June 2012

Industry Overview

Industry Skills and Workforce Development Report for the Health and Community Services Industry
The Workforce Council acknowledges Aboriginal and Torres Strait Islander people as the original inhabitants of Australia and recognises these unique cultures as part of the cultural heritage of all Australians. We respectfully acknowledge the traditional custodians of the land on which we do our work across Queensland. For more information on our commitment to Reconciliation visit www.workforce.org.au/about/reconciliation

All images used within this report are part of the Workforce Council’s Our People photo exhibition. For details visit www.workforce.org.au/gallery
This report provides an overview of skills and workforce development issues facing the many sectors within the Health and Community Services Industry. Further details for particular sectors are included in the following ten sector reports:

- Primary Health Care
- Hospitals and Other Health
- Community Services – General
- Children’s Services
- Community Mental Health
- Social and Community Housing
- Disability Services
- Youth Services
- Aged and Community Care
- Child Protection

Each of these reports can be read independently, and put together they form the Industry Skills and Workforce development Report for the Health and Community Services Industry, June 2012.

The Health and Community Services Workforce Council produced the Industry Skills and Workforce Development Report following consultation with industry and Skills Queensland. Funding support was provided by Skills Queensland under their Industry Engagement function.

Industry Engagement
In August 2011, the Health and Community Services Workforce Council released the Interim Industry Skills and Workforce Development Report for the Health and Community Services Industry. The Interim Report formed the basis for further consultations with industry stakeholders from a variety of sectors. The Health and Community Services Workforce Council would like to acknowledge everyone who participated in consultation during the research phases of both the Interim and the Final reports, including but not limited to:

- 30 Mob
- A Place to Belong (Spiritus)
- ACT For Kids
- Aged Care Queensland
- Anglicare Central Queensland
- ASU (QLD)
- Australian Association of Social Workers Queensland Branch
- Australian College of Community Services
- Australian Training Company
- Benevolent Society
- Bonnie Brae Centre
- Bright Futures Training College
- Brisbane North Institute of TAFE
- C & K College of Early Childhood
- Central Queensland University
- Centre for Mental Health Learning
- Charlton Brown In Home Care
- Churches of Christ Care in Qld
- Community Accommodation & Support Agency Inc. Mackay
- Community Focus Association
- Community Health Services Network
- Department of Education and Training, Centre for Managed Strategies
• Disability Sector Training Fund Coalitions (10 regional coalitions representing across Queensland)
• Dovetail
• Downs Training Company
• Early Childhood Services Kenmore
• Encompass Family and Community
• enLightened Consultants
• Ethnic Communities Council of Queensland (ECCQ)
• Family Day Care Association of Queensland
• Family Planning Queensland
• Footprints in Brisbane
• FSG Australia envision
• General Practice Queensland
• Goodstart Training College
• Griffith University
• Health and Community Services Workforce Council
• Health and Community Services Workforce Council Industry Reference Group (Membership information can be found at http://www.workforce.org.au/about/board.aspx)
• Health Workforce Queensland
• House With No Steps Burleigh Heads
• Industry Partnerships
• Institute for Urban Indigenous Health
• Integrated Workforce Development Networks (14 regional networks across Queensland)
• Itec Health Child Protection
• Karakan
• Keppel Community Care Emu Park
• Keppel Community Care Rockhampton
• Key Assets Fostering
• Kings International College Ltd
• Life Without Barriers Springwood
• Lifestyle Solutions
• Link In Association Sunshine Coast
• Mercy Family Services Nudgee
• Metropolitan South Institute of TAFE (MSIT)
• Mission Australia
• National Disability Services Queensland
• Neami Ltd
• Open Minds
• Payne Road State School Outside School Hours Care
• PeakCare Queensland
• Professional Support Coordinator Queensland Networks (14 regional networks across Queensland)
• Queensland Aboriginal and Islander Health Council
• Queensland Alliance
• Queensland Children’s Services Alliance
• Queensland Community Services Futures Forum
• Queensland Compact Workforce Sub-Committee
• Queensland Council of Social Service
• Queensland Department of Communities (Former Title)
• Queensland Department of Education and Training (Former Title)
• Queensland Nurses Union
• Queensland Primary Health Care Network
• Queensland Shelter
• Queensland University of Technology
• Queensland Voice for Mental Health Inc
• Richmond Fellowship Queensland
• Royal College of Health Care
• Save the Children
• Sesame Lane Child Care
• Skills Queensland
• South Gold Coast Family Assistance Partnership Program Act for Kids
• Southbank Institute of Technology
• Southern Queensland Institute of TAFE
• St Vincent De Paul Society Child and Family Support Program Beenleigh
• St Vincent’s Hospital
• Sunshine Coast Institute of TAFE
• Supported Options in Lifestyle and Access Services
• The Brook RED Centre
• The Queensland Community Housing Coalition
• Training Tailor Made
• United Synergies Ltd
• University of Southern Queensland
• Youth Affairs Network of Queensland
Health and Community Services injects more than $16.2 billion to the Queensland economy each year.
Industry sector profile

Health and Community Services Industry includes a large variety of sectors whose primary goal is to support individual and community well-being through a range of care, support, education, welfare and related services. The industry exist in every community throughout Queensland, providing services across the population, often focussing on meeting the needs of the sick, frail, vulnerable and at-risk members of the community. Below are just some of the sectors that make up the industry.

Community Services Industry
- Youth Services
- Early Childhood Education and Care
- Disability Services
- Mental Health Services
- Aged and Community Care Services
- Emergency Services
- Counselling and Mediation Services
- Family and Domestic Violence Services

Health Industry
- Hospitals
- Primary Health
- Oral Health
- Allied Health
- Mental Health
- Community Health
- Aboriginal & Torres Strait Islander Health
- Alternative and Complementary Health

The Health and Community Services Industry is a significant part of the Queensland economy. The Queensland Compact Governance Committee’s Workforce Sub-Committee developed a publication titled The Economic and Social Contributions of Queensland’s Health and Community Services Industry¹ that is aimed at raising awareness of the size, scope and significance of the industry. The publication highlights a range of facts about Health and Community Services in Queensland, including:

- Injects more than $16.2 billion to the Queensland economy each year
- Pays more than $13.5 billion in wages and salaries
- Attracts volunteer and carer contributions, estimated to be worth $10.5 billion annually
- Purchases around $2 billion worth of goods and services annually from other Queensland industries and businesses
- Created 20,400 new jobs in Queensland in 2011 representing more than 80% of Queensland’s job growth of 25,400
- Created 71,900 new jobs or 28 per cent of the state’s total employment growth over five years to 2011

Industry Size
The combined Health and Community Services Industry is Queensland’s largest employer, providing jobs for 282,854 people or 12.2% of the state’s total labour market as at February 2012. Queensland workers make up 20.9% of the Australian Health and Community Services workforce, which is similar to Queensland’s share of the national workforce in all industries (20.4%). It is estimated that approximately 58.7% of the Health and Community Services workforce is employed in Hospitals, Medical and Other Health Care Services (health industry), and 41.3% work in Residential Care Services and Social Assistance Services (community services industry).

