specialised mental health services provided by the states and territories
- access to psychiatrists, psychologists and other allied health professionals (AIHW 2022b).

These mental health programs have increased over time (NSC 2022a). For example, during the COVID-19 pandemic, the Australian Government increased Medicare funding for mental health to 20 sessions with a psychologist per year on a Mental Health Care Plan. This program was returned to 10 sessions per year on 1 January 2023 (DoHAC 2022a).

The combined growth in mental health services and use of mental health programs has substantially increased the demand for a mental health workforce. It is expected that Registered Nurses will experience the largest growth (29.9%) over the 10 years to 2031, followed by General Practitioners (29.1%) and Resident Medical Officers and Psychiatrists (29.0%). Growth is also expected across all non-medical mental health roles, with Social Workers expected to be the largest occupation group, growing from 34,340 to 43,370 (26.3% growth), followed by Psychologists (33,060 to 42,040, 27.2%) and Counsellors (30,400 to 38,190, 25.6%) (NSC 2022a).

Demand for early childhood education and child-care workforce

Quality early childhood education and care give children developmental opportunities and improve school readiness, while supporting workforce participation of parents/caregivers. The Early Childhood Education and Care sector includes centre-based child care and preschool services.

In 2017, around 60% of children aged 0–4 (925,900) attended some form of child care and nearly 296,000 (90%) eligible children were enrolled in a preschool program in the year before full-time school (AIHW 2022a). From 2012 to 2022, there has been little change in the number of children aged 0–4: 1.49 million in 2012 and 1.50 million in 2022 (ABS 2023c). However, with increases in female labour force participation, the demand for child care and preschool services will grow. (Women made up almost half the paid workforce in 2020, but currently choose to work part time more often than men) (ABS 2021).

Further, policy changes at both national and state levels that seek to provide 15 hours per week (or 600 hours per year) of free high-quality early childhood education for all 3-year-old children are expected to drive up demand for child-care workers (DoE 2022b).

A vital factor in the delivery of high-quality education and care is an ongoing, experienced and well-qualified workforce. However, developing and retaining an Early Childhood Education and Care workforce continues to be increasingly challenging across the sector. To support the recruitment, retention, sustainability and quality of the sector's workforce, the Australian Children's Education & Care Quality Authority developed a National Workforce Strategy, titled *Shaping our Future* (2022–2031). It is intended as a roadmap for ongoing collaboration and partnerships between sector stakeholders in advancing the goal of a sustainable, highly skilled and professionally valued workforce (ACECQA 2022).

Emerging occupations across the welfare workforce

Changes in business requirements, technology and consumer preferences and needs have driven the creation of new roles and the evolution of existing ones. Certain social, cultural and economic challenges and opportunities can also create demand for emerging and new jobs in the labour market. Going forward, it is important to identify the emerging skills and requirements of new jobs to cope with demand. The demand for some of the emerging roles in the care and support workforce are outlined in Box 9.2 (NSC 2022a).

Box 9.2: New roles in the care and support workforce are potentially emerging: care coordinators, support coordinators and peer support workers

The number of job advertisements for care coordinators has almost tripled since 2013 and grown by almost 2,220% (off a low base) for support coordinators over the same period. More importantly, the role of support coordinators grew by over 236% between 2016 and 2017, which can be attributed to the NDIS national roll-out; it has continued to grow year on year since then.

In mental health, the role 'peer support workers' (sometimes referred to as lived experience workers) has emerged and grown over time. In 2020, there were over 4 times as many online job advertisements for this role than in 2013.

Given the nature of this and other emerging roles, it is likely they are more than just emerging job titles; in fact, they may be emerging occupations as their job descriptions and skills profiles are unique in respect to other occupations in the ANZSCO.

Adding these new occupations to the ANZSCO list will necessitate further disaggregated specialisations in the existing occupations list.

Evolving social care reforms

The welfare workforce represents a sizeable and growing share of the labour market. Policy changes across care and support programs can potentially increase access to care and support and cause a spike in demand. Moreover, policy reforms can ease or exacerbate workforce pressures, directly or indirectly.

Examples of some policy changes that will have an impact on the demand of the welfare workforce are described below:

- Following the recommendations of the Royal Commission into Aged Care Quality and Safety, the Australian Government committed to having 24/7 registered nurses in all aged care facilities from 1 July 2023. The Government also committed to introducing a mandatory 200 minutes of care time per resident per day, to start in October 2023, increasing to a mandatory 215 minutes from October 2024. Other changes include providing tailored support for older people with disability, and redesigned in-home aged care to meet the changing needs of older Australians (DoHAC 2022c). In the 2022–23 Budget, the Australian Government allocated \$48.5 million for 15,000 additional aged care training places for new and existing personal care workers (DoHAC 2022b).

- In 2022, the Australian Parliament passed changes to the NDIS to make the scheme simpler and more straightforward, and to remove some of the legislative barriers that have affected participant experiences. These changes are designed to support greater and faster access to services (NDIS 2022b). The Australian Government also set up the NDIS Review and is seeking to implement the recommendations and findings of the Disability Royal Commission to improve disability services and support.

For more information, see:

- the 2022 NDIS legislation amendments at <https://www.ndis.gov.au/news/7975-2022-ndis-legislation-amendments-july-update>
 - the NDIS Review at <https://www.ndisreview.gov.au/about>
 - the Disability Royal Commission at <https://disability.royalcommission.gov.au/>.
- The Australian Government will spend around \$4.5 billion to deliver more affordable child care by increasing Child Care Subsidy rates from July 2023; it is also taking measures to improve conditions for the Early Childhood Education and Care sector. The Productivity Commission was tasked to undertake a comprehensive inquiry into this sector and provide recommendations to reduce barriers to workforce participation (DoE 2023).

All of these reforms are expected to increase demand for skilled workers in the welfare workforce.

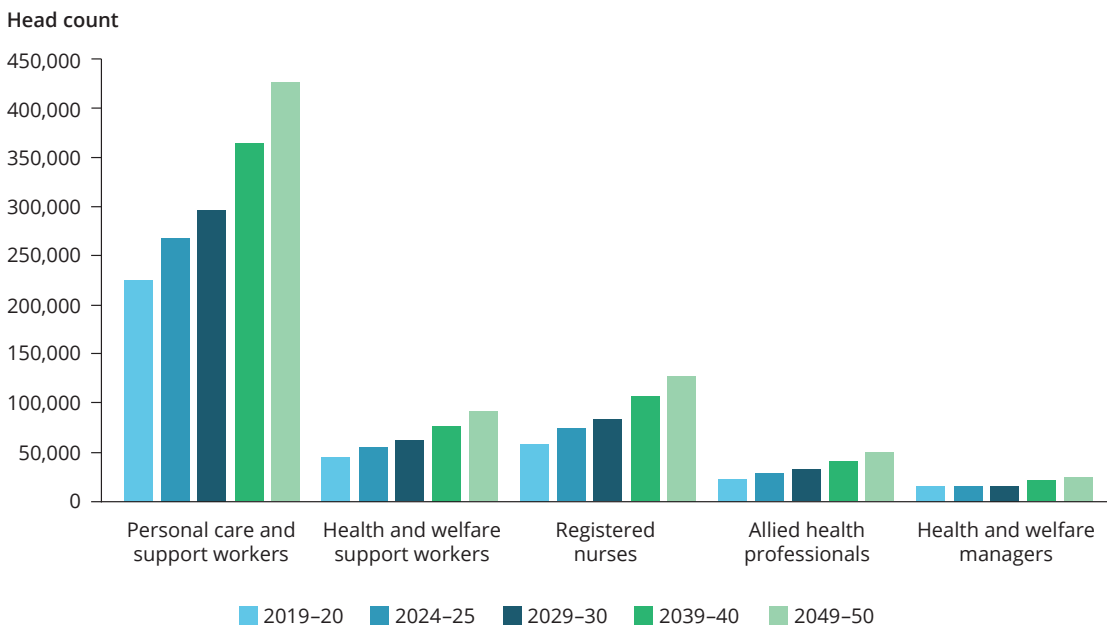
Projected welfare workforce demand

Considering the assumptions and other potential policy changes detailed above, it is predicted that the demand for the welfare workforce will increase substantially in the foreseeable future. By 2049–50, it is estimated that 721,800 welfare workers will be needed. Future demand for the welfare workforce will account for approximately 3.9% of total employment, compared with 2.9% in 2019–20. This will require around 1 in every 25 individuals in the Australian workforce to work in the welfare sector by 2049–50.

From an occupation standpoint, the majority of the welfare workforce will continue to be driven by personal care and support workers (comprising Aged and Disabled Carers and Nursing Support and Personal Care Workers). The number of personal care and support workers is projected to reach around 427,000 in 2049–50 (Figure 9.2) (NSC 2022a).

Figure 9.2: The workforce demand by headcount for Personal care and support workers is expected to reach around 427,000 in 2049–50

Projected care and support workforce (head count), by occupation group, 2019–20 to 2049–50



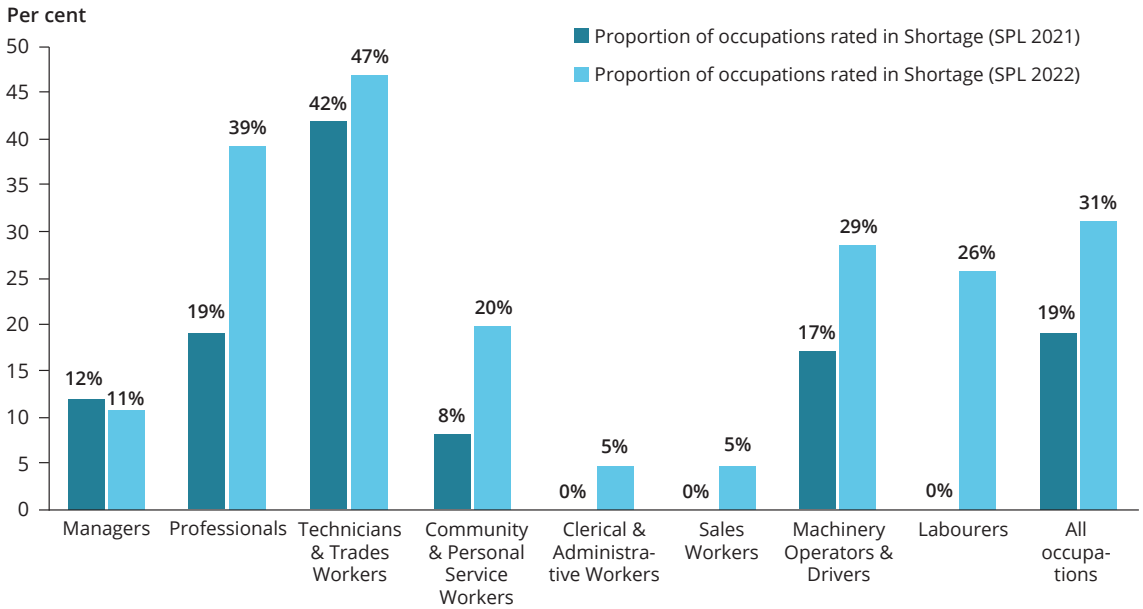
Source: NSC 2022a.

While the demand for the welfare workforce is projected to increase, there is currently a shortage of workers in this sector. The 2022 Skills Priority List report indicates that the Community and Personal Service Worker occupation group saw a higher proportion of occupations in shortage, rising to 20% in 2022 from 8.0% in 2021. Within the Community and Personal Services Workers major group, the Aged or Disabled Carers and Child Care Workers are the largest employing occupation in shortage (Figure 9.3) (NSC 2022b).

As well, according to the May 2023 Labour Market update report by Jobs and Skills Australia, Child Carers and Aged and Disabled Carers are among the top 20 occupations in demand. The report also highlights that these occupations have a significantly above-average job mobility as well as having below average qualified applicants-per-vacancy. The low job retention rate and low number of qualified applicants for these occupations could be driven by the high workloads and work pressures, working conditions and low pay. This suggests difficulties in retaining existing workers in these roles (JSA 2023).

Figure 9.3: In 2022 more occupations were in national shortage compared with 2021

Proportion of occupations in shortage on the 2021 and 2022 Skills Priority List, by major occupation group



SPL = Skills Priority List.

Source: NSC 2022b.

Supply of welfare workforce

Monitoring the supply of the welfare workforce is important to ensure that there are enough workers available to meet the needs of the community. This monitoring includes assessing if there are any shortages or surpluses in the workforce, identifying areas where there may be skill gaps or shortages and understanding trends and patterns in the workforce.

Monitoring also enables organisations to identify areas where they may need to invest in training or development programs, either to build the skills of their existing workforce or to attract new workers.

From 2012, the welfare workforce in Australia grew by 65% to more than 663,000 employees in 2022 (ABS 2023a). This section provides an overview of the characteristics of this workforce.

Factors that influence the supply of the welfare workforce

'Supply' can refer to both the existing workers within the workforce, and also the pool of potential workers in the labour market that may be utilised with further education or reskilling, or by changes to migration settings.

This article discusses the existing welfare workers, and analyses some of these influencing factors – trends in workforce demographics, training and education, average earnings, occupation type and the impact of COVID-19.

Demographics of the welfare workforce

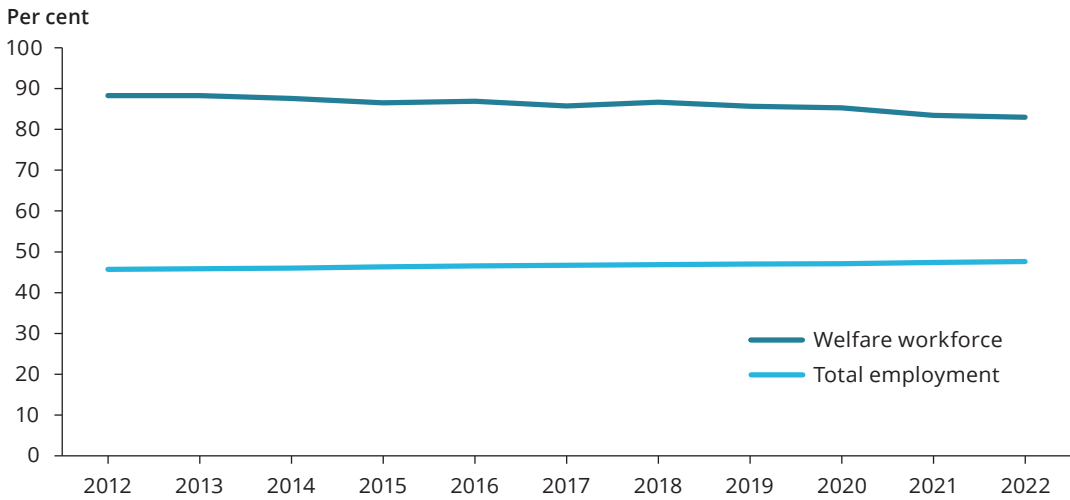
Understanding the supply of the welfare workforce means, firstly, understanding its current composition and how this has changed over time. This section looks at the gender and age profile of this workforce as well as the number of overseas trained workers (the latter being particularly important for increasing supply in the short term). (Note that gender in this analysis reflects differences between men and women, though underlying data may relate to 'sex'.)

