HumanAbility Submission

6 June 2025

Productivity Commission inquiries on the five pillars of productivity

Pillar 2: Building a skilled and adaptable workforce

Pillar 3: Harnessing data and digital technology

Pillar 4: Delivering quality care more effiicicently

Acknowledgement of Country

HumanAbility acknowledges the Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of Country throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders – past and present, and recognise their enduring connection to their culture, lands, seas, waters and communities.

About HumanAbility

HumanAbility is the Jobs and Skills Council (JSC) for the Care and Support Economy. One of 10 JSCs established in 2023, our role is to provide leadership to address skills and workforce challenges for our industries, with a focus on the Vocational Education and Training (VET) qualified workforce.

We are responsible for ensuring the aged care, disability, children's education and care (CEC), health, human (community) services, and sport and recreation sectors are supported by skilled, adaptable, and sustainable workforces to achieve positive economic and social outcomes for industry, community, and individuals.

HumanAbility's four key functions are:

- Workforce planning
- Training Product development
- Implementation, promotion and monitoring
- Industry stewardship

We are tripartite. Our governance structure and stakeholder engagement approach reflect government, union and industry.

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Executive summary

Productivity should be central to how we think about economic progress. But in the care and support economy (aged care and disability services, children's education and care, health, human (community) services) and sport and recreation), standard productivity measures don't tell the full story.

These services achieve important outcomes through relationships, prevention, and over the long-term. Productivity metrics face limitations identifying, pricing, and attributing these kinds of outcomes.

Complementary tools can improve measurement. These include outcome-based indicators, longitudinal evaluations, and direct feedback from the people who use or deliver services.

Alongside better measurement, there are also clear opportunities to improve outcomes by strengthening how care and support services are delivered. Practical reforms should be considered to strengthen the workforce and improve service delivery across the care and support sectors. These include:

- Earn while you learn models that reduce placement poverty and attract a more diverse workforce.

- Job design reviews to align qualifications with real-world tasks and support stable employment.

- Scope of practice reforms that improve delegation and reduce professional underutilisation.

- Better workforce data to support planning and investment.

- Career pathways frameworks that clarify roles and support workforce development.

- Tertiary harmonisation to remove unhelpful barriers between vocational and higher education.

- Ethical use of technology that supports frontline care.

This submission is a contribution to three of the five pillar inquiries (Pillar 2: Building a skilled and adaptable workforce; Pillar 3: Harnessing data and digital technology; and Pillar 4: Delivering quality care more effiicicently).

Measurement challenges in care and support services

Productivity is a measure of how efficiently inputs like labour, capital and technology are used to produce goods and services.[i] It is central to economic growth, living standards, and wages. In care and support services, productivity is difficult to measure because outputs like improved wellbeing or reduced intervention are hard to price, identify, and attribute.

Statisticians use prices to calculate productivity. But in the non-market sector, price signals are often distorted or absent. Care and support services like aged care, disability support services, and early childhood education are funded publicly and delivered within tightly regulated pricing frameworks. This means the prices charged reflect funding rules, not service quality or demand. As the Commission has previously noted, this makes it difficult to use prices to assess performance.[ii]

Similarly, we take a point in time snapshot when we calculate productivity statistics. But this doesn't capture the value created by care and support services over time. Much of the benefit unfolds gradually through improved wellbeing, stronger relationships, increased independence, or reduced need for future support. Focusing on short-term activity fails to recognise the value of work that prevents harm, builds capability, and reduces long-term costs.

An early childhood educator spends the morning with a class…	
… she adapts play-based activities to each child, spots a speech delay early, and engages parents in a support plan. The child enters school with confidence.	… she sticks to the standard program, lets the child fall behind, and manages the class with passive screen time. Problems escalate in Prep and beyond.
Standard metrics treat these cases as equivalent.	

At the aggregate level, quality care reduces inequality and builds a more capable and productive population.[iii] These services have the greatest impact for people facing poverty, disability, ill health, or exclusion. When well designed and delivered, they support dignity, health, and participation. In turn, this can strengthen long-term productivity by improving capability.[iv]

A maternal health nurse provides antenatal care to a First Nations woman…	
… the care is culturally safe, consistent, and trusting. She returns for every appointment. Her baby is born healthy.	… the nurse completes the same number of check-ups, but the care feels dismissive. The woman disengages. Risk of birth complications increases.
Standard metrics treat these cases as equivalent.	

Productivity metrics do not capture what drives performance in care and support services. Trust, stability, empathy, and rapport are not by-products of care, these relational elements are often essential to achieving positive outcomes, especially for people who have experienced trauma, discrimination, or chronic disadvantage.

An aged care worker provides daily support to a home-based client…	
… he forms a routine and a rapport. The client eats, takes meds, and feels safe. This avoids hospital visits and maintains the client's independence.	… the same tasks are done, but by a different carer each week. No trust, no continuity. The client deteriorates, becomes withdrawn, and faces increased probability of hospitalisation.
Standard metrics treat these cases as equivalent.	