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Health and Community Services jobs are dispersed throughout Queensland. At a regional level, Health and Community Services is in the top four employing industries in each Queensland region except West Moreton. The graph below shows that Health and Community Services Industry is more than 10% of the employment market in all but two Queensland regions.\(^3\)


### Industry Growth

Not only is Health and Community Services the largest employing industry, it is also one of the fastest growing. The Queensland industry has grown 57% over the past decade, almost double the 29.2% growth for all industries over the same period. As can be seen in the graph below, this growth has been consistent over the last ten years, and accelerating over the past three years. It is interesting to note that Health and Community Services has proved more resilient than most industries to harsher economic conditions experienced following the global financial crisis in late 2008 (see graph below).

In the twelve months to February 2012, over 19,160 new Health and Community Services jobs were recorded, which is equivalent to 78.8% of the growth in Queensland jobs reported in the same period (similar to the 80% of Queensland jobs in the 2011 calendar year identified in the Economic and Social Contribution publication, previous page). This rapid growth is predicted to continue, with projections the industry will grow 24.9% nationally over the next three years - more than double the rate of growth for all industries. This growth will see Health and Community Services being responsible for one-quarter of the new jobs created in Australia in the period to 2015-16.

All eight of the ANZSIC classification sub-sectors for these industries are projected to share in the employment growth. Growth will be strongest in pathology, diagnostic imaging and other health care services. Hospitals are predicted to have the lowest rate of employment growth as policy and
funding reforms seek to provide more health and medical services in the community. It should be noted that the hospital sector is the largest in these industries, so the comparatively smaller growth rate will still translate to a significant number of workers.

The Health and Community Services workforce is older than average, with a median age of 43 years, compared with 39 years for all industries. At the same time, only 10% of the workforce is under 25 years, compared with 16.9% of all industries. Almost half of the Health and Community Services workforce (47%) is 45 years and over, compared with 38% for all industries. A significant proportion of the Health and Community Services workforce will reach retirement age over the next five to ten years.

The Health and Community Services Industry faces significant challenges in the effort to develop and sustain a viable workforce to meet future needs. Attracting new workers will be difficult for any industry in the future if the labour market continues to tighten, and this will be a particular problem for the Health and Community Services Industry due to the sheer numbers of workers required. The industry will need to recruit to one in four of the new jobs created in the economy over the next five years while also recruiting replacements for positions made vacant by staff leaving the sector or retiring. These replacement rates are already higher than the all industry average, and a significant proportion of the workforce will reach retirement age over the next five to ten years.
Training Profile

In 2010/11, health and community service qualifications accounted for more than 58,256 enrolments in Queensland, or 14% of student enrolments in Queensland that year utilising 18% of the average hours curriculum (AHC) that year. In the period 1 July 2011 to 31 March 2012, 46,474 students were enrolled in health or community service qualifications, which is 15% of the enrolments in that period. These students account for 11,213,665 AHC or 20% of the AHC so far this financial year.

Student enrolments in all industry training groups have been trending upwards over the past four years. Data for the period 1 July 2011 to 31 March 2012 indicates this upward trend in student enrolments will continue in the current financial year.
Apprenticeship and Traineeship commencements have remained at similar levels for the past four years. Based on data for the period 1 July 2011 to 31 March 2012, it is not yet clear whether the number of new commencements will fall in the current financial year (see graph, below).

In previous reports, Workforce Council has highlighted leadership and management skills development as a high priority for all sectors. The graph below shows delivery of supervision, coordination and management qualifications from the Health and Community Services Training Packages remains modest but certainly increasing. It should be noted that many organisations and individuals use qualifications from other training packages to develop leadership and management skills, for example, Certificate IV in Frontline Management or Diploma of Management from the Business Services Training Package. Unfortunately, the training data does not at this stage identify the student’s employing sector.

Additional training data related to particular sectors and occupations are provided in the sector reports, attached.
CHALLENGES IMPACTING ON THE INDUSTRY’S WORKFORCE

Economic, social demographic, environmental and technological factors

Population growth
By 2016, it is estimated that the health system alone will need to respond to a 19% increase in the total disease burden over the previous decade and the associated requisite increase in expenditure.

Queensland’s population growth rate will continue to expand more rapidly than the Australian average. Population ageing and increased longevity, with associated increases in morbidity and acuity of care required, will continue to dramatically increase demand for health and community services.

**Actual & projected population, Queensland 1976 to 2056**

Ageing population
In 2007, there were 2.4 million in Australia aged 65-84 years. According to population projections, this will almost double to 4 million in 2022 and 6.4 million by 2056. Over the same 50 year period, the proportion of the population who are aged 85 years and older will increase threefold. At the same time, the proportion of the population who are working age will fall dramatically. As a consequence of these population changes, the ratio of older Australians to working age Australians will double, significantly impacting on the capacity of the Australian economy to meet the population’s needs.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2007</th>
<th>2056</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged 65+ years</td>
<td>13%</td>
<td>24%</td>
</tr>
<tr>
<td>Aged 85+ years</td>
<td>1.6%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Aged 15 – 64 years</td>
<td>67%</td>
<td>58%</td>
</tr>
<tr>
<td>Old Age Dependency Ratio</td>
<td>20%</td>
<td>42%</td>
</tr>
</tbody>
</table>

5 Australian Treasury, 2010 Intergenerational report
Queensland’s population growth rate will continue to expand more rapidly than the Australian average.
**Population Health Indicators**

Queensland Health predicts that:

- While Queenslanders will live longer in 2016, they will experience a slightly longer period of relative poor health.
- The instance of disability and disease due to disabling conditions such as diabetes, mental health and neurological disorders will increase.
- The occurrence of multiple health and wellbeing risk factors in individuals and groups will rise.