Women make up most of the welfare workforce

In 2012, women represented 88% of the welfare workforce and 46% of the total employment. This has changed slightly over time; in 2022, women still made up the majority (83%) of the welfare workforce, and still less than half (48%) of the total employment (Figure 9.4).

Figure 9.4: Women represented 83% of the welfare workforce in 2022

Proportion of females in the welfare workforce and the total employed labour force, 2012 to 2022

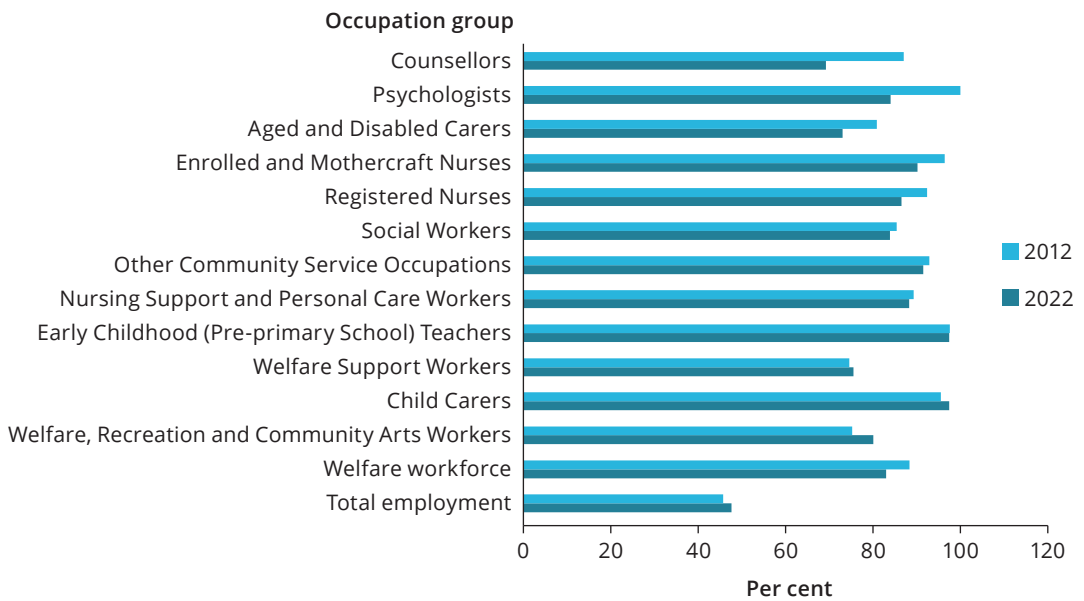


Source: ABS 2023a.

In 2022, Early Childhood (Pre-primary School) Teachers and Child Carers had the highest proportion of female workers, accounting for 97% of the workforce, followed by Enrolled and Mothercraft Nurses with 90%. The proportion of female workers in the Registered Nurses occupation fell from 92% in 2012 to 86% in 2022 (Figure 9.5).

Figure 9.5: In 2022, Early Childhood (Pre-primary School) Teachers and Child Carers had the highest proportion of female workers.

Proportion of women in the welfare workforce, by occupation, 2012 and 2022

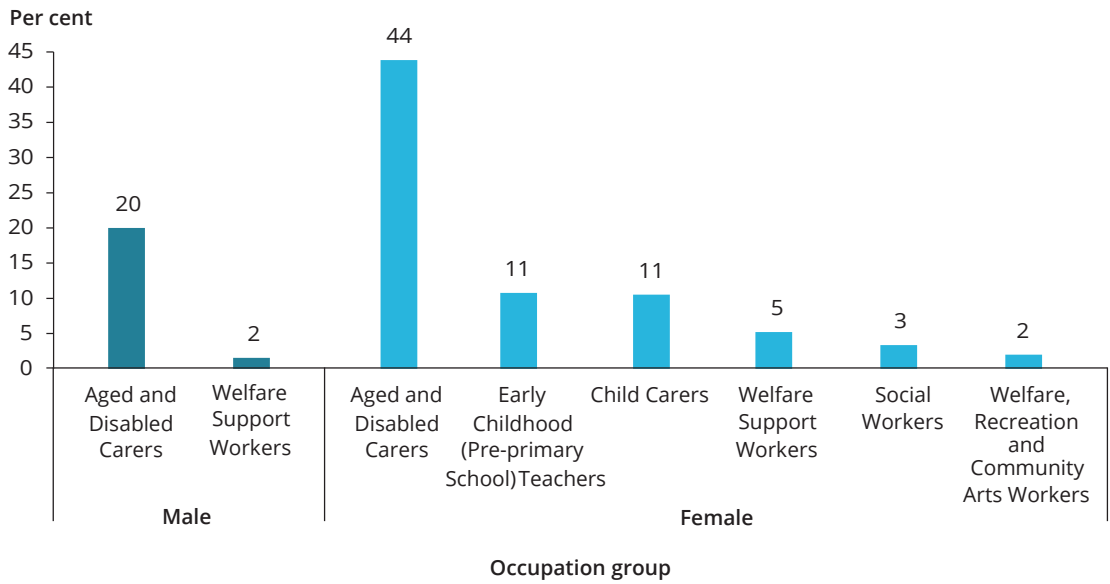


Source: ABS 2023a.

Aged and Disabled Carers is the occupation with the largest welfare workforce. It contributed most (44%) to the growth in female employment from 2012 to 2022 (Figure 9.6).

Figure 9.6: Aged and Disabled Carers contributed 44% to the growth in female employment from 2012 to 2022.

Contribution of male and female workforce to the growth of welfare workforce, 2012 to 2022



Source: ABS 2023a.

Welfare workforce is getting younger

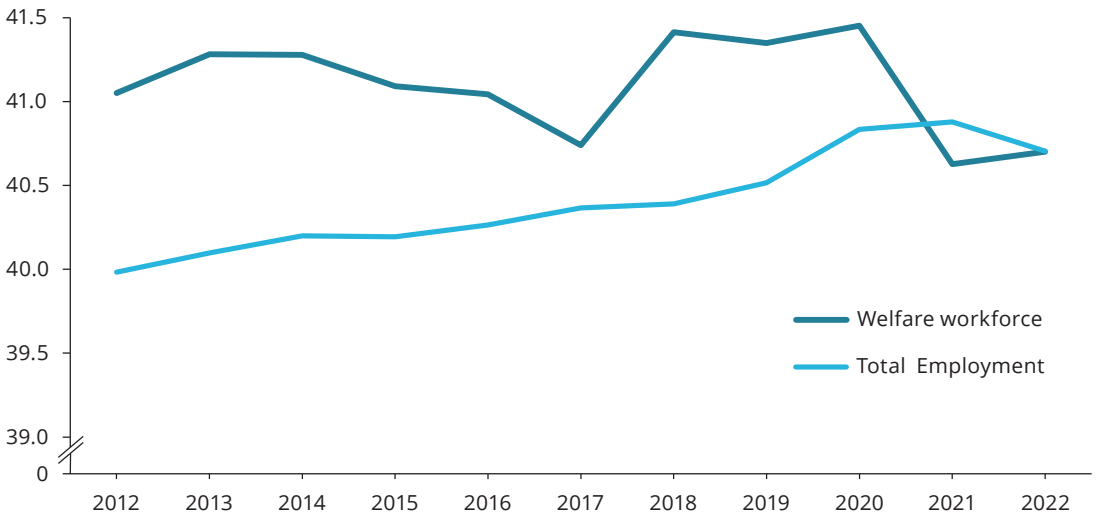
In 2022, the average age of the welfare workforce was around 41 years, comparable to the average age of all employed people. While the average age of the overall workforce has increased over time, the welfare workforce has become younger. The average age (40.70 years) of the welfare workforce in 2022 fell slightly by 0.35 years compared with the average age in 2012 (41.05 years). Between 2020 and 2021, the average age in the welfare workforce, dropped from 41.5 years in 2020 to 40.6 years in 2021 (Figure 9.7).

In 2022, individuals in the Child Carers occupation had the lowest average age (36 years), while individuals in the Counsellors occupation had the highest (47 years) (Figure 9.8).

Figure 9.7: Average age of welfare workforce has decreased

Average age of the welfare workforce and the total employed labour force, 2012 to 2022

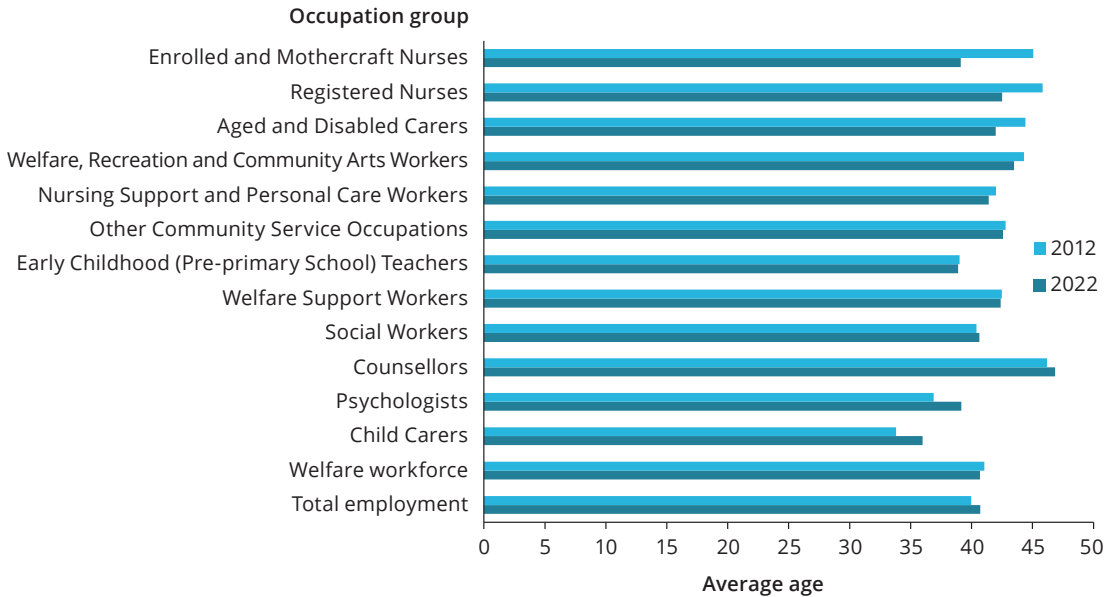
Average age



Source: ABS 2023a.

Figure 9.8: Individuals in the Child Carers occupation had the lowest average age

Average age by occupation, 2012 and 2022



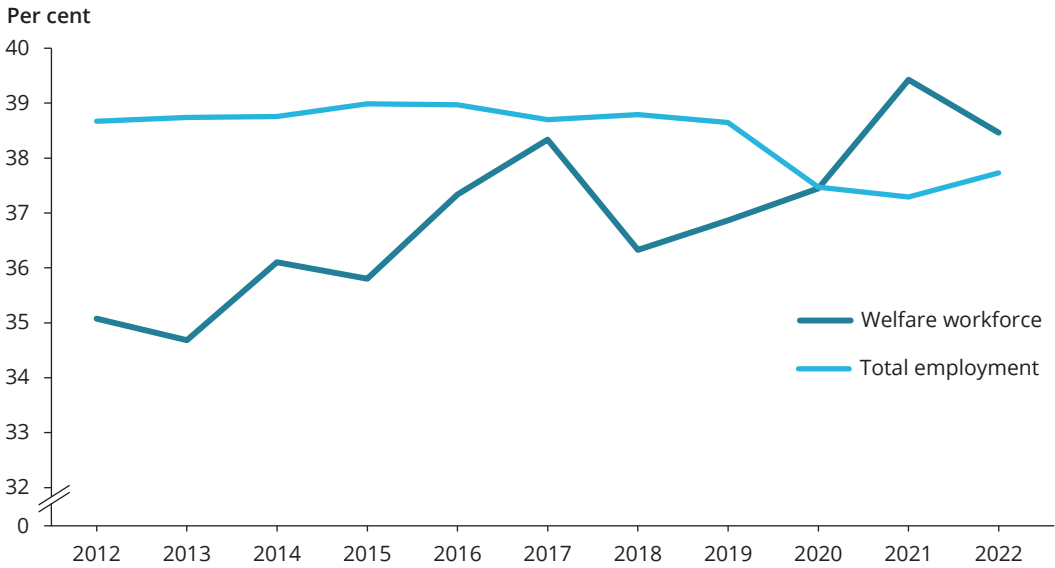
Source: ABS 2023a.

Another way to look at demographics of the welfare workforce is to analyse the proportion of young people (aged 34 and under) in the workforce. Figure 9.9 shows that this proportion has generally increased over time. Both the welfare workforce and the overall workforce had similar proportions of workers aged 34 and under in 2022 (38%). Among the occupations, Child Carers had the highest proportion of workers in this age group (52%), followed by Psychologists (44%). Occupations with the largest fall in average age – Enrolled and Mothercraft Nurses, Registered Nurses, and Aged and Disabled Carers – also had the largest rise in the proportion of young people, with respective increases of 22%, 10% and 10% (Figure 9.10).

During the COVID-19 pandemic, the Australian Government introduced the JobMaker Hiring Credit and the JobTrainer Fund. The JobMaker Hiring Credit scheme was an incentive for businesses to employ additional young job seekers aged 16–35. The Certificate III in Individual Support and the Certificate IV in Disability were among the courses offered for free or at low cost through the JobTrainer fund (NDS 2021). Younger people and people who had lost their jobs during the early stages of the pandemic were encouraged to enrol in these courses.

