Slide 1

Workforce Issues in the Disability Sector

Re-Professionalizing Support Workers
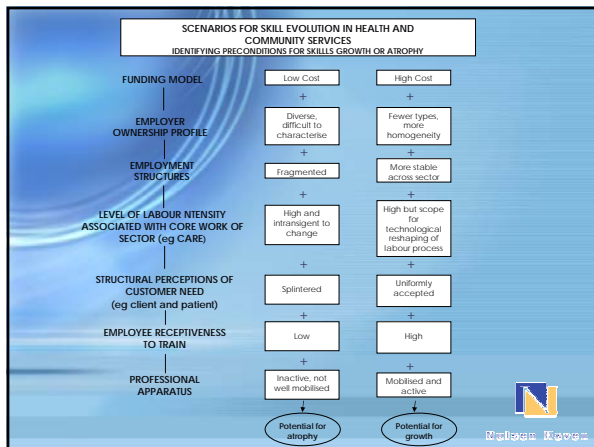

Slide 2

Early 1980's

Certificate in Training Handicapped (1st year)
- Medical aspects 1A
- Medical aspects 1B
- Psychology 1G
- Psychology 1M
- Rehabilitation 1

Certificate in training the Handicapped (2nd Year)
- Communication and relationships
- Group Skills
- Physical Health
- Skills Development 2
- Movement and Leisure
- Service Delivery
- Society and Culture
- Training Techniques 2

Slide 3

SCENARIOS FOR SKILL EVOLUTION IN HEALTH AND COMMUNITY SERVICES
IDENTIFYING PRECONDITIONS FOR SKILLS GROWTH OR ATROPHY

FUNDING MODEL	Low Cost	High Cost
	+	+
EMPLOYER OWNERSHIP PROFILE	Diverse, difficult to characterise	Fewer types, more homogeneity
	+	+
EMPLOYMENT STRUCTURES	Fragmented	More stable across sector
	+	+
LEVEL OF LABOUR NTENSITY ASSOCIATED WITH CORE WORK OF SECTOR (eg CARE)	High and intransigent to change	High but scope for technological reshaping of labour process
	+	+
STRUCTURAL PERCEPTIONS OF CUSTOMER NEED (eg client and patient)	Splintered	Uniformly accepted
	+	+
EMPLOYEE RECEPTIVENESS TO TRAIN	Low	High
	+	+
PROFESSIONAL APPARATUS	Inactive, not well mobilised	Mobilised and active
	Potential for atrophy	Potential for growth

Demographic Trends:

- 115,900 persons (58% of the total population) have profound or severe core activity limitations;

- West Australians with profound or severe core activity limitations is projected to increase by 44% from 132,000 in 2008 to 190,000 in 2023;

- DSC processed 5.0 applications per 1,000 persons in 2001 and in 2005 this increased to 6.8 applications per 1,000 persons;

- Level of unmet demand is twice that of four years ago.

- 16% fall in the number of carers by 2013;

Industry Environmental Scan

- Community Services and Health industries employ approx 1.1million or 10.4% of the workforce;

- In 2007 replaced manufacturing as the third largest Australian employer;

- Last two years the industry has been identified as requiring the fastest rate of workforce growth in the following five years;

- 24% of workforce growth will be from Community Services/Health to 2012, growing at a rate of 3% or 170,000 jobs;

- 46% of workers in the industry are over the age of 45

- Diminishing supply of workforce

Industry Environmental Scan

- High levels of casualisation

- Need for action on ongoing workforce skill development - Fragmented

- Rate of growth in the VET Sector has increased significantly in comparison to university trained professionals.

- Systemic impediments "preventing workers' competencies being "fully developed, assessed, recognised and utilised = Reducing job satisfaction, makes recruitment, retention and re-entry more difficult.

- No uniform industrial arrangements across the sector

- No standard skill/competency entry requirement for our sector = Risk's

Industry Environmental Scan

- More people are choosing to work part time

- Service models will change/are changing

- No clear sector framework for support worker career path

- Care roles remain devalued and lowest paid

- Low cost funding model

- Competition has undermined attempts at building and sustaining a skilled supply of labour

- Increase in competitive behaviour narrows collaborative scope between agencies

- Receptiveness to train is deeply influenced by conditions at work

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2007 NDS Workforce Snapshot

40 organisations surveys across all service types:

- Over 67% of organisations anticipate increase in their workforce;

- Average turnover 21% across all service types;

- 72% of organisations often or always have difficulty recruiting appropriately trained staff;

- 25% of organisations experienced an increase in base salaries of more than 4% for 06/07;

- All organisations expect an increase in salaries of more than 3%, for 07/08; and

- 22.5% of organisations paid salary increases for 06/07 of less than consumer price index.

What do we know about our sector

1. Changes to service approaches and funding arrangements have had significant impact on workforce arrangements.

2. Increased compliance and reporting requirements have changed the nature of disability work.

3. Poor management and supervision of employees is a frequently cited cause of employees leaving their jobs.

4. Increasing level and complexity in support needs.

5. Consumers being more discerning

6. Funding arrangements limit capacity to raise wages to attract and keep staff or pay for appropriate expertise.

Disability Services Commission

Client Assistants → Level 1.1 Social Trainers (Train)
Level 1.2 Social Trainers (Cert III)

Level 2 Social Trainers (Cert IV)

Level 3 Specialisation Social
Trainers (up to 100)

- The Gap between Commission and NGO
support workers is now at an unprecedented

Considerations:

- What's your appetite to affect change;
- Do we develop a career structure –
Professionalize Support Workers;
- Should there be minimum uniform core subjects;
- Specialization (challenging Behaviour, Medical);
- Consideration of umbrella industrial structures
across sector;
- Consider if we follow the same route as DSC;
- Consider what we call Support Workers (Social
Trainers ??? or something else?

Considerations:

- Consider how many RTO's may provide training
for the sector to ensure quality;
- Larger Agencies may be potential training
classrooms;
- Roles, functions outputs of a professionalized
workforce;
- NDS/CCI need to speak with Minister re funding
implications for a new structure;
- Be careful of our message in a changing
employment market;
- Consider people with disabilities and their
families.
- NGO's will be dominant provider of services

Opportunities

- Improve the productive capacity of the sector through skills development;
- Funding availability;
- Develop a common position across the sector
- Improve the value and respect given to our profession;
- Improve attraction and retention of our workforce;
- Have a definable career path.
- Improved Services