These population and health trends will place increased burden on the Health and Community Services Industry due increased numbers of people requiring services, the extended life expectancy and survival after diagnosis meaning they require services over longer periods and are likely to require more complex care for multiple conditions over time.

**Government policies impacting on the industry’s workforce**

There are a large number of significant reforms impacting on the industry’s workforce. National Health and Hospitals Reform and the establishment of Medicare Locals in the primary health care sector will dramatically alter the structures and interdependencies in the health system. Each will likely require new workforces to support new roles. Similar structural reforms are occurring as part of the national aged and community care package, which includes a specific focus on improving the capacity of the aged and community care workforce.

The introduction of a National Disability Insurance Scheme will fundamentally change the way services for people with a disability are organised and provided, and will likely be the most dramatic example of a general policy shift towards models of service and funding that empower the client to determine how the resources are used to meet their personal needs. There is also a general emphasis across community service sectors in particular on coordination of services and between sectors, on integration of services and seamless service delivery.

The introduction of modern awards has had a significant impact on some sectors, particularly for large organisations with various service programs who are now responding to several awards in the one workplace. The Queensland and Federal pay equity cases are providing long-awaited wage increases for community workers and have raised awareness of the value of this workforce. At the same time, difficulties in the application of these changes and insufficient funding to support the increases have also created much confusion and some job losses in the sectors.

Further details of these and other policy changes are included in the individual sector reports. A list of the current policies and strategies identified as having an impact on the Health and Community Services workforce is included at Appendix 1 of this report.

**Queensland Government**

The new Queensland Government has announced a number of priorities that impact directly on the Health and Community Services Industry. These include support for hospital development, for employment of more doctors and nurses, for reducing disease burden by investing in health, for reducing caseloads for Child Protection workers, funding for foster families and child abuse counselling services.

The new Skills and Training Taskforce is tasked with advising on future training and employment programs to meet the Government’s commitment to building a more productive and resilient economy through growing the four pillars of agriculture, tourism, resources and construction.
Workforce Council welcomes the media statements by the new Chair of the Taskforce regarding the need for a whole of economy approach and the intention to consult with key stakeholders. As detailed above, health and community services is a large and vital industry that contributes significantly to the economy and provides the lion’s share of new jobs created across Queensland. The industry also enables the workforce for all industries by providing health care, supporting recovery and rehabilitation, providing care to dependents such as children, the elderly and people with a disability.

Health and Community Services also provide essential services to the Queensland community, and are fundamental to the community health and well-being. In addition to health and medical services, the industry also provides support and assistance to the more vulnerable in the community, and support the fabric of communities across Queensland. Health and Community Services are also high on the criteria for those considering moving to regional Queensland to take up jobs within the resources and related industries.
While many of the services provided by Health and Community Services are publicly funded, there is also a significant private sector particularly in hospitals and aged care. There is also a very large small business sector with doctors, dentists, allied health professionals, etc. often operating out of small practices in suburban and regional locations. Even for publicly funded services, funding is for direct service delivery and limited resources are available for workforce planning and regional development, particularly in the non-profit sector that provides the vast majority of aged and community services.

Workforce Council is working closely with regional communities impacted by the resources projects, and has begun working with regional development agencies and committees in an effort to raise awareness of the Health and Community Services Industry and the opportunities it can provide to support local, sustained employment, to improve local service delivery and to boost the local economy.

We believe there is evidence from the global financial crisis that the most significant inhibitor to growth in Health and Community Services is access to the necessary labour. When the GFC occurred and most industries began to shed jobs, health and community services workforce grew by 30,000 between November 2008 and February 2009. Such a significant rise over a short period would almost certainly indicate a new project or facility coming on-line, however our investigations did not uncover any single sizeable project that contributed to this rise. Our conclusion is that this is evidence the industry was carrying significant vacancies it was unable to fill while the economy was buoyant and unemployment was low. Once workers were laid off in other industries they were then prepared to take on (or return to) health and community services jobs. Effective workforce planning focussed on creating attractive jobs, raising the profile of the industry, skilling the available workforce, etc. will produce significant results in terms of meaningful jobs for the long term.

Identification and prioritisation of gaps between the existing/forecasted workforce and future workforce needs