Figure 9.9: Higher proportion of workers aged 34 and under in the welfare workforce in 2021 due to policy change

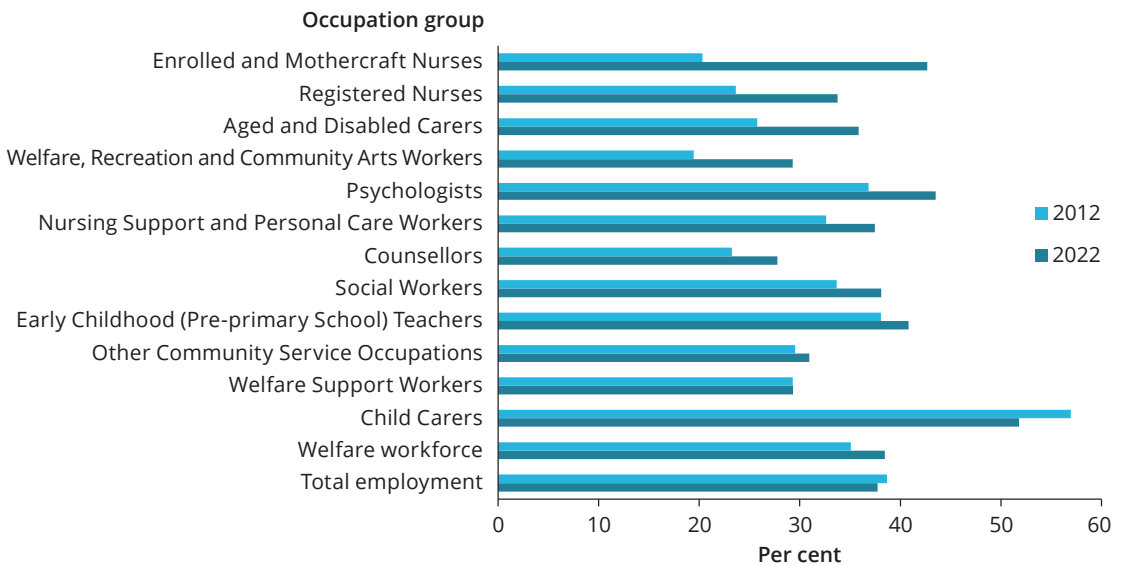
Proportion of welfare workforce aged 34 or under, 2012 to 2022



Source: ABS 2023a.

Figure 9.10: In 2022, 52% of Child Carers in the welfare workforce were aged 34 and under

Proportion of welfare workforce aged 34 or under by occupation, 2012 and 2022

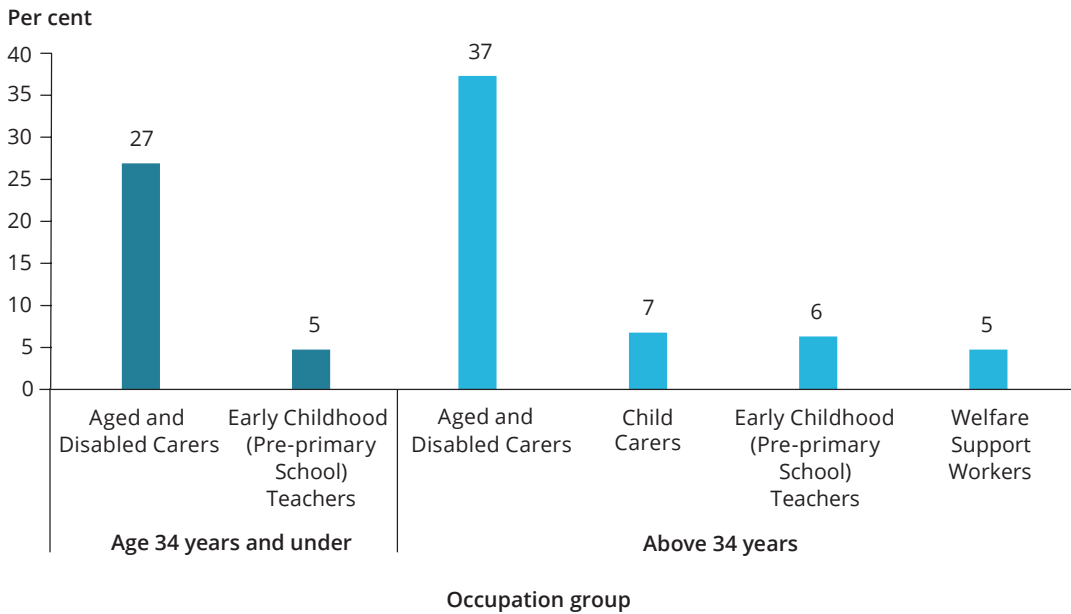


Source: ABS 2023a.

The occupation with the largest welfare workforce is Aged and Disabled Carers; it made the highest contribution (27%) to growth in the younger welfare workforce between 2012 and 2022 (Figure 9.11).

Figure 9.11: Aged and Disabled Carers contributed the most (27%) to the growth of workers aged 34 and under

Contribution of people aged 34 and under, and over 34, to the growth of the welfare workforce, 2012 to 2022



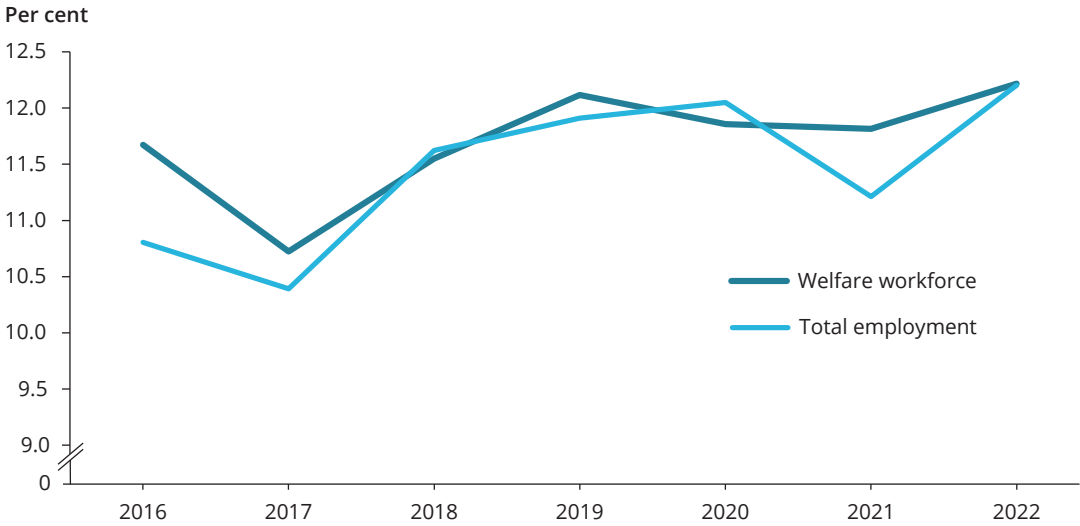
Source: ABS 2023a.

Overseas trained welfare workers increased

The proportion of welfare workers trained overseas increased from 11.7% in 2016 to 12.2% in 2022 – an increase of 23,860 individuals (Figure 9.12). In 2022, the occupations with the highest proportion of workers trained overseas were Nursing Support and Personal Care Workers (18.6%) and Registered Nurses (15.9%) (Figure 9.13).

Figure 9.12: In 2022, the proportion of overseas trained workers in the welfare workforce was similar to that of the total labour force

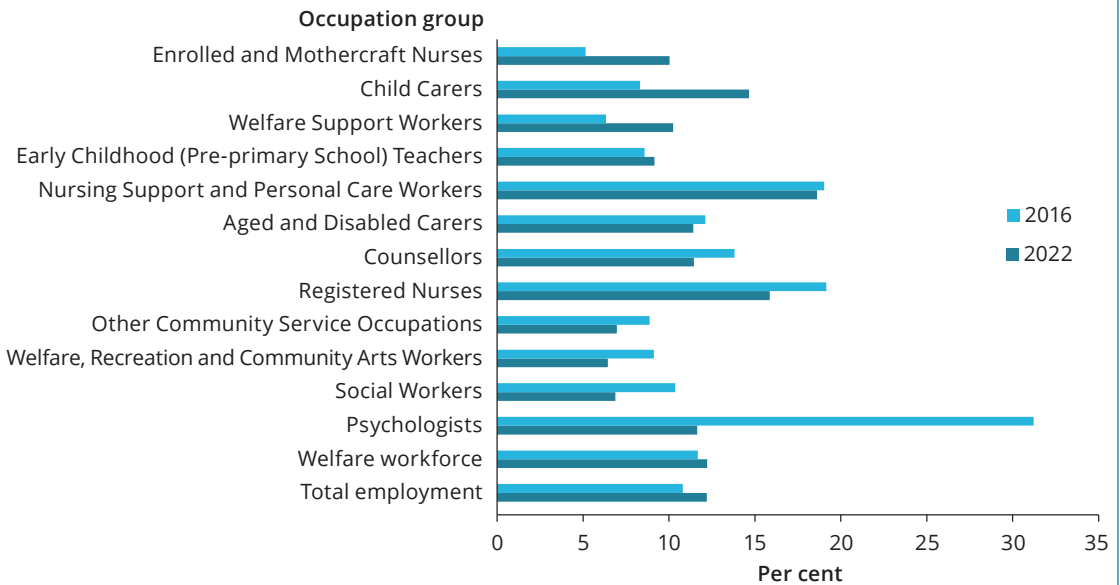
Proportion of overseas trained workers in the welfare workforce, 2016 to 2022



Source: ABS 2023a.

Figure 9.13: In 2022, 18.6% of Nursing Support and Personal Care Workers were overseas trained

Proportion of overseas trained workers, by occupation, 2016 and 2022

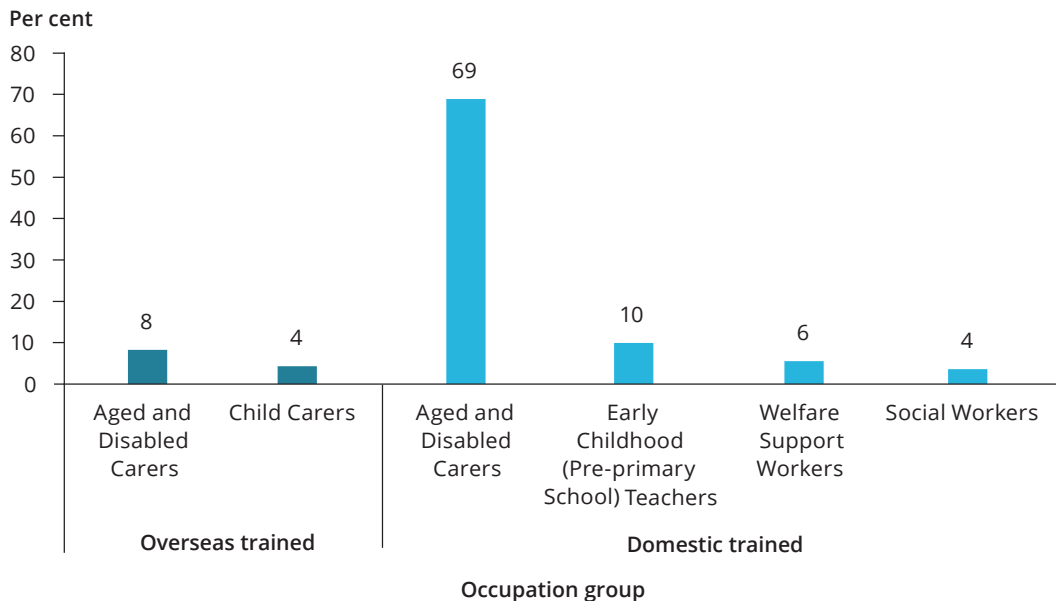


Source: ABS 2023a.

Between 2016 and 2022, overseas trained Aged and Disabled carers accounted for around 8% of the growth of the welfare workforce (Figure 9.14).

Figure 9.14: Between 2016 to 2022, overseas trained Aged and Disabled carers contributed around 8% to the growth of the welfare workforce.

Contribution of overseas and domestic trained workers to the growth of the welfare workforce from 2016 to 2022



Source: ABS 2023a.

Education and type of employment

Overall, the welfare workforce has become more educated, though this varies by occupation. Increased levels of education, in turn, can drive higher wages. The growth in earnings, however, has not been equally distributed by gender.

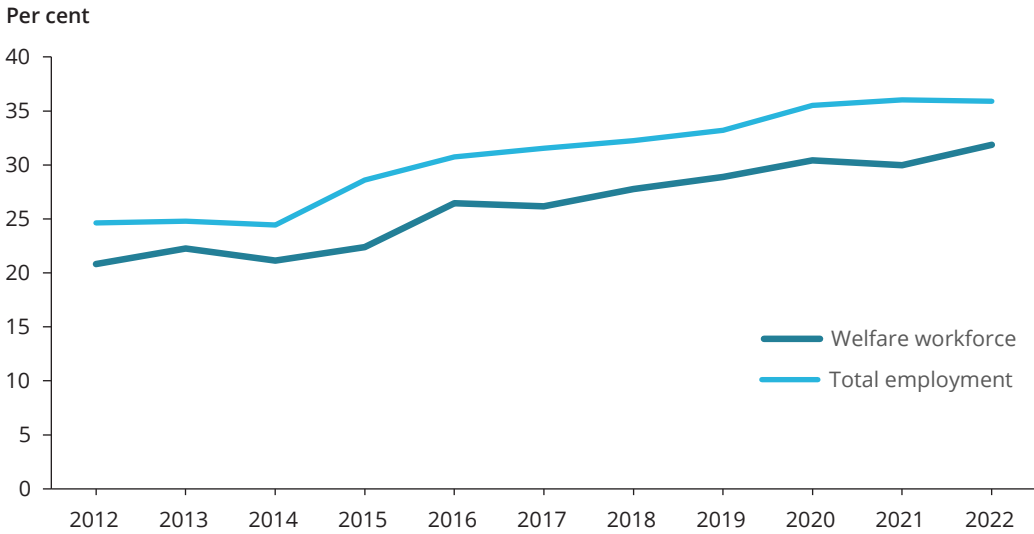
Welfare workforce is becoming more educated

The proportion of the welfare workforce with a bachelor’s degree or higher increased between 2012 and 2022. During this time, the number of individuals in the welfare workforce who held a bachelor’s degree or higher grew by 53% – which exceeded the equivalent growth in the overall workforce (46%) (Figure 9.15).

In 2022, 56% of Early Childhood (Pre-primary School) Teachers and 20% of Aged and Disabled Carers in the welfare workforce held a bachelor’s degree or higher. In the same year, 32% of workers in the welfare workforce and 36% in the overall workforce held a bachelor’s degree or higher (Figure 9.16).

Figure 9.15: A 53% growth in welfare workforce staff with bachelor's degree or higher

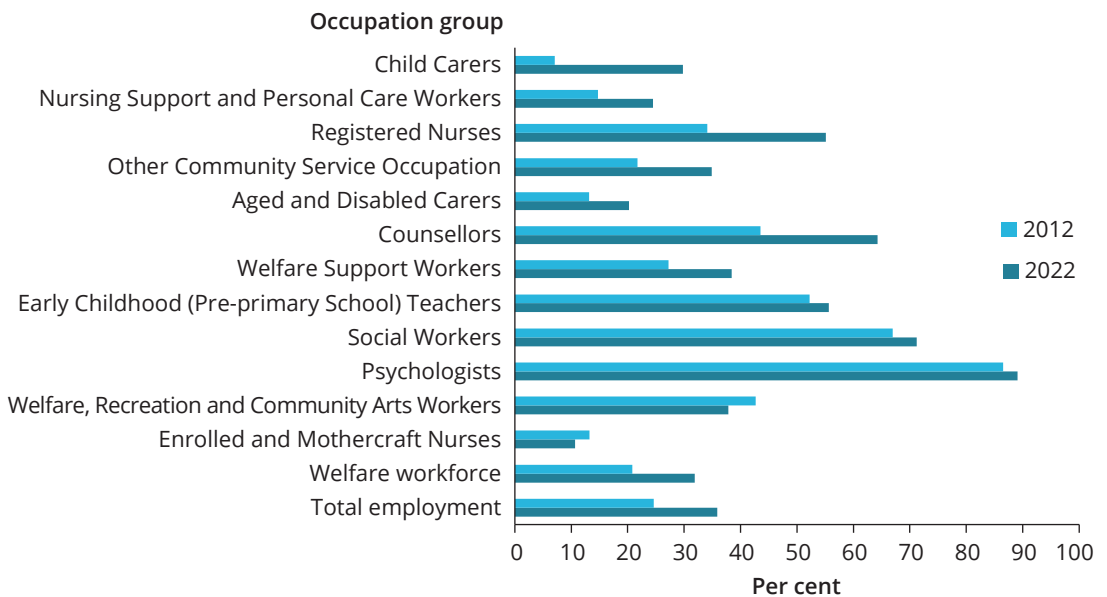
Proportion of welfare workforce with a bachelor's degree or higher, 2012 to 2022



Source: ABS 2023a.

Figure 9.16: Twenty per cent of Aged and Disabled Carers in the welfare workforce had a bachelor's degree or higher in 2022

Proportion of welfare workforce with a bachelor's degree or higher, by occupation, 2012 and 2022

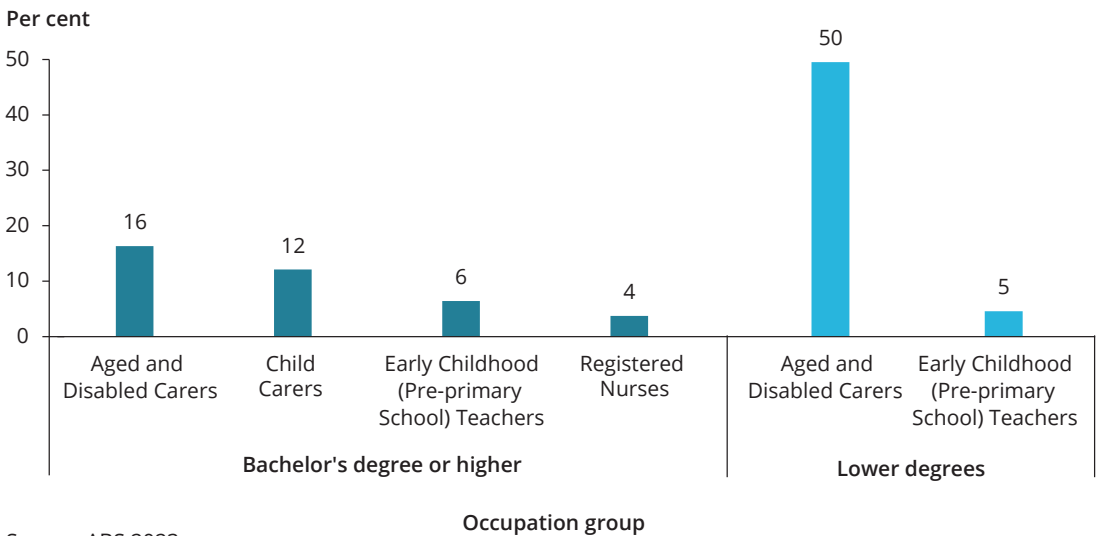


Source: ABS 2023a.

From 2012 to 2022, workers with a bachelor’s degree or higher in the Aged and Disabled Carers occupation contributed to 16% of the growth in staff with a bachelor’s degree or higher in the welfare workforce, despite accounting for only 3% of the welfare workforce in 2012 (Figure 9.17).

Figure 9.17: Aged and Disabled Carers occupation contributed most to the growth of higher education in the welfare workforce from 2012 to 2022

Contribution to the growth of higher education by occupation, from 2012 to 2022



Source: ABS 2023a.

Vocational qualification

In 2022, the Aged and Disabled Carers (26%) and Nursing Support and Personal Care Workers (28%) occupations had the highest proportion of welfare workers with a vocational qualification; however, the proportion of workers with a vocational qualification had fallen from 22.5% in 2012 to 19.5% in 2022. During this same period, the proportion of Early Childhood (Pre-primary School) Teachers with a vocational qualification increased by 9.6% while Aged and Disabled Carers with a vocational qualification fell by around 2%.

Average earnings have increased

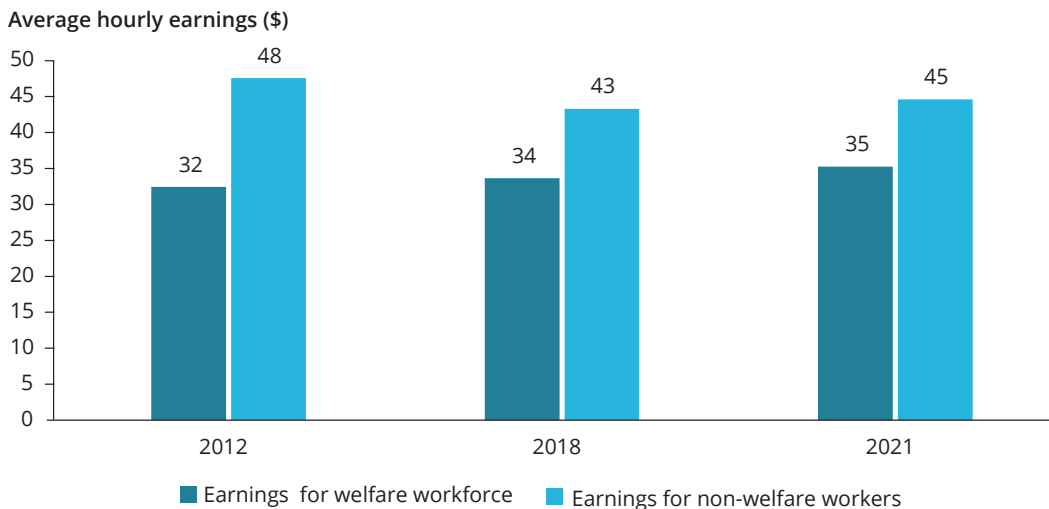
The average hourly earnings for welfare workers (community service occupations in community service industries) was \$35 in 2021, while workers in the non-welfare workforce (non-community service occupations in non-community service industries) earned \$45 per hour (Figure 9.18).

As of 2021, Registered Nurses continued to earn the highest average hourly wage (\$50) among welfare workers, while Child Carers earned the lowest, at \$28 per hour. In the same year, occupations such as Social Workers, Welfare Support Workers, and Counsellors had hourly earnings of \$44, \$41 and \$43, respectively (Figure 9.19).

From 2012 to 2021, hourly earnings for the welfare workforce grew by 8.7% but fell by 6.1% for these occupations in non-welfare industries. This does not reflect a fall in wage rates, however, but rather changes in the composition of the workforce.

Figure 9.18: Average hourly rate is lower in the welfare industry than in the non-welfare industry

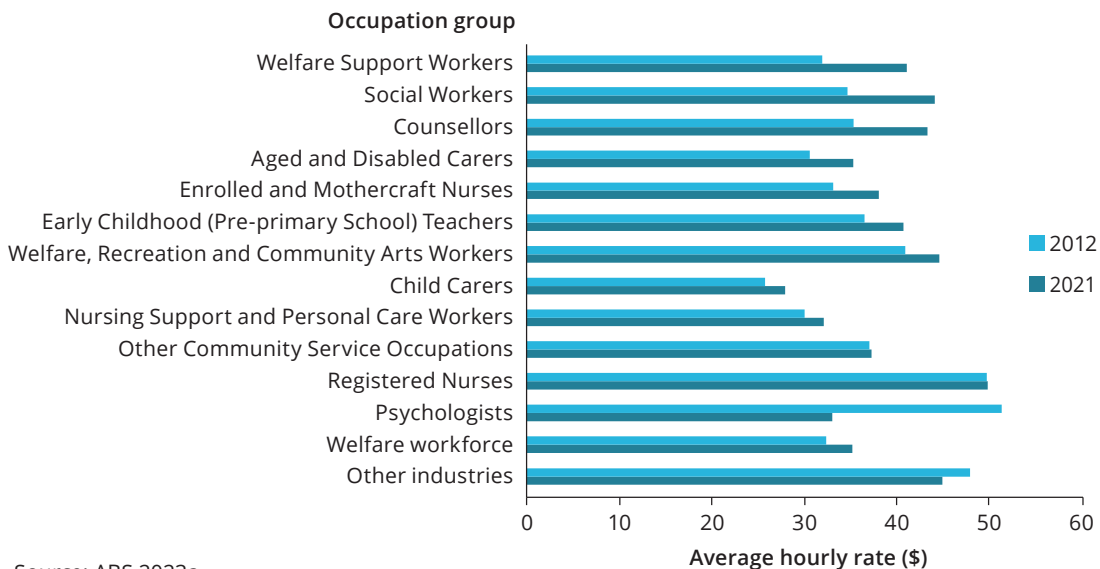
Average hourly rate in the welfare workforce and non-welfare workforce, 2012, 2018 and 2021



Note: Data for Social Workers and for Early Childhood (Pre-primary School) Teachers are from 2018 (not 2021). Source: ABS 2023a.

Figure 9.19: In 2021, the average hourly wage for Registered Nurses was \$50

Average hourly rate in the welfare workforce, by occupation, 2012 and 2021

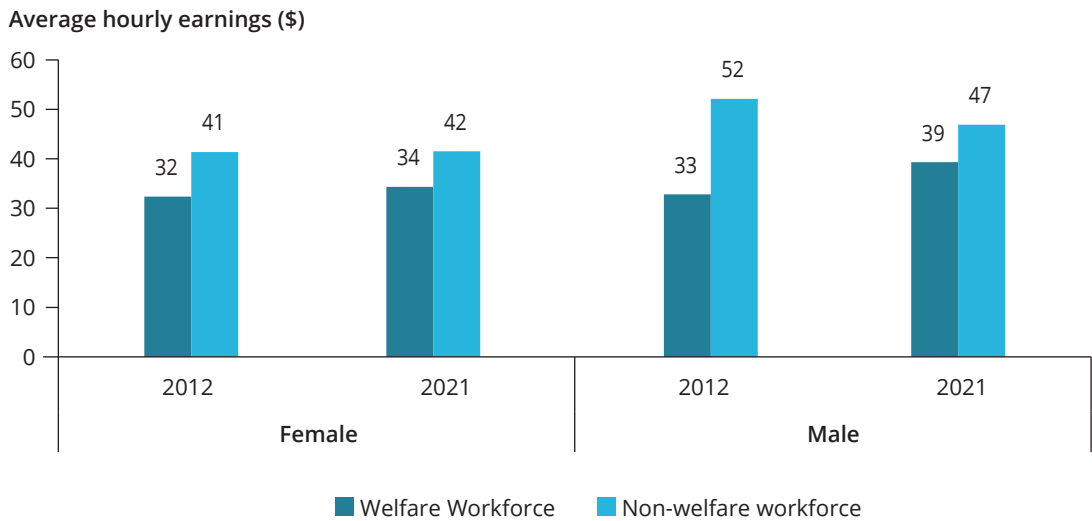


Source: ABS 2023a.

In 2012, male workers in the welfare workforce in the welfare sector earned \$33 per hour compared with \$32 per hour for female workers (using the constant price of 2021 dollars). However, in 2021, male workers were had higher hourly earnings than female workers, with males earning \$39 per hour and females, \$34 (see Figure 9.20). The average hourly earnings had increased by 6% for female workers but by 20% for male workers.

Figure 9.20: Men’s average earnings in the welfare workforce increased more than women’s

Average hourly rate in the welfare workforce, by sex, 2012 and 2021

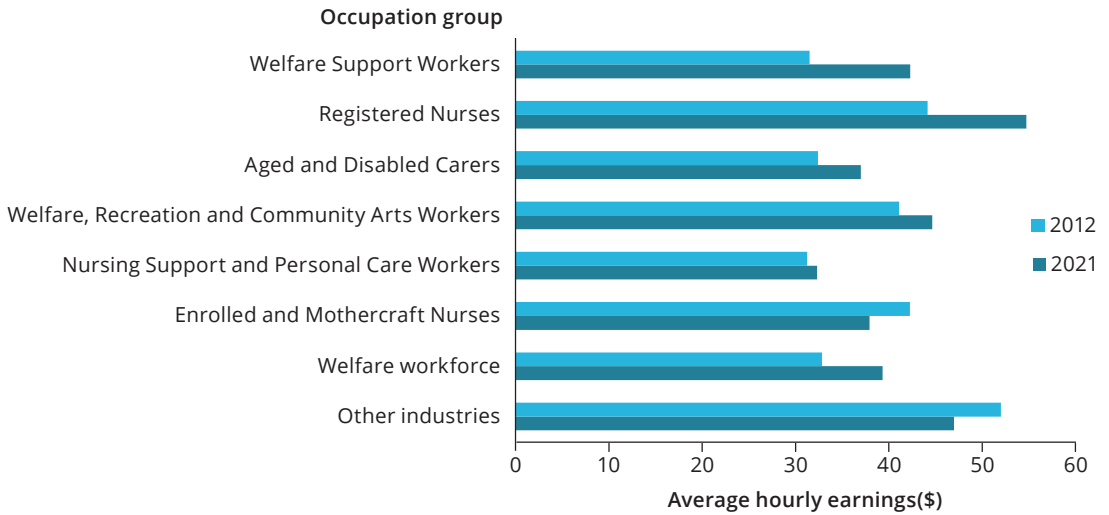


Note: Data of earnings for men and women are not available for all occupations.
Source: ABS 2023a.