Below is a list of Health and Community Services 4-digit classifications from the Australian and New Zealand Standard Classification of Occupations along with the projected national growth for each occupation over the period to 2015-16. The top five occupations alone are projected to require 168,000 new workers in the next four years.
<table>
<thead>
<tr>
<th>Health &amp; Community Services Occupation</th>
<th>Growth (%)</th>
<th>Growth (persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurses</td>
<td>4.5</td>
<td>52,700</td>
</tr>
<tr>
<td>Aged and Disabled Carers</td>
<td>6.3</td>
<td>46,700</td>
</tr>
<tr>
<td>Child Carers</td>
<td>4.8</td>
<td>30,600</td>
</tr>
<tr>
<td>Nursing Support and Personal Care Workers</td>
<td>4.7</td>
<td>22,000</td>
</tr>
<tr>
<td>Welfare Support Workers</td>
<td>5.5</td>
<td>16,300</td>
</tr>
<tr>
<td>Generalist Medical Practitioners</td>
<td>5.8</td>
<td>16,000</td>
</tr>
<tr>
<td>Education Aides</td>
<td>2.8</td>
<td>9,600</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>6.6</td>
<td>9,600</td>
</tr>
<tr>
<td>Medical Technicians</td>
<td>4.8</td>
<td>7,400</td>
</tr>
<tr>
<td>Occupational &amp; Environmental Health Professionals</td>
<td>5.1</td>
<td>6,700</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>5.8</td>
<td>6,700</td>
</tr>
<tr>
<td>Enrolled and Mothercraft Nurses</td>
<td>3.5</td>
<td>5,900</td>
</tr>
<tr>
<td>Early Childhood (Pre-primary School) Teachers</td>
<td>4.6</td>
<td>5,800</td>
</tr>
<tr>
<td>Social Workers</td>
<td>4.6</td>
<td>5,400</td>
</tr>
<tr>
<td>Psychologists</td>
<td>4.2</td>
<td>5,300</td>
</tr>
<tr>
<td>Other Medical Practitionans</td>
<td>6.1</td>
<td>4,200</td>
</tr>
<tr>
<td>Nurse Managers</td>
<td>5.0</td>
<td>4,100</td>
</tr>
<tr>
<td>Massage Therapists</td>
<td>4.7</td>
<td>4,000</td>
</tr>
<tr>
<td>Ambulance Officers and Paramedics</td>
<td>5.4</td>
<td>4,000</td>
</tr>
<tr>
<td>Dental Assistants</td>
<td>3.5</td>
<td>3,900</td>
</tr>
<tr>
<td>Welfare, Recreation and Community Arts Workers</td>
<td>3.3</td>
<td>3,600</td>
</tr>
<tr>
<td>Medical Laboratory Scientists</td>
<td>2.6</td>
<td>2,900</td>
</tr>
<tr>
<td>Other Health Diagnostic &amp; Promotion Professionals</td>
<td>6.2</td>
<td>2,700</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>4.7</td>
<td>2,600</td>
</tr>
<tr>
<td>Diversional Therapists</td>
<td>6.2</td>
<td>2,400</td>
</tr>
<tr>
<td>Speech Professionals and Audiologists</td>
<td>4.9</td>
<td>2,200</td>
</tr>
<tr>
<td>Midwives</td>
<td>3.2</td>
<td>2,200</td>
</tr>
<tr>
<td>Medical Imaging Professionals</td>
<td>2.9</td>
<td>2,100</td>
</tr>
<tr>
<td>Social Professionals</td>
<td>3.0</td>
<td>2,000</td>
</tr>
<tr>
<td>Practice Managers</td>
<td>2.9</td>
<td>2,000</td>
</tr>
<tr>
<td>Dental Practitioners</td>
<td>3.3</td>
<td>2,000</td>
</tr>
<tr>
<td>Anaesthetists</td>
<td>6.4</td>
<td>1,900</td>
</tr>
<tr>
<td>Nurse Educators and Researchers</td>
<td>4.5</td>
<td>1,600</td>
</tr>
<tr>
<td>Counsellors</td>
<td>1.8</td>
<td>1,600</td>
</tr>
<tr>
<td>Internal Medicine Specialists</td>
<td>5.1</td>
<td>1,500</td>
</tr>
<tr>
<td>Surgeons</td>
<td>4.3</td>
<td>1,400</td>
</tr>
<tr>
<td>Child Care Centre Managers</td>
<td>2.3</td>
<td>1,000</td>
</tr>
<tr>
<td>Complementary Health Therapists</td>
<td>1.8</td>
<td>600</td>
</tr>
<tr>
<td>Chiropractors and Osteopaths</td>
<td>3.2</td>
<td>600</td>
</tr>
<tr>
<td>Dietitians</td>
<td>2.7</td>
<td>500</td>
</tr>
<tr>
<td>Special Care Workers</td>
<td>3.2</td>
<td>400</td>
</tr>
<tr>
<td>Optometrists and Orthoptists</td>
<td>1.2</td>
<td>200</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>1.4</td>
<td>100</td>
</tr>
<tr>
<td>Dental Hygienists, Technicians and Therapists</td>
<td>0.5</td>
<td>100</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>1.2</td>
<td>100</td>
</tr>
<tr>
<td>Indigenous Health Workers</td>
<td>-1.6</td>
<td>0</td>
</tr>
<tr>
<td>Ministers of Religion</td>
<td>-0.5</td>
<td>-400</td>
</tr>
</tbody>
</table>
Demand/Supply disparities

Key barriers to successful Health and Community Services workforce have been identified as:

Limited investment in Health and Community Services workforce
- Limited acknowledgment of the size, diversity, economic contribution and predicted growth of the industry in economic and regional planning
- Lack of resources and skills to engage in strategic workforce planning and development
- Workforce Planning not currently considered essential to the delivery of funded services
- Inadequate recognition of the contribution industry workers make to individual wellbeing and community cohesion

Difficulty in Attracting and retaining workers
- Poor understanding of the industry and the kinds of jobs available
- Increasing complexity of work roles and rapid changes in expectations of service delivery
- Lack of infrastructure to support workers and their families (housing, health and education) in some rural and regional areas

Lack of Skills and Career Pathways
- Limited availability of qualifications in health and community services through VET in schools and school based apprenticeships and traineeship programs.
- Limited capacity of training system to move quickly to provide skills pathways in response to industry reforms and new and emerging job roles
- Limited opportunities for career development

Limited Organisational Capacity
- Historical underinvestment in leadership and management development
- Skills shortages already hurting in some sectors, creating a vicious cycle of inability to support/resource staff attraction and development due to shortages, along with high staff turnover and a lack of skilled recruits due to not resourcing staff attraction and retention
- Capacity of organisations to respond to increasing consumer knowledge and changing service expectations - client directed service delivery

Advice concerning training product, pathways, training quality and delivery methods

While there are a large number of quality registered training organisations delivering Health and Community Services qualifications, there still remains significant concerns within industry about the quality and effectiveness of vocational training in the industry. Recent Productivity Commission reports highlighted problems with the quality of training in aged and community care, disability services and children’s services

Some specific concerns about quality training identified by industry include:
- Limited industry input into VET training products which are program driven rather than responsive to current industry need
- Rapid changes in service, policy and practice making it hard for trainers to maintain currency over time
- Limited capacity of industry to support student placements and to effectively negotiate training outcomes
- Poor integration of student placement / on-the-job learning with the broader learning and
assessment strategy and with the workplace

- Lack of skills of trainers to adapt to specific circumstances and to focus on the skill gaps that need to be addressed rather than the training product on offer
- Trainers and assessors delivering in areas outside the scope of their industry experience

A wide range of strategies over time will be required to address these quality concerns. Workforce Council emphasises the shared responsibility between industry employers and the training sector to address training quality issues, and therefore focusses on improved communication, collaboration and partnerships as the best solutions. Regulation of Queensland registered training organisations has recently transitioned to the Australian Skills Quality Authority (ASQA). Queensland stakeholders across industries and government need to engage with ASQA to identify how best to support the regulator’s ability to ensure RTOs’ performance reflects industry’s skilling requirements.

The Community Services and Health Industry Skills Council has recently commenced a review that will streamline the HLT07 Health Training Package and the CHC08 Community Services Training Package. Workforce Council and other Queensland stakeholders are actively participating in the governance structures that support these reviews, and it will be important to support Queensland industry to participate in the review consultations. The reviews are scheduled to complete in June 2013.