When analysing the average hourly earnings by occupation in the welfare workforce, it was observed that, in 2021, men had higher average hourly earnings than women. For instance, men working in the Aged and Disabled Carers occupation had average hourly earnings of \$37, while women earned \$35 per hour. Similarly, male Registered Nurses had average hourly earnings of \$55 compared with \$49 for female Registered Nurses (figures 9.21 and 9.22). (Note that the difference observed for hourly earnings for Registered Nurses is based on average earnings so may not take into consideration different salary increments within a profession.)

Figure 9.21: In 2021, men working in the Aged and Disabled Carers occupation had average hourly earnings of \$37

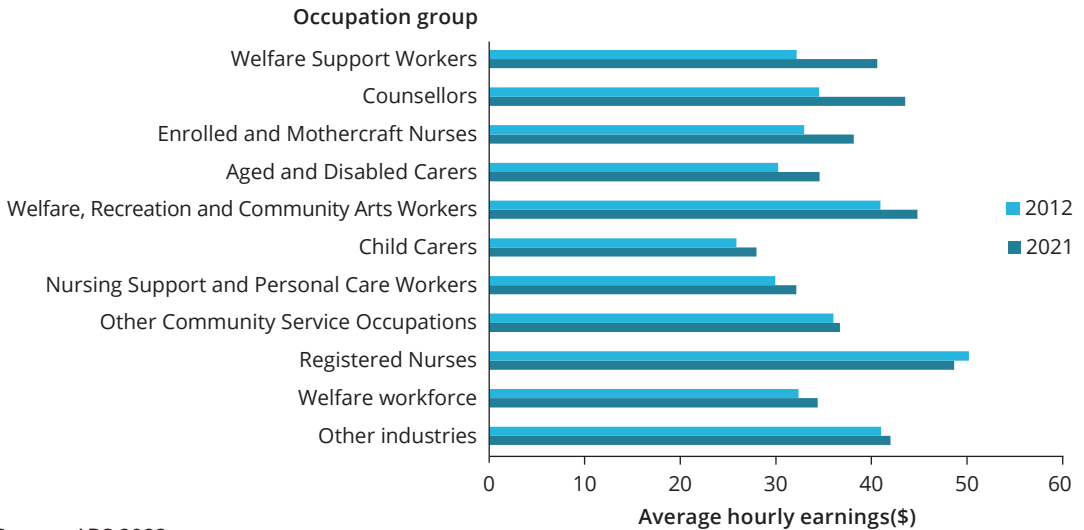
Men's average hourly earnings in the welfare workforce by occupation, 2012 and 2021



Source: ABS 2023a.

Figure 9.22: In 2021, women working in the Aged and Disabled Carers occupation had average hourly earnings of \$35

Women's average hourly earnings in the welfare workforce by occupation, 2012 and 2021



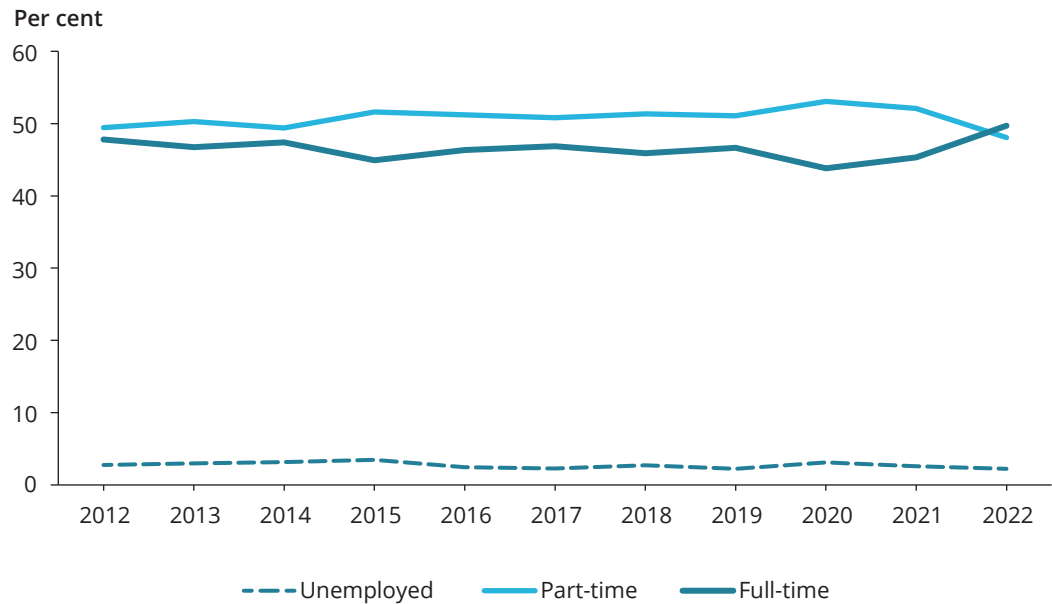
Source: ABS 2023a.

More full-time than part-time workers

The proportion of part-time workers in the welfare workforce fell from 53% in 2020 to 48% in 2022, while the proportion of full-time workers (who typically work 35 or more hours per week in all jobs, increased over the same period (Figure 9.23). This change coincided with the COVID-19 pandemic, which caused a greater reduction in the number of part-time than full-time welfare workers; it may also have resulted from Australia's extended international border closure, which restricted the supply of overseas trained workers (NSC 2022). In 2019, the proportion of individuals working part time in the welfare workforce was 51%, compared with 48% in the total employment. In 2022, these proportions fell to 48% and 45%, respectively.

Figure 9.23: More of welfare workforce is working full time

Proportion of welfare workforce, by type of employment, 2012 to 2022

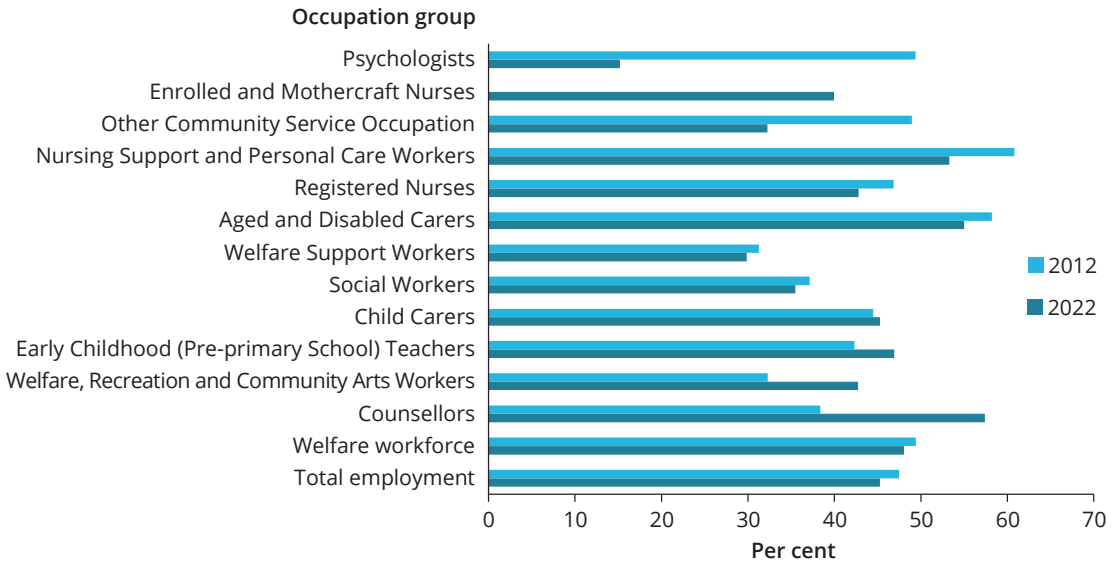


Source: ABS 2023a.

As shown in Figure 9.24, in 2022, Counsellors (57%) was the occupation with the largest proportion of workers working part time, followed by Aged and Disabled Carers (55%).

Figure 9.24: In 2022, 55% of Aged and Disabled Carers were working part time

Proportion of part-time workers in the welfare workforce by occupation, 2012 and 2022



ABS 2023a.

Supply of the welfare workforce by occupation

Aged care workforce

The following analyses are based on the Department of Health 2020 Aged Care Workforce Census (DoHAC 2021). The purpose of this census was to offer a periodic snapshot of the aged care sector workforce to inform the Australian Government and the sector on its size, growth, characteristics and skill sets.

As a result of the COVID-19 pandemic, this census did not collect data directly from individual workers in the aged care sector. Instead, aged care providers completed the census for their workforce as at November 2020. Hence, demographic information is based on what these aged care providers knew.

A total of 1,329 residential aged care (RAC) facilities (49%), 616 Home Care Packages Program (HCPP) providers (47%) and 505 Commonwealth Home Support Programme (CHSP) providers (38%) responded to the survey across various aged care planning regions.

Key characteristics of the aged care workforce in 2020

Number of employees: As of 2020, 208,903 direct care workers (including nurses, personal care workers and allied health staff) were employed in the aged care sector in RAC facilities, 64,019 in HCPP providers and 59,029 in CHSP providers – a combined total of 331,951 direct care workers. The largest group of direct care workers across all 3 service types are personal care workers. (Note that where staff work for multiple providers or across different service types, these numbers may overestimate the actual size of the workforce.)

Gender of employees: The aged care workforce remains predominantly female, with women making up 86% of all workers in RAC facilities. The proportion of male nurses (6%) and personal care workers (11%) in HCPP providers was lower than that for RAC facilities (14% for both).

Age of employees: In 2020, around half of RAC workers were aged under 40 and around 33% of HCPP workers were aged under 40.

Educational level: In 2020, 66% of personal care workers held a Certificate III or higher in a relevant direct care field. (Direct care workers are people who work directly with individuals in need of care. They provide hands-on assistance, support and care to individuals who need help with their daily living activities.)

Country of origin: In 2020, about 35% of the total RAC workforce had a culturally and linguistically diverse (CALD) background (that is, from non-English speaking countries). Similarly, 21% of the direct care workers in HCPP providers had a CALD background.

Part-time work: Direct care workers are increasingly working part time. In 2020, 93% of RAC workers and 91% of HCPP workers were doing part-time jobs.

Disability workforce

The NDS Workforce Census is an annual survey conducted by National Disability Services (NDS) in Australia to gather data and glean insights on the disability workforce. These census data are distinct from the workforce data collected by the ABS Workforce Survey, which relies on ANZSCO classifications.

The disability sector itself designed the NDS Workforce Census to provide relevant, useful and up-to-date information on disability support workers and allied health workers.

The census report for 2023 provides information on the characteristics of the disability workforce, including age and employment status for the 2022 calendar year. The 2023 census received responses from 437 providers representing 86,343 workers (NDS 2023). The following workforce attributes were reported in the NDS Workforce Census 2023.

Permanent work: The percentage of the disability workforce in permanent roles is approximately 59%, with 80% of permanent workers working part time.

Casualisation: There is an increase in casual employees with 39% of the workforce working casual roles, up from 31% in 2020.

Average hours worked: The average number of hours worked per week are increasing with workers working an average 22.6 hours per week, up from 18.9 hours in 2021.

Age of employees: The majority of the disability workforce is aged between 25 to 44 years old (51%), followed by workers over 55 (20%), 45 to 54-year-olds (20%) and 14 to 24-year-olds (9%).

Child care workforce

Early childhood education and care services workforce

The early childhood sector includes a range of early childhood education and care (ECEC) services, such as preschool, centre-based day care, kindergarten, family day care, in-home care, childminding services and before- and/or after-school care or vacation care. In 2022, 173,619 staff were employed as ECEC workers in community service industries. Almost three-quarters (71%) of the ECEC workforce were Child Carers; the remaining 29% were Early Childhood (Pre-primary School) Teachers (ABS 2023a).

Key characteristics of the ECEC workforce

Data from the ABS Labour Force Survey (ABS 2023a) estimated that, in 2022:

- under two-thirds (61.6%) of the ECEC workforce were employed in Child Care Services, followed by Preschool Education (37.7%), Other Social Assistance Services (0.6%) and Residential Care Services (0.1%)
- the majority of the total ECEC workforce was female (96.8%)
- the average age of Child Carers was 35.9, and 38.9 for Early Childhood (Pre-primary School) Teachers – both younger than the average age (41) of the overall workforce
- only 2.1% of child carers were Aboriginal or Torres Strait Islander (First Nations) people, compared with 2.3% for the welfare workforce and 1.3% for the overall workforce

- the majority of ECEC staff (82.2%) had an educational qualification; 37.3% had a bachelor’s degree or higher, 23.4% had an undergraduate diploma and 17.2% had skilled vocational qualifications
- the proportion of workers with a bachelor’s degree or higher was higher among Early Childhood (Pre-primary School) Teachers, at 56%, than in the welfare workforce (32%) and in the overall labour force (36%)
- the proportion of ECEC staff employed full time was slightly higher than the proportion employed part time (53% compared with 47%)
- 13.0% of the ECEC workforce were overseas trained migrants/migrant workers compared with 11.9% in the previous year.