The recent closure of the Aboriginal and Torres Strait Islander College of Health Education and Training has left a significant gap in the Queensland training system for delivery of Aboriginal and Torres Strait Islander health programs. Underlying concerns about appropriate trainers and assessors for these qualifications, concerns about quality of delivery and the cessation of the Training Initiatives for Indigenous Adults in Regional and Remote Communities (TIFIARRC) Commonwealth funding program have all combined to make this recent closure an even serious concern. The Aboriginal and/or Torres Strait Islander Primary Health Care qualifications are the core qualifications for health workers in both the Aboriginal Medical Services and Queensland Health’s Indigenous Health programs. The Certificate IV (Practice) qualification is also the requirement for national registration of Aboriginal and Torres Strait Islander Health Practitioners.

The capacity to support training in these qualifications is an issue for urgent attention and will require the development of a medium-term strategy to skill the Aboriginal and Torres Strait Islander health workforce over time. A key component is the skilling and support of sufficient Aboriginal and Torres Strait Islander Health Workers to train and assess these qualifications, and appropriate RTO systems and supports to sustain these workers in their VET roles. Workforce Council has identified the most likely sustainable strategy will be the development of an apprenticeship model including supporting the capacity of Aboriginal Medical Services to become learning environments and their workforce to be trained significantly on-the-job.
KEY ACHIEVEMENTS

Strategic Investment Fund 2011
• In 2011, the Workforce Council promoted the last Strategic Investment Fund round to Industry and successfully supported Industry EOI applications ensuring that submissions aligned strongly with funding criteria and priority investment areas
• Skills Queensland received 41 submissions from the Health and Community Services Industry

Outcomes of the fund included:
• Of the 41 submissions received, 31 were recommended for funding
• Improve the productivity of the existing workforce through higher education level training linked to post-trade, technical and other critical occupations and pathways to higher education. Supporting the development of trade skills to address critical industry skills shortages, including pathways into apprenticeships

Health and Community Services Workforce Innovation Conference and Awards
• The third annual Health and Community Services Workforce Innovation Conference took place at Brisbane’s Hilton Hotel on Thursday 31 May and Friday 1 June 2012 with over 300 attendees on both days
• The conference seeks to showcase practices and models which will support the industry to develop a workforce capable of meeting the ever increasing needs of our communities
• Keynote presentations were delivered by Tim Costello, Oliver Freeman, Dr Jackie Huggins, Robyn Moore and Peter Baines

Statewide Gathering
• Members of the Workforce Council’s regional networks met at the annual Statewide Gathering at the Hilton Hotel Brisbane on 29 and 30 May 2012
• The two day event, themed ‘Reflect, Recognise, Realise’, brought together members of the Professional Support Network, Workforce Development Network and Disability Sector Training Fund Coalition
• The Statewide Gathering acknowledged and celebrated the contribution network and coalition members made to the sectors they represent, while also further developing their understanding of their roles

National Skills Week
• Participated in Australia’s first National Skills Week, which took place during 1 – 8 October 2011 and seeks to raise public awareness of practical and vocational learning opportunities, how they compares with and compliment academic learning, and the contribution it makes to the nation’s economy
• In Queensland, National Skills Week was launched by the former Minister for Employment, Skills and Mining, The Honourable Stirling Hinchliffe MP at an official event in Brisbane’s Queen Street Mall on 4 October 2011
• The launch event included a range of hands-on trade skill exhibits, provided the public with an opportunity to speak with industry and training representatives about pathways to a skilled career
Regional Workforce Development Initiatives

Surat Basin Health and Community Services Workforce Action Plan

- The Surat Basin Health and Community Services Workforce Initiative was implemented from June 2011 to March 2012 and was managed and coordinated by the Health and Community Services Workforce Council, working jointly with RHealth in the region.
- Funded by Skills Queensland in recognition that human services are essential for economic growth and liveability in the Surat Basin for all industries.
- Initiative is included in the Surat Basin Workforce Development Plan (Skills Queensland, 2011), which was developed under the auspices of the Surat Basin Future Directions Statement (Queensland Government, 2010).
- The Surat Basin Workforce Development Plan forecasts a doubling of the health and community services workforce by 2031, which amounts to another 8,500 jobs in the region.

Outcomes for the Workforce Action Plan included:

- Publication of an environmental scan and discussion paper, highlighting current planning initiatives in the region and an analysis of workforce issues based on thorough research, consultation and available data.
- Development and publication of a Workforce Development Plan which outlines broad strategies and details specific actions to address priority workforce issues for health and community services in the region.
- Two recommendations in the Action Plan to help meet demand for health and community services workers in the Surat Basin are:
  - Appointments of local service coordinators; and
  - A strategic push to attract more school-leavers to the industry.
- Establishment of a cross sector Workforce Action Group (comprised of local health and community service organisations and local education and training providers) to implement plan over the next three years.
- Integration of the cross sector Workforce Action Group into the Medicare Local Industry forums.

Cairns and Mackay Industry forums

- The Health and Community Services Workforce Council held Industry Workforce Development forums in Mackay (18 August 2011) and Cairns (14 November 2011).
- Both forums had attendance of over 70 representatives from health and community services organisations, government and education and training providers.
- Local service providers, organisations and other stakeholders within the regions were invited to the forums for their participation in the development of a cross-sectoral response for the primary health and community services sectors in the Cairns region.
- The forums provided local services with the opportunity to provide input on the Workforce Council’s draft Region Workforce Issues Papers, which outlined some of the key challenges facing Health and Community Services Industry in the regions. Forum participants were also invited to identify priority strategic actions to help address local workforce challenges.
Outcomes of the forums included:

- Prior to the forums the Health and Community Services Workforce Council prepared background reports for both regions on the workforce needs of the Cairns region based upon information gathered through our local networks and coalitions; regional interviews; and government, local and regional plans and data sources.
- Raised the profile of the industry and the industry workforce, including in relation to other regional planning initiatives taking place in the region.
- Development of Regional Workforce Development plans for the Mackay and Cairns Region, taking into account the additional input and validation gathered at the Forum, with the intent of advising industry and government and guiding workforce development and planning in the region.
- Increased profile of industry in region through media coverage of the Workforce Development Forum in Cairns.