Changes in the ECEC workforce over time

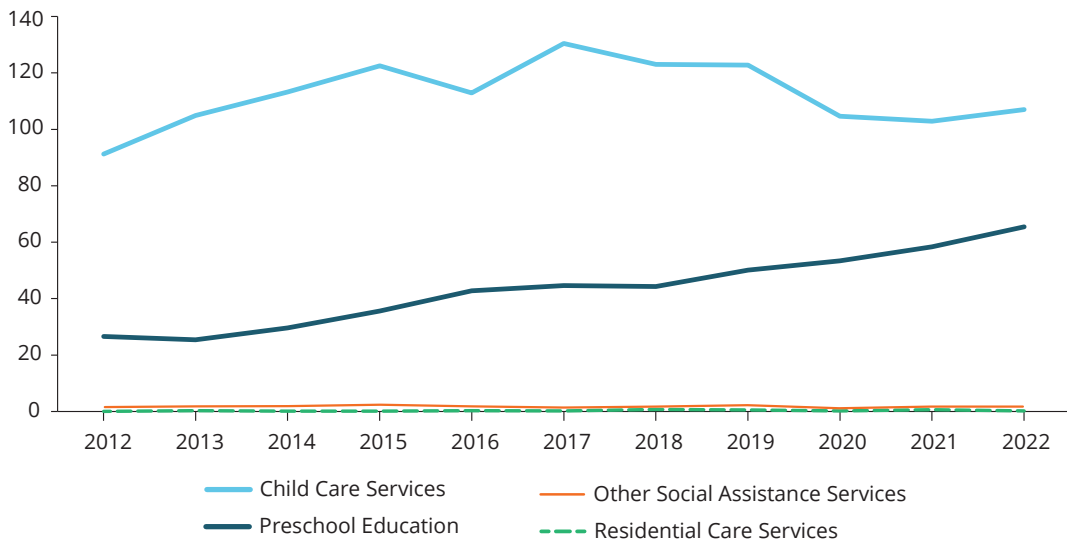
Between 2012 and 2022:

- the ECEC workforce had an annual average increase of 4.1%; ECEC staff employed in Preschool Education services had an annual average increase of 9.7% (Figure 9.25)
- the proportion of female staff in the ECEC sector remained stable at over 95%
- the average age of Child Carers increased from 33.7 in 2012 to 35.9 in 2022
- the proportion of ECEC staff having skilled vocational qualifications dropped by 4.4%, while those having a bachelor’s degree or higher increased by 21.3% points
- the proportion of overseas trained migrants/migrants workers in the total ECEC workforce increased from 8.4% in 2016 to 13.0% in 2022.

Figure 9.25: Pre-school education is growing faster than other services

Number of ECEC staff in the welfare workforce by services, 2012 and 2022

Number ('000)



ABS 2023a.

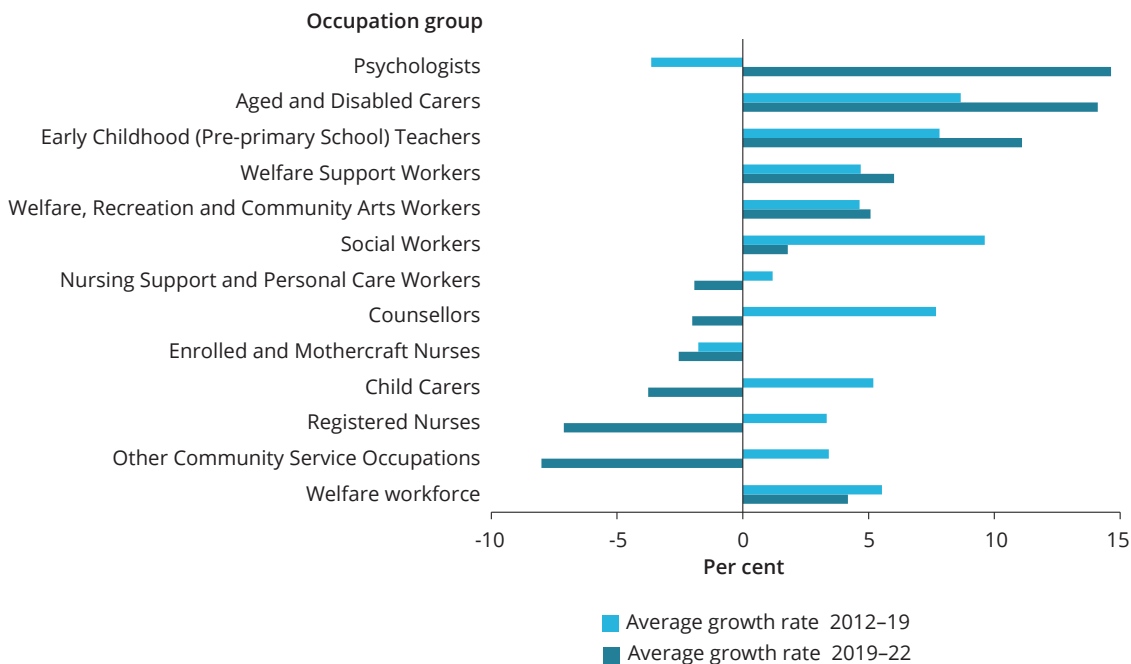
For more information on ECEC, see the 2021 Early Childhood Education and Care National Workforce Census report (DoE 2022a).

Impact of the COVID-19 pandemic on the supply of the welfare workforce

The impact of the COVID-19 pandemic on the growth of the welfare workforce was analysed by comparing ABS Labour Force Survey data from 2 periods: 2012 to 2019, and 2019 to 2022. While the annual growth rate for the total welfare workforce between 2019 and 2022 was lower (4.2%) than that between 2012 and 2019 (5.5%), some occupations such as Aged and Disabled Carers and Early Childhood (Pre-primary School) Teachers saw an increase in annual growth compared with the pre-pandemic period (Figure 9.26).

Figure 9.26: Psychologists and Aged and Disabled Carers occupation had the highest growth during the pandemic

Annual growth by occupation, pre-pandemic period compared with pandemic period

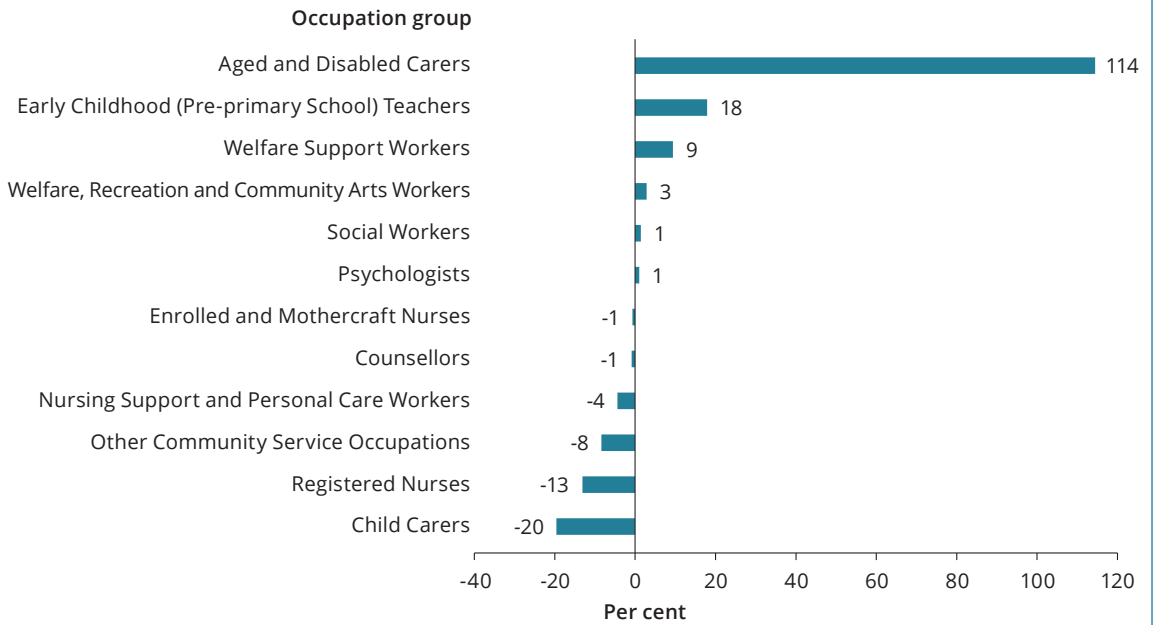


ABS 2023a.

Aged and Disabled Carers made the largest contribution to growth during the pandemic (2019 to 2022), accounting for 114% of the growth during this period (as shown in Figure 9.27).

Figure 9.27: Aged and disabled carers made the largest contribution to growth in the welfare workforce during the COVID pandemic

Contribution to growth of the welfare workforce by occupation, from 2019 to 2022



Source: ABS 2023a.

Impact of COVID-19 on welfare workforce demographics

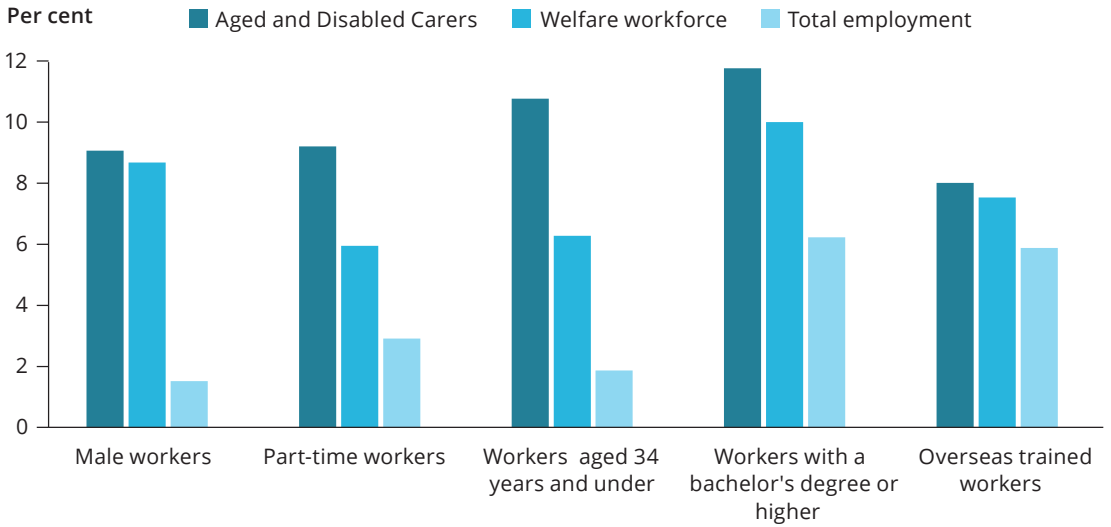
The Aged and Disabled Carers workforce was the main driver of the growth of the welfare workforce between 2019 and 2022 – it increased from around 180,500 in 2019 to more than 268,000 in 2022. The high demand for staff in this occupation has resulted in some substantial demographic changes, including an increase in the number of male workers and a greater proportion of young people.

Before the COVID-19 pandemic (2012 to 2019), the annual average growth rates for male workers and staff aged 34 and under in the Aged and Disabled Carers workforce were 9.1% and 10.8%, respectively (Figure 9.28), compared with 27% and 22% during the pandemic period from 2019 to 2022 (Figure 9.29).

However, the proportion of overseas workers in the welfare workforce declined compared with that in the overall workforce. (Note that Aged and Disabled Carers represented a subset of the total welfare workforce.)

Figure 9.28: Pre-pandemic, the annual growth rate of male workers in the Aged and Disabled Carers workforce was 9.1%

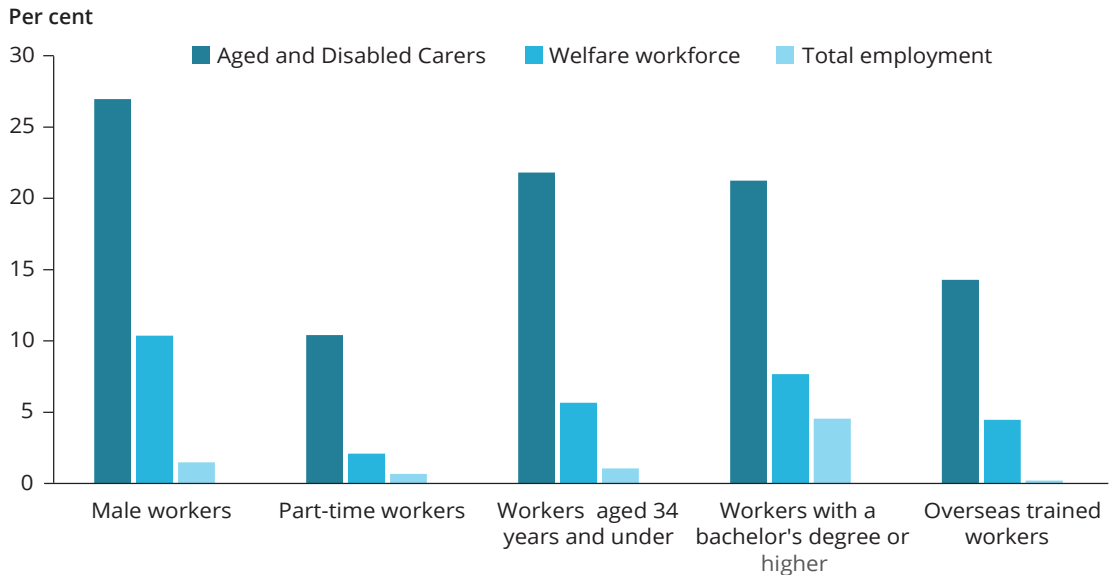
Pre-pandemic annual growth rates, selected groups from 2012–2019



Source: ABS 2023a.

Figure 9.29: Increase in annual growth rate of male workers in the Aged and Disabled Carers workforce

Pandemic annual growth rates, selected groups from 2019–2022



Source: ABS 2023a.

Impact of the COVID-19 pandemic on supply by occupation

The welfare workforce provides essential services to people in need. The impact of the pandemic on the welfare workforce varied by occupation. Aged Care and ECEC services reported substantial pressures due to staff shortages exacerbated by COVID-19, while Disability Support services reported financial hardship due to clients cancelling shifts.

Aged care workforce

The COVID-19 pandemic heavily affected the aged care sector. Aged care residents had higher rates of COVID-19 outbreaks, more severe illness and more deaths. Social distancing and visitor restrictions introduced during the pandemic had a huge impact on the informal support the residents received. Support from volunteers and family members was reduced, and aged care workers had to undertake additional tasks and roles to fill these gaps. For a workforce already under pressure with staff shortages, low pay and poor working conditions, this was difficult for many. Aged care workers reported feeling distressed, detached and devalued during the pandemic (Tierney et al. 2022).