Workforce Planning and Development for Community Services Workshops

- The Workforce Planning and Development for Community Services workshops highlighted the importance of proactively and strategically planning for current and future workforce and introduced participants to a process of undertaking workforce planning and development within their organisation.
- The workshop also focused on workforce planning in relation to organisational strategic goals and highlighted opportunities to collaboratively link organisational workforce planning and development approaches to regional and sector approaches.
- 10 workshops were delivered throughout Queensland (Hamilton, Toowoomba, Mackay, Townsville, Stones Corner, Mooloolaba, Loganholme, Cairns, Mount Isa, Maryborough and Rockhampton) during May and June 2012.
Sectors

PRIMARY HEALTH CARE

Planning for your Medicare Local Breakfast Seminar

• In June the Workforce Council hosted a breakfast seminar exploring the workforce implications of health reforms
• Over 75 representatives from government departments, peak bodies and service providers attended to discuss the workforce implications of the Medicare Locals scheme and the need to integrate strategic workforce planning within the new primary health care structure.
• The seminar marked one of the first opportunities for Queensland industry representatives to collectively explore relevant issues
• Focused on the vital need for strategic workforce planning to support the new health reforms, outlining some of the key elements and strategies necessary for such a regional workforce planning process

Outcomes for the seminar included:
• Workforce Council has continued engagement with health industry stakeholders, consulting with members of the Health Leaders Group, General Practice Queensland Reference Group, Community Health Services Network Group and Medicare Locals
• The June 2012 Industry Skills Body report will have a stronger emphasis on Primary Health Care and will focus on the workforce skilling and planning needs for the Health Industry in response to the health reforms, e.g. LHHN’s and Medicare Locals

Health Workforce Leaders Group working with Health Workforce Australia

• The Health Workforce Leaders Group established through the Health Skills Formation Strategy 2007-2010 continues to meet together to explore and identify workforce strategies. This is a critical forum in the context of significant change occurring in the health industry as a result of the National Health and Hospital Reforms
• In November 2011 the Health Workforce Leaders Group hosted a workshop with over 40 people with the CEO of Health Workforce Australia, Mark Cormack. Rod Camm, CEO of Skills Queensland also attended this workshop. This workshop was open to health industry stakeholders and provided an opportunity to discuss the implementation of national strategies in Queensland

Outcomes for the group include:
• Workforce Council has continued engaged with health industry leaders across all sectors to support a whole of system approach to workforce planning across Queensland
• Strong connections have been established with the National Health Workforce Agency, Health Workforce Australia which will support future planning and implementation of national reform strategies within Queensland
• The mechanisms established including the Health Workforce Leaders Group will be accessed by Health Workforce Australia to support their planning
COMMUNITY MENTAL HEALTH

Community Mental Health Workforce Strategy

• The Community Mental Health Workforce Strategy (Workforce Strategy) is a joint initiative of the Health and Community Services Workforce Council and Queensland Alliance for Mental Health (Queensland Alliance), funded by Skills Queensland. Its purpose is to facilitate a collaborative approach to workforce development across the Non-Government (NGO) Community Mental Health sector in Queensland.

• A two-year project which commenced in April 2010, the Workforce Strategy has engaged with service providers, peaks, consumer representatives and education/training providers to identify and implement actions to support a sustainable workforce across the Queensland Community Mental Health sector.

Key outcomes of the Community Mental Health Workforce Strategy:

• Formation of cross-sectoral Workforce Leaders Group representing key stakeholders including service providers, consumers, peaks and training/education providers.

• Industry-led and endorsed Workforce Action Plan that will continue to guide collaborative and sustainable approaches to workforce development.

• A set of values and guiding principles validated by service providers and consumers that communicates who we are, how we work and why.

• A values-based Practice Framework that supports a cohesive sector-wide approach to workforce planning and development.

• Discussion paper including recommendation for a dedicated Centre for Community Mental Health Research, Education and Practice that is unique to the Queensland setting and is responsive to the Sector’s needs.

• Workforce Leaders informed successful application for workforce development funding by Skills Queensland for scholarships and design a graduate placement program pilot.

Community Mental Health Breakfast Meeting with The Hon. Curtis Pitt MP

• The breakfast meeting, jointly hosted by the Workforce Council and Queensland Alliance for Mental Health, took place on the 19 September 2011 marked a unique opportunity for the government and mental health leaders to work together to develop solutions to the sector’s sustainability challenges.

• The former Minister for Disability Services, Mental Health and Aboriginal and Torres Strait Islander Partnerships, The Hon. Curtis Pitt MP, considered the Mental Health Industry Leaders Group’s plans for a sustainable community mental health workforce including the development of new sector-specific qualifications, clearer career progression opportunities and formal recognition of the life experience of workers.

Community Mental Health Forum

• Over 80 workers, consumers, carers, teachers and leaders from Queensland’s community mental health sector will gathered in Brisbane on 23 April 2012 to discuss challenges, solutions and a shared vision for the future of the sector’s workforce.

• The Community Mental Health Workforce Strategy forum, jointly hosted by the Workforce Council and Queensland Alliance for Mental Health, came after much change to the state’s political landscape and was a critical opportunity for the sector’s stakeholders to develop a shared set of priorities ahead of the 2012-13 State Budget.
CHILD PROTECTION

- Workforce Council continues to support the Child Protection Workforce Action Group in partnership with key industry, training and government stakeholders. The Workforce Council also supports the Child Protection Skilling Plan to improve and expand training delivery in this sector.
- Key partnerships with Queensland Aboriginal and Torres Strait Islander Child Protection Peak, Remote Area Aboriginal & Torres Strait Islander Child Care and family and domestic violence workers have been key developments recently. Act for Kids has implemented an innovative traineeship program for Aboriginal and Torres Strait Islander new entrants, as well as new programs for up-skilling residential care workers in the Cape region.

Child Protection Skills and Workforce Development Workshop

- On 14 February 2012 Health and Community Services Workforce Council and PeakCare Queensland jointly hosted a Child Protection Skills and Workforce Development Workshop.
- Approximately 50 child protection professionals from across Queensland attended the forum held in Brisbane.
- The Forum aimed to seek the advice of industry workers to discuss workforce issues including skills shortages within the child protection system.

Outcomes of the workshop included:

- Increased profile of the sector and the workforce through media coverage of this event.
- Identification of key strategies and actions for workforce development and planning and skilling needs for the industry.
- Input from the forum contributed to the Workforce Councils Industry Skills Body reports to be finalised by June 2012.
- Child Protection Workforce Action Group agreed to continue discussions and address issues raised at Forum.

CHILDREN’S SERVICES

Children’s Services Workforce Development Forum

- On 16 November 2011, Health and Community Services Workforce Council in partnership with Queensland Children’s Services Alliance (QCSA) held a Workforce Development Forum for the Early Childhood Education & Care Sector.
- QCSA is an independent and integrated alliance of organisations and agencies that reflects the diversity of children’s services in Queensland. QCSA provides a much needed forum for shared inquiry and collaborative problem solving to inform and influence policy and practice in children’s services.
- 50 industry stakeholders attended the forum.
Outcomes for the forum included:

• Input from the forum contributed to the Workforce Councils Industry Skills Body report to be finalised by June 2012
• The forum provided an opportunity for the Children’s Services Alliance to develop an action plan to progress priority workforce issues

Yarn up – Tokbloyumi Project

• Collaboration between Department of Education and Training - TAFE Queensland, Indigenous Professional Support Unit and Health and Community Services Workforce Council to develop an innovative way to deliver the competency HLTHIR403 Work Effectively with Aboriginal and Torres Strait Islander People
• Delivered to student’s currently studying children’s services and educators currently working in organisations to address skills gap in cultural competency, as identified in Industry Skills Body reports. Organisations participating would then provide practical placement opportunities for Aboriginal and Torres Strait Islander students studying children’s services

Outcomes of the project included:

• Successful delivery of HLTHIR403 Work Effectively with Aboriginal and Torres Strait Islander People to 70 educators and TAFE students
• Successful use of technology to deliver across regions – one remote/regional and the other in the South East Corner
• Two more Yarn Up Tokbloyumi delivery’s planned for 2012
  1. Mackay and South Brisbane
  2. Gold Coast and Mt Isa

AGED AND COMMUNITY SERVICES

• Workforce Council continues to support the Aged and Community Care Workforce Strategy Group, consisting of employers, education and training providers, unions, government and other industry stakeholders. This group meets regularly and communicates with GroupSites to collaborate on industry and training strategies, and plays a key role in advising the Industry Skills Body on sector issues
• Workforce Council has brokered more than 520 qualifications and skill sets for the aged and community care sector, involving more than 10,300 average hours of curriculum. This brokerage has leveraged an estimated $510,480 industry contribution to the cost of training. A significant proportion of this brokerage has been achieved through a partnership with the sector peak body, Aged Care Queensland

YOUTH SERVICES

• Moreton Bay Youth Service Collaborative Action Group (CAG) represents collaboration between organisations that provide services to youth and families in the Moreton region. CAG works on projects and aims to provide a regional voice on matters impacting on young people and youth service provision in the region. CAG also provide collective professional development opportunities for youth workers in the Moreton Bay region
• Workforce Council has brokered 272 qualifications to organisations in the Youth Sector, leveraging an estimated $177,261 industry contribution to the cost of training. Workforce Council also participates in the State-wide youth sector development network, a network which meets to share information and identify opportunities in relation to both service provision and the planning of professional development, training and peer support for the youth sector workforce
• The first phase in establishing ten Communities of Practice Leaders Action Networks (CPLANs)
Workforce Council has brokered 272 qualifications to organisations in the Youth Sector
in regions across Queensland to enable the sector at a regional level to identify workforce development needs and sector issues has been undertaken; this included the hosting of a state-wide gathering of CPLAN facilitators in November 2011. This gathering provided an opportunity for the facilitators of the Leaders Action Networks to meet both their TAFE/Uni teachers and learn about the facilitator’s role in action research.

• YANQ has worked closely with Metropolitan South Institute of TAFE to ensure that CPLAN facilitator’s progress through a skill set which is comprised of four units of competency from the Diploma of Community Development. YANQ, together with MSIT and QUT will continue to work collaboratively to ensure the content and delivery of the skill sets meets the needs of the students specifically in relation to facilitating Communities of Practice Leaders Action Networks.

The establishment of the CPLANs has provided a solid infrastructure for the youth sector to engage with policy and workforce development processes in Queensland.

DISABILITY SECTOR

• Workforce Council has brokered 327 qualifications and skill sets for disability sector employers, leveraging an estimated $212,421 industry contribution to the cost of training. Workforce Council also has a number of projects including the Disability Sector Training Fund; Resident Support Program; Community Mental Health Skills Formation Strategy and the Project P300 Skills Development Fund, all of which have a workforce focus impacting on the Disability sector.

Participatory Leaders in Action: The Art of Hosting Conversations that Matter

• A three day workshop hosted by the Workforce Council and National Disability Services In February/March 2012 to explore the use of conversation and participatory leadership as tools for system and organisational change.
• The Art of Hosting was an approach to finding new solutions for challenges and activated collective intelligence whilst building on the strengths and knowledge of participants.
• During this training, participants explored a range of tools and principles for increasing the level and quality of participation in problem-solving and decision-making around the issues that matter to people.

Ten Year Skilling and Workforce Development Outlook

The Health and Community Services Industry will continue to grow rapidly over the next ten years and will be required to provide increasingly complex and integrated services to a growing Queensland population. The industry will continue to experience significant skill and labour shortages and this, in turn, will place increased pressure on the training and education sectors, and availability of clinical placements to support training will remain a potential blockage in developing the future health workforce. Competition for workers with other industries will continue to impact on attraction and retention in the industry. Strategies will be required to promote the industry as the career of choice. Attraction and retention strategies will be needed to prevent loss of skilled workers, along with programs to re-attract skilled workers who have left the industry.

The heavy reliance on volunteers will continue, although reduced rates of voluntarism and reduced unemployment will limit the pool of available volunteers.

The industry’s demand for skills and labour are likely to outstrip supply, certainly for the professions and potentially for semi-skilled and ancillary occupations as well. Industry will need to draw on all available sources of labour and skills. There may be an increased focus on advanced scope of practice and utilisation of additional assisting and paraprofessional roles. The significant level of
change occurring in industry already, along with industry growth, places pressure on the management and leadership of agencies in the industry. Programs will be required to improve skills and capacity in leadership, management, change management and workforce planning. Skills policy and funding reforms should drive training providers towards industry-responsiveness and improved quality in order to develop and maintain market share in a demand-driven model of funding.