The Australian Nursing and Midwifery Federation surveyed workers in early 2022 on the impact of COVID-19 on the aged care workforce. Based on the responses of the 985 participants who completed the survey, it was found that an estimated 21% of workers intended to leave their employment within the next 12 months, and 37% within the next 1–5 years (ANMF 2022).

The previous Australian Government had put some 'stop gap' measures in place to retain and grow the workforce during the pandemic. These measures included:

- the JobMaker Hiring Credit scheme (an incentive for businesses to employ additional young job seekers aged 16–35)
- the JobTrainer Fund (adding the Certificate III in Individual Support to those courses being offered for free or at low cost)
- deployment of Australian Defence Force personnel where needed to support the aged care workforce (CEDA 2022).

Disability workforce

The COVID-19 pandemic presented many challenges for disability service providers and their workforce. Pre-existing workforce issues – such as workforce supply shortages, staff working across multiple sites, high turnover rates, and insufficient time and resources for training of staff – were exacerbated during the pandemic (Cortis and Toorn 2020).

The COVID-19 pandemic highlighted the need for ongoing support and investment in the disability workforce. Training in disability-specific infection control was developed with the sector following a review in July 2022. Infection control webinars were also held between July and September 2022 for the disability workforce. As well, disability service providers have developed the capacity to handle workforce shortage and

prepare for potential future COVID-19 outbreaks (NDIS Quality and Safeguards Commission 2022).

The pandemic created many hurdles for the disability sector, but there were also some positive developments (Box 9.2). As Australia moves to 'COVID Normal', it is important that lessons are learnt from the pandemic experience to date, and that a clear strategy is developed that supports the sector with workforce issues and prepares it for future outbreaks (Stamet 2021).

Box 9.2: Positive impacts of COVID-19

- **Recognition of the importance of support work:** In the early stages of the pandemic, the disability workforce was not clearly defined as an essential workforce. Advocacy by many, including the NDS, ensured that this workforce was included on the list of workers providing an essential service.
- **Allowance for international students to work more than 40 hours per fortnight:** Temporary relaxation of the cap on working hours for international students working for an aged care or NDIS provider meant that they could work more than 40 hours per fortnight.
- **Government support to keep and grow the workforce:** Besides the JobKeeper payment and the JobMaker Hiring Credit, the Australian Government also put in place the JobTrainer Fund. The Certificate III in Individual Support and Certificate IV in Disability were among the courses offered for free or at low cost through this fund.
- **Increased use of technology:** Physical restrictions imposed on working arrangements by the pandemic meant that the welfare workforce had to make greater use of technology. Through the increased frequency of these online communications, virtual cultural initiatives and daily catch-ups (through tools such as Zoom, Teams and email), employees across the Australian workforce felt more connected and more able to contribute than ever before (NDS 2021).

Early childhood education and care workforce

During the pandemic, ECEC services were deemed to be essential to the economy. In Australia, most ECEC services were kept open during the pandemic, except for those in Victoria, which were closed for 6 weeks to everyone except documented essential workers (Logan et al. 2021). When ECEC staff were infected or isolating, many centres were left with insufficient staff to open all rooms (De Courten et al. 2021). Moreover, concerns for health and safety, staffing issues and the increasing number, frequency and rigour of cleaning and hygiene negatively affected the wellbeing of ECEC staff and contributed to many leaving the workforce (Logan et al. 2021). The job vacancy rates in the ECEC sector were around 50% higher during the pandemic than they were before the pandemic (De Courten et al. 2021).

Challenges in attracting, training and retaining a welfare workforce

The increase demand for welfare workforce have created challenges for the sector in attracting, training and retaining a sufficient workforce. With some parts of the sector already facing skills shortage and high staff turnover, it is crucial to adapt and adopt strategies that will improve the capacity of the workforce to meet future needs.

The key challenges in attracting and retaining workers stem from:

- a poor sector reputation
- poor working conditions, including high client–staff ratios
- a lack of career paths and professional development opportunities
- low rates of remuneration (NSC 2022a).

In consultation with Workforce Innovation and Development Institute (WIDI) stakeholders have also consistently identified a lack of support through supervision, and concerns about safety and wellbeing.

In 2020, RAC facilities reported a total of 9,404 vacancies in direct care roles. In the same year, estimated vacancies for direct care roles in HCPP and CHSP providers were 6,479 and 6,117, respectively. Personal care workers made up almost half of the total vacancies (Table 9.3) (DoHAC 2021).

Table 9.3: Vacancies in aged care, 2020

Job role	Total Vacancies		
	Residential Aged Care	Home Care	Commonwealth Home Support
Nurse Practitioner	21	24	20
Registered Nurse	1,995	297	282
Enrolled Nurse	829	124	154
Personal Care Worker	6,212	5,817	5,307
Allied Health Professional	202	197	327
Allied Health Assistant	145	20	27

Source: DoHAC 2021.

As well, the number of exits from the welfare workforce in the recent years has increased. People aged 18 to 39 were more likely to change employers or leave the sector. The top 3 reasons given for leaving the community service sector were:

- to develop new skills
- to pursue more career opportunities (not enough in the sector)
- to try something different (HESTA 2021).

According to the WIDI, remuneration and access to training and development are also factors contributing to exits from the workforce.

Some strategies to rebuild the aged care workforce include:

- increasing award wages in the sector
- recruiting personal care workers directly, by adding them to the temporary or permanent skilled migration lists. For more information refer to the recently announced Aged Care Sector Labour Agreement (DoHAC 5 May 2023).
- providing better career pathways and working conditions
- developing low-cost re-training options for people returning to the industry to boost skills and attract workers
- investing in new technologies to improve productivity (CEDA 2022).

Initiatives to meet these challenges

Already, the Australian Government has implemented several measures to mitigate the shortage of aged care workers, including a wage increase. The Fair Work Commission made an interim decision to increase the award wages of aged care workers in direct care roles by at least 15% (Fair Work Ombudsman 2023).

The Australian Government is also funding a number of programs to build, train and support the aged care workforce, for example:

- setting up the Aged Care Registered Nurses' Payment (a payment of up to \$6,000 for Registered Nurses working with the same employer in aged care for set eligibility periods)
- introducing fee-free TAFE and additional university places to support an increase in the aged care workforce. The fee-free TAFE program is available for individuals seeking education and training in the care workforce. It aims to support and prioritise the development of skilled professionals in the care sector by removing the financial barrier to their education and training (DoHAC 2023b).

The Aged Care Workforce Strategy, launched in 2018, is another government scheme designed to tackle the workforce problems facing the aged care sector in Australia. The strategy sets out various measures and plans to create a skilled, diverse and sustainable workforce. Its initiatives to improve workforce planning and development include developing workforce data and research and promoting innovation in workforce practices (DoHAC 2023a).

The Australian Government has developed a plan to meet the workforce needs of the disability sector – the NDIS National Workforce Plan 2021–2025 (the NDIS Workforce Plan). The NDIS Workforce Plan includes initiatives to attract, develop and retain workers, increase access to training and education, and support career development and progression. The plan aims:

- to improve the quality and quantity of workers in the disability sector
- to increase the range of skills and expertise of workers
- to ensure that the needs of NDIS participants are met by a skilled and diverse workforce (DSS 2021)

Additionally the Australian Government committed during the 2022 election, to develop a comprehensive NDIS Workforce Strategy.

The WIDI at the RMIT University in Melbourne is leading the Skills in Employment Project funded through Jobs Victoria, which aims to promote workforce growth and development in the disability and aged care sectors through large-scale workforce recruitment and training. The project is designed to address long-standing challenges in these sectors for creating sustainable recruitment and employment pathways for new workers. The capacity and capability of employers to support and supervise new workers during recruitment, while on the job and in training has also been a long standing issue, that has in-part led to high attrition rates for workers new to these sectors, together with relatively poor retention in training through Registered Training Organisations (RTOs).

The project adopts a work-integrated learning model that enables participants to work while undertaking a Certificate III Individual Support (Ageing) or a Certificate IV Disability. The project utilises a three-way partnership approach that involves the employer, the employee undergoing on-the-job training, and RMIT as the lead training and assessment provider. Large scale recruitment activity is supported through the use of assessment centres, and dedicated workplace mentors are assigned to all workers and their supervisors to support integration of training and work duties, career development and to build organisational capability in supervision.

Through this project, the WIDI is assisting 500 new workers (including experienced workers displaced by COVID-19) to transition to employment in the community service sector. Priority groups include women aged over 45, young people, and long-term unemployed people and people at risk of becoming so. All project participants gain an accredited qualification, providing them with a strong foundation for continued employment within the sector (WIDI 2023b).

Training for the welfare workforce

The welfare workforce in Australia plays a critical role in supporting vulnerable individuals and families. To ensure that this workforce has the necessary skills and knowledge to deliver effective and responsive services, it is essential to provide its workers with appropriate training. However, this endeavour faces some pressing challenges, including:

- *limited resources*: the resources to invest in training programs are limited and there is limited capacity to supervise and support workers who are studying
- *variation in skills and knowledge*: the different levels of skills and knowledge required can make it challenging to design training programs that meet the needs of all workers
- *limited access to training*: people working in remote and regional areas may have access only to limited training opportunities
- *time constraints*: many welfare workers have demanding workloads, with limited time for training and professional development.
- *Financial barriers*: many students need to continue to earn a wage to support themselves while studying, which can act as a barrier to change careers or upskill.

Key focus areas for training

To ensure that the workforce has the skills and knowledge to meet current and future demand, the specific needs and hurdles the sector faces must be considered when designing training programs. The key areas of focus for a training program are:

- *dementia care training*: with increases in the prevalence of dementia among the elderly, this training would provide aged care workers with skills to support residents living with dementia
- *palliative care training*: palliative care is an essential part of end-of-life care. This training would equip workers to provide physical, emotional and spiritual support to residents nearing the end of their life
- *infection control*: infection control is critical in preventing the spread of diseases in aged care facilities
- *cultural competence*: in a multicultural country like Australia, it is essential for staff to have an informed sensitivity to different cultural beliefs, values and practices. Training should focus on cultural awareness, cultural safety and cross-cultural communication. This would provide the disability workforce with the competence and empathy to effectively meet the unique needs of people from different cultural backgrounds
- *self-care training*: the welfare workforce is often exposed to high levels of stress and burnout. Self-care training would equip the staff with skills to maintain their wellbeing and build resilience in challenging situations

- *technology training*: technology training would equip the workforce with skills to effectively use technology to deliver services, including data collection and management, communication and online services. Technology training programs are critical in building the capacity of the workforce
- *assistive technology training*: this training would provide the disability workforce with knowledge of assistive technology options and how to support people with disability to use them effectively (DoHAC 2023b; NSC 2022a).

Identifying the different forms of training required across the welfare sector and the different providers can be challenging, as:

- the type and level of training and qualifications required to work in the welfare workforce vary considerably between different parts of the sector, and even within sectors
- some roles in the disability and aged care sectors (for example, personal care workers) have no mandated minimum qualifications, though other roles do (like nurses)
- there are a large number of educational programs to prepare students to join the welfare workforce, from Certificate level through to higher degrees.

The Australian Government has put in place a number of programs to build, train and support the aged care workforce – for example, fee-free Technical and Further Education (TAFE), more university places, increased numbers of student clinical placements and employment opportunities for new nurse graduates (DoHAC 2023a).

The Australian Government is also developing the National Strategy for the Care and Support Economy; this strategy outlines a plan of action for a sustainable and productive care and support economy that provides quality care and decent employment opportunities. It will establish a long-term vision for the care and support economy, encompassing various sectors such as aged care, disability care and support, veterans, and early childhood education and care (PM&C 2023).

The WIDI's Higher Apprenticeship and Traineeships Social Service Project (HATSSEP) is enhancing workforce capability across the aged care and disability sectors via an innovative 'earn & learn' model that is providing upskilling and credentials for 400 experienced workers. The program builds on a pilot to develop a model for higher apprenticeships in the social services sector, offering existing workers the opportunity to undertake a Certificate IV Disability or an Advanced Diploma Community Sector Management. All organisations and workers participating in the HATSSEP receive wrap-around support to assist with successfully integrating training and workplace duties. Dedicated mentors are assigned to all workers and their supervisors to help build organisational capability in workplace training. A community of practice provides additional peer support for workplace supervisors (WIDI 2023a).

Monitoring supply and demand in the care workforce

A number of different data sources are required to comprehend and monitor the factors that influence the supply and demand dynamics of the welfare workforce. Data sources such as industry projections, recruitment activity, labour market statistics, and information on government welfare policies and macro-economic trends can help to reveal trends in the welfare workforce may be heading.

Addressing data gaps

Accurate and comprehensive workforce data can provide valuable insights into the current supply and demand dynamics of the welfare sector, including any gaps or shortages in the workforce. Such data can also aid in workforce planning and development by enabling organisations to better anticipate future service demand, and plan for their workforce needs accordingly. Moreover, having reliable and up-to-date workforce data can facilitate evidence-based decision-making and provide a basis for evaluating the impact of policies and programs.

Currently, there are gaps in data for the welfare workforce in Australia, making it difficult to accurately estimate its size and composition. According to the WIDI, traditional approaches to understanding the size and characteristics of the social services workforce present a range of challenges. For instance, the ANZSCO/ANZSIC descriptors offer limited insights and do not distinguish between the various sub-sector workforces (for example, people working in family violence, and the mental health and homelessness sub-sectors). Further, direct surveys of the workforce provide point-in-time insights only, are resource intensive and are not usually comparable across sub-sectors.

WIDI, in collaboration with the sector and peak bodies, is developing innovative approaches to overcome deficiencies in these methods – one of which is working with the ABS to link existing national and jurisdiction-level data via the Multi-Agency Data Integration Project (MADIP). The approach adopted in the MADIP is intended to provide ongoing, comparable and longitudinal workforce insights to develop and refine methods that can be used in workforce planning across Australian sub-sector workforces. The WIDI is also investigating new frameworks to describe the functions of specific roles and job categories across the social services workforces. This initiative aims to anticipate future training needs and support the growth of the workforce in coming years (WIDI 2023c).