New technologies and advances in health care will continue to create rapid changes in the nature and complexity of health services. Technology will be both a solution to service and workforce problems and a new challenge through requiring new skills and workforce design. The focus of priority for services will continue to move toward the community setting and on preventive and primary health services. Significant changes to the structure and funding of key parts of the industry will have significant impact on the work roles and career pathways.

To meet these challenges, industry will need to develop strategic solutions to its workforce challenges at industry, sector, region and enterprise levels. These strategies will need to link service planning and design with workforce planning and education/training planning systems. Strategic effort will be required on a number of fronts to support increased attraction and retention, access new sources of skills and labour, improve skill supply, increase the attractiveness of jobs in the industries and remove barriers to workforce innovation and reform. Strategic Workforce Planning will be critical for industry to meet these significant challenges.

**Five Year Skilling and Workforce Development Priorities**

- Develop skills and capacity for strategic workforce planning to address future workforce challenges
- Work with regional and industry development stakeholders to ensure Health and Community Services needs are addressed
- Raise the profile of the industry and champion good practice through industry workforce awards, media promotion and similar strategies
- Raise the awareness of the kinds of jobs and careers in the industry and support better attraction strategies for young people and career changers
- Establish and develop effective school to industry pathways programs, including pathways to professions
- Develop and support industry-led employment programs
- Develop and support Aboriginal and Torres Strait Islander employment strategy
- Broker tailored training programs in leadership and management, change management, and workforce planning
- Programs for new supervisors/line managers, including mentoring programs, communities of practice, etc
- Develop interventions that support improved quality of education and training for Health and Community Services outcomes. This may include advice for industry, partnership brokerage between industry and RTOs, engaging with the national regulator, identification of industry benchmarks, professional development for VET practitioners and industry participation in validation of assessments
- Monitor structural reforms in key sectors, including NDIS, Aged & Community Care program, etc. and ensure skilling and workforce responses as required
- Develop a strategy to support ongoing capacity to deliver quality ATSI Primary Health Care qualifications in Queensland, including RTO capacity, suitable resources, appropriate modes of delivery and supply of trainers and assessors. This may include building the capacity of Aboriginal medical services to support on-the-job training and development of an apprenticeship model
Priorities for Action over the Next Year

• Support a Health and Community Services industry-led employment program, including priority for Aboriginal and Torres Strait Islander employment
• Establish and support school-to-industry programs
• Pilot interventions to support improved quality of education and training, for example assessment validation services and VET advisory service for industry
• Develop industry benchmarks / advice on minimum requirements for VET programs to meet industry needs
• Development of an Information Hub to support strategic workforce planning in Health and Community Services
• Skills Development workshops for industry
• Pilot Strategic Workforce Planning model with industry
• Work with regional stakeholders to advance workforce planning for Health and Community Services

• Investigate the capacity of training providers in Queensland to deliver ATSI Primary Health Care qualifications to meet industry’s need. This assessment should include the availability of Aboriginal and/or Torres Strait Islander trainers and viability in the absence of TIFIARRC
• Engage with the Australian Skills Quality Authority regarding opportunities to support their role in improving outcomes for industry from the RTO sector
APPENDIX 1

Government Policies and Strategies Impacting on the Industry’s Workforce

Mental Health
• National Mental Health Workforce Strategy and Plan

Disability
• Productivity Commission’s Disability and Support Report (2011)
• National Disability Insurance Scheme (NDIS)
• National Carer Strategy (FacHCSIA2011)

Children’s Services
• National Early Childhood Development Strategy (2009)
• Early Years Learning Framework
• Australian Children’s Education and Care Quality Authority (ACEQA) National Quality Framework for Early Childhood Education and Care
• Productivity Commission’s Early Childhood Development Workforce report leading to the January 2014 deadline for:
  o All early childhood education and care staff must have, or be working towards, a relevant Certificate III qualification
  o At least 50% of staff in preschools and long day care (LDC) centres must have, or be working towards, a relevant diploma or higher qualification

Aged Care
• Productivities Commission’s Caring for Older Australians Report (2011)

Aboriginal and Torres Strait Islanders
• HWA’s Aboriginal and Torres Strait Islander Worker roles study to support the introduction of registration and accreditation in the sector (which starts on 1 July 2012)
• Closing The Gap

Health Reforms
• National Health Reform Agreement
• Formation of Medicare Locals’

Not for Profit
• The Australian Charities and Not-For-Profits Commission commencing 2012
• Fair Work Australia’s community worker equal remuneration case awarded pay rises of between 19% and 41%

Vocational Education and Training
• Agencies and programs established in 2011:
  o Australian Skills Quality Authority (ASQA)
  o Standing Council on Tertiary Education, Skills and Employment (SCOTESE)
  o National Skill Standards Council (NSSC)
  o National Workforce Development Fund (NWDF)
• Skills Australia’s Skills for Prosperity: a roadmap for vocational education and training (2011)
• National Workforce and Productivity Agency to form on 1 July 2012

Queensland Government Policies

Grow a Four Pillar Economy
• Grow a four pillar economy through agriculture, tourism, and construction. Focus on addressing areas of skills shortages, rebuild and support industries that support Queensland’s economic growth

Pathways to a Skills Trade Future
• $86M for 10,000 additional apprenticeships over six years
• Establish a Skills and Training Taskforce
• Reduce unemployment by 4% over the next six years

Economic Blueprint for Queensland
• Skills and training programs will ensure that Queenslanders will have the qualifications employers need

Better Infrastructure and Better Planning
Royalties for the Regions – Resource Community Building fund
• Establish a Resource Community Building Fund – will leverage cumulative outcomes across regions by supplementing resource company’s spending under their Social Management Plans
• Building up to $100M a year to deliver improved social infrastructure for communities in resource regions

Revitalise Front Line Services
Strengthening Queensland Families – Protecting our Children
• $4M to trial Fostering Families
• Extend a child’s transition from care period to 21 years of age
• $1M to boost counselling services for child victims of child abuse and sexual assault
• Support frontline child safety staff through career development and working to reduce case loads

Linking Schools to Universities
• Fund a study into establishing a co-located High School at James Cook University

Health: Building Better Services
• Deliver the Sunshine Coast University Hospital
• Employ more doctors and nurses
• Reduce rates of chronic disease in the community by investing in health
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