Hence, future improvements and developments of welfare workforce data should:

- *improve data capture*: this includes reviewing the ANZCO and ANZSIC classifications, incorporating more detailed industry categories and updating the occupational categories and job descriptions to ensure they remain relevant and accurately reflect the work being performed in various industries. As well, the classifications should be defined more flexibly to accommodate emerging job roles and job transitions

- *improve the quality and response rate of surveys*: this will ensure that the data collected are more accurate and representative of the population of interest
- *improve the use of linked data*: linked data can provide a more comprehensive view of the welfare workforce. Data from different sources can be combined to provide a better understanding – including information on employment, qualifications, training, and demographics. Using linked data also allows for more complex analysis, such as examining the career pathways of workers or identifying workforce gaps
- *create a monitoring framework with repeatable transparent methods for use across the sector*: This will allow for consistency in data collection and analysis, making it easier to compare data across different regions or sectors within the industry. As well, it promotes transparency in the collection and reporting of data, which can increase trust in the system.

Developments are also underway to improve the aged care data system as part of broader aged care reforms. A National Aged Care Data Strategy is expected to be finalised by the end of 2023. Consultation with stakeholders to date has highlighted the importance of prioritising data governance, workforce data literacy and capability and data standardisation and harmonisation – as well as mitigating data gaps, including workforce data. Funded by the Department of Health and Aged Care, the AIHW is leading the development of 2 key data improvement activities, these include:

- an Aged Care National Minimum Data Set
- the National Aged Care Data Asset.

These data will help to drive efforts to fill critical data gaps in the aged care sector. For more information on the aged care data improvements, see the AIHW GEN website (AIHW 2023b).

The NDIS has implemented a workforce monitoring framework, consisting of the NDIS Workforce Capability Framework and the NDIS Workforce Census, to gain a comprehensive understanding of the NDIS workforce. The framework is designed to capture information on the size, demographics and training requirements of the workforce (NDIS 2023).

Workforce monitoring framework

The workforce monitoring framework proposed by the former National Skills Commission (NSC 2022a) aims to provide an understanding of the balance between workforce supply and demand over time. The framework typically includes regular surveys or censuses of the workforce to gather data on demographics, qualifications, employment characteristics and training needs. The data collected are used to inform policy decisions, workforce planning, and training strategies. Implementing such a framework would help to ensure that the workforce is adequately trained, equipped and staffed to meet the demand for care services.

The framework has 3 main components:

1. Regular snapshots with point-in-time assessments of the demand and supply factors affecting the care and support workforce.

Indicators of demand include variables such as:

- recruitment activity, recruitment difficulty and job vacancies
- skills shortages, both at a regional and national level
- labour market characteristics and trends
- changes in the size of the workforce
- workforce productivity and retention rates
- relative wage growth of the care workforce compared with that in the overall workforce.

Drivers of supply include:

- enrolments and completions in training and education
 - migration and immigration levels
 - job movement and transitions
 - workforce use and hours worked.
2. Adjustment/resetting of the baseline of demand and supply models, based on new information, to revise future forecasts. This involves looking at how the size of the workforce at a given point in time differs from the projections and expectations for it at that point in time.

To understand the drivers of demand differences, this aspect of the framework would investigate and report on changes in care and support program parameters and settings as well as demographic shifts. To understand the drivers of supply differences, the framework would investigate and report on participation rates in the care workforce, productivity levels, domestic migration patterns and international immigration settings.

3. Regular assessment of the impacts of new policy on the demand for and supply of the workforce. An example of a likely increase on demand is the Australian Government's aged care policy to increase, from October 2024, the care minute requirement (sector wide) to an average of 215 minutes per day, including a minimum 44 minutes of registered nurse time.

Note: The National Skills Commission has been abolished with the passage of the Jobs and Skills Australia (National Skills Commissioner Repeal) Act 2022. In November 2022, Jobs and Skills Australia commenced as an Australian Government statutory body, for more information, see <https://www.jobsandskills.gov.au>.

Further reading

For more information on the Australian workforce, see:

- ABS Employee Earnings and Hours (<https://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/6306.0Main+Features1May%202016?OpenDocument>)
- ABS General Social Survey – summary results, Australia for more information on volunteering. (<https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/latest-release#voluntary-work-and-unpaid-work-support>)
- ABS Labour Force Survey (<https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia-detailed/latest-release>)
- Aged Care Workforce Census (<https://gen-agedcaredata.gov.au/Resources/Reports-and-publications/2017/March/The-aged-care-workforce,-2016>)
- Disability Workforce Census (<https://www.nds.org.au/resources/all-resources/workforce-census>)
- Workforce Innovation and Development Institute (<https://www.widi.org.au>).

References

- ABS (2013) *8010 Preschool Education*, Australian and New Zealand Standard Industrial Classification, ABS website, accessed 15 April 2023. <https://www.abs.gov.au/statistics/classifications/australian-and-new-zealand-standard-industrial-classification-anzsic/2006-revision-2-0/detailed-classification/p/80/801/8010>
- (2021) *Changing female employment over time* [online document], ABS website, accessed 16 February 2023. <https://www.abs.gov.au/articles/changing-female-employment-over-time>
- (4 November 2021) *Life expectancy hits a new high* [media release], ABS website, accessed 15 February 2023. <https://www.abs.gov.au/media-centre/media-releases/life-expectancy-hits-new-high>
- (2023a) *Customised report*, ABS, Australian Government, accessed 31 January 2023.
- (2023b) *Labour force Australia methodology* [online document], ABS website, accessed 31 January 2023. <https://www.abs.gov.au/methodologies/labour-force-australia-methodology/mar-2023>
- (2023c) *National, state and territory population* [data] [PDF 67.92 KB], ABS website, accessed 15 April 2023. <https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/latest-release#data-downloads>
- ACECQA (Australian Children's Education & Care Quality Authority) (2022) *Shaping our future*, National Workforce Strategy, ACECQA, accessed 22 February 2023. <https://www.acecqa.gov.au/national-workforce-strategy>
- AIHW (Australian Institute of Health and Welfare) (2022a) 'Early childhood education and care', in AIHW *Australia's children*, AIHW website, accessed 22 February 2023. <https://www.aihw.gov.au/reports/children-youth/australias-children/contents/education/early-childhood-education-and-care>
- (2022b) *Mental health: prevalence and impact*, AIHW website, accessed 22 February 2023. <https://www.aihw.gov.au/reports/mental-health-services/mental-health>
- (2022c) *People with disability in Australia* [PDF 8.9 MB], AIHW website, accessed 22 February 2023. <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/people-with-disability/prevalence-of-disability>
- (2023a) *People using aged care* [GEN aged care data], AIHW website, accessed 2 May 2023. <https://gen-agedcaredata.gov.au/Topics/People-using-aged-care#Aged%20care%20use%20by%20age%20and%20sex%20over%20time>
- (2023b) *Data improvements* [GEN aged care data], AIHW website, accessed 2 May 2023. <https://www.gen-agedcaredata.gov.au/Data-improvements>

ANMF (Australian Nursing and Midwifery Federation) (2022) *National Aged Care COVID-19 Survey 2022 – final report*, ANMF, accessed 14 February 2023.

<https://www.anmf.org.au/resources/reports>

CEDA (2022) *Duty of care: aged care sector in crisis* [PDF 15,906 KB], CEDA, accessed 31 January 2023. <https://www.ceda.com.au/ResearchAndPolicies/Research/Economy/Duty-of-Care-Aged-Care-in-Crisis>

Cortis N and van Toorn G (2020) *The disability workforce and COVID-19: initial experiences of the outbreak* [PDF 412.21 KB], Social Policy Research Centre, Hawthorne, Melbourne. accessed 15 January 2023. <https://apo.org.au/node/303641>

DoHAC (Department of Health and Aged Care) (2021) *2020 Aged Care Workforce Census* [PDF 5.55 MB], DoHAC website, accessed 16 February 2023. <https://www.health.gov.au/resources/publications/2020-aged-care-workforce-census?language=en>

— (2022a) *Additional 10 MBS mental health sessions during COVID-19*, DoHAC website, accessed 11 May 2023. <https://www.health.gov.au/sites/default/files/2023-06/additional-10-mbs-mental-health-sessions-during-covid-19-faqs-for-consumers.pdf>

— (2022b) *Aged care alert – Aged Care Budget 2022–23*, DoHAC website, accessed 19 April 2023. <https://www.health.gov.au/news/newsletters/aged-care-alert-aged-care-budget-2022-23>

— (2022c) *Restoring dignity to aged care*, DoHAC website, accessed 19 April 2023. <https://www.health.gov.au/our-work/aged-care-reforms/restoring-dignity-to-aged-care>

— (2023a) *Aged care workforce strategy*, DoHAC website, accessed 11 May 2023. <https://www.health.gov.au/topics/aged-care/aged-care-reforms-and-reviews/aged-care-workforce-strategy>

— (2023b) *Learning and development*, DoHAC website, accessed 5 May 2023. <https://www.health.gov.au/topics/aged-care-workforce/learning-and-development>

— (5 May 2023) *A tripartite approach to address workforce shortages in aged care* [media release], ABS website, accessed 29 June 2023. <https://www.health.gov.au/ministers/the-hon-anika-wells-mp/media/a-tripartite-approach-to-address-workforce-shortages-in-aged-care>

De Courten M, Hurley P, Broerse J, Hildebrandt M, Matthews H and Pennicuik S (2021) *COVID-19 and early childhood education and care*, Mitchell Institute for Education and Health Policy, Victoria University, Melbourne, accessed 15 February 2023. <https://www.vu.edu.au/sites/default/files/covid19-and-early-childhood-education-and-care.pdf>

DoE (Department of Education) (2022a) *2021 Early Childhood Education and Care National Workforce Census report*, DoE website, accessed 31 January 2023. <https://www.education.gov.au/child-care-package/resources/2021-early-childhood-education-and-care-national-workforce-census-report>

— (2022b) *Preschool Reform Funding Agreement* DoE website, accessed 15 February 2023. <https://www.education.gov.au/child-care-package/preschool/preschool-reform-funding-agreement>

— (2023) *Cheaper child care*, DoE website, accessed 2 May 2023. <https://www.education.gov.au/early-childhood>

DSS (Department of Social Services) (2021) *NDIS National Workforce Plan: 2021–2025* [PDF 6.1 MB], DSS website, accessed 15 February 2023. <https://www.dss.gov.au/disability-and-carers-publications-articles/ndis-national-workforce-plan-2021-2025>

Fair Work Ombudsman (2023) *15% wage increase for aged care sector*, Fair Work Ombudsman, accessed 2 May 2023. <https://www.fairwork.gov.au/newsroom/media-releases/2023-media-releases/march-2023/20230324-aged-care-award-increase-30-june#:~:text=On%20November%202022%2C%20the,in%20the%20work%20value%20case.>

JSA (Jobs and Skills Australia) (2023) *Labour market update – May 2023* [PDF 980.41 KB], JSA website, accessed 31 May 2023. <https://www.jobsandskills.gov.au/reports/labour-market-update-may-2023>

HESTA (2021) *State of the sector 2021: community and disability services workforce insights*, HESTA website, accessed 15 February 2023. <https://www.hesta.com.au/campaigns/community-and-disability-services-sector-insights>

Logan H, McFarland L and Cumming T (2021) 'Supporting educator well-being during the COVID-19 pandemic: a case study of leadership in early childhood education and care organisations', *Australian Journal of Early Childhood*, 46(4):309–321, doi:10.1177/18369391211040940.

NDIS (National Disability Insurance Scheme) (2022a) *Annual Financial Sustainability Report 2021–22* [PDF 9.8 MB], NDIS website, accessed 15 February 2023. <https://www.ndis.gov.au/about-us/publications/annual-financial-sustainability-reports>

— (2022b) *2022 NDIS legislation amendments – July update*, NDIS website, accessed 19 April 2023. <https://www.ndis.gov.au/news/7975-2022-ndis-legislation-amendments-july-update>

— (2023) *Building a more responsive and supportive workforce* [PDF 2.08 MB], NDIS website, accessed 31 May 2023. <https://www.ndisreview.gov.au/resources/paper/building-more-responsive-and-supportive-workforce>

NDIS Quality and Safeguards Commission (2022) COVID-19 resources for workers, NDIS Quality and Safeguards Commission website, accessed 13 February 2023.

<https://www.ndiscommission.gov.au/resources/covid-19-resources-and-information/covid-19-resources-workers>

NDS (National Disability Services) (2021) *NDS Workforce Census key findings December 2021* [data], NDS, accessed 15 January 2023. <https://www.nds.org.au/resources/all-resources/nds-workforce-census-key-findings-report>

NSC (National Skills Commission) (2022a) *Care Workforce Labour Market Study* [PDF 11.8 MB], NSC website, accessed 13 February 2023. <https://www.nationalskillscommission.gov.au/reports/care-workforce-labour-market-study>

— (2022b) *2022 Skills Priority List key findings report* [PDF 5.0 MB], NSC website, Australian Government, accessed 31 May 2023. <https://www.nationalskillscommission.gov.au/reports/2022-skills-priority-list-key-findings-report>

PM&C (Department of the Prime Minister and Cabinet) (2023) *National Strategy for the Care and Support Economy*, PM&C website, accessed 2 May 2023. <https://www.pmc.gov.au/domestic-policy/national-strategy-care-and-support-economy#:~:text=and%20decent%20jobs.,The%20National%20Strategy%20for%20the%20Care%20and%20Support%20Economy%20will,the%20care%20and%20support%20economy>

Stamet Y (2021) *Workforce support to the disability sector in response to COVID-19*, report to National Disability Services, accessed 15 February 2023.

https://www.nds.org.au/images/workforce/workforce-project/NDS-COVID-19-Workforce-Paper_final-V-Public.pdf

Tierney L, Doherty K and Elliott K-EJ (2022) 'Distressed, detached, devalued and determined: aged care workers' experiences of the COVID-19 pandemic', *Australian Journal of Advanced Nursing*, 39(3), doi:<https://doi.org/10.37464/2020.393.661>.

WIDI (Workforce Innovation and Development Institute) (2023a) *Higher Apprenticeship and Traineeships Social Service Project*, WIDI website, Carlton, Melbourne, accessed 11 May 2023.

<https://www.widi.org.au/higher-apprenticeships-traineeships-extension-project>

— (2023b) *Skills in Employment Project and Higher Apprenticeships & Traineeships Social Services Extension Project*, WIDI website, Carlton, Melbourne, accessed 11 May 2023.

<https://www.widi.org.au/skillsinemploymentproject>

— (2023c) *Workforce Insights*, WIDI website, Carlton, Melbourne, accessed 11 May 2023. <https://www.widi.org.au/workforce-insights>