Measuring productivity of any sector is difficult. Weak pricing, timing, equity, and quality issues mean it is especially difficult for care and support services.

Complementary tools to improve visibility of outcomes

While productivity metrics may not capture all aspects of care and support services, a range of complementary tools can help us observe performance more clearly. Across Australia and internationally, new frameworks, evaluation tools, and survey methods are being used to more accurately assess the outcomes of care and support services.

Identifying valuable outcomes

Identifying valuable outcomes means defining the real-world changes that care and support services are intended to achieve. These priorities are already reflected in frameworks across Australia and internationally.

In England, the National Health System uses a structured outcomes framework to track improvements in population health. Indicators include premature mortality, long-term condition management, health-related quality of life, and recovery from illness. These outcomes are monitored nationally and used to guide system priorities.[v]

In New South Wales, the government has implemented a cross-sector outcomes framework that monitors client progress in areas like safety, housing, social connection, and empowerment. These indicators are used across the design, implementation, and evaluation of NSW programs and interventions.[vi]

At the national level, the Australian Treasury's *Measuring What Matters* framework provides indicators for health, housing, income, life satisfaction, and equality. These indicators enable policy to be assessed against population wellbeing rather than economic activity alone.[vii]

Measuring valuable outcomes

Survey

Some services measure change by asking clients to report on their wellbeing, functional capacity, or emotional health before and after support. This allows surveyors to track the direct impact of the relevant intervention on people's daily lives.[viii]

In England, the *Adult Social Care Outcomes Framework* includes indicators that reflect users' sense of safety, autonomy, and social inclusion, alongside satisfaction with services. These subjective measures are treated as valid markers of service quality.[ix]

Many systems also now use structured feedback surveys to measure the quality of care relationships. Clients are asked whether they feel respected, heard, involved in decisions, and treated with dignity. The results can be used to benchmark provider performance and inform quality improvement.[x]

Australian aged care reforms have introduced mandatory reporting that incorporates consumer experience in this way. Providers must now collect data that the Department publishes on whether people feel well cared for, emotionally supported, and confident in the complaints process.[xi]

Similarly, in New South Wales, patient reported experience data has been used to support clinicians to identify if a patient is getting value from their treatment, and to support services to make improvements over time. This data has prompted targeted training and service redesign in hospitals and community health settings.[xii]

Evaluation

A large body of academic research has assessed the value of integrated and intentional care and support services, examining how well-delivered care affects engagement and outcomes. Notably, services that offer ongoing, stable relationships with, and between, staff show stronger results in client retention, wellbeing, and adherence to treatment.[xiii]

This kind of research can evaluate the harder to measure outcomes of care and support services. For example, evaluations like the 2023 social return on investment analysis of Community Hubs undertaken by Deloitte Access Economics can assign value to immediate improvements in wellbeing, such as increased confidence, or day-to-day quality of life. [xiv]

This kind of work can also be undertaken at the industry level. A recent UK example is the Social Productivity Index, which compares industries across economic, geographic, and social impact. While focused on hospitality, it shows health and social care performing well across all three domains.[xv]

Measuring valuable outcomes over time

Evaluators are also able to quantify long-term value. For example, if a homelessness intervention reduces future hospital visits or interactions with the justice system, those avoided expenses can, and should, be incorporated in the program's evaluation. A 2021 evaluation of Sacred Heart Mission's *Journey to Social Inclusion* program found participants experienced fewer hospital admissions and interactions with the justice system, leading to significant cost savings.[xvi]

Similarly, the Deloitte Access Economics Community Hubs social return on investment also found longer term impacts alongside current quality of life uplift, like increased employment among hub participants and improved school readiness for children. These downstream benefits were valued based on their contribution to future income, education, and social outcomes, demonstrating how both immediate and long-range returns can be captured.[xvii]

Initiatives that could make a difference

While better measurement is essential, real progress also depends on changes to how care and support services are staffed, structured, and supported. The following initiatives aim to strengthen the care and support workforce, improve service delivery, and support better outcomes across the sector.

Each initiative is grounded in sector feedback and aligned with the broader goal of building a more skilled, responsive, and resilient care economy. These initiatives collectively have the potential to drive productivity gains over time by improving how work is organised, reducing duplication, strengthening workforce capability, and supporting more consistent, effective service delivery.

Earn while you learn

Relevant Pillars: Building a skilled and adaptable workforce / Delivering quality care more efficiently / Creating a more dynamic and resilient economy

Students are increasingly facing 'placement poverty' as they try to balance study with full-time or part-time work. This is exacerbated when students forego paid employment to undertake unpaid mandatory work placements that exist within many care and support qualifications. The 2024 *Strategic Review of the Australian Apprenticeship Incentive System*

found that low training wages and high living costs are key barriers to uptake and completion.[xviii]

Paid on-the-job training models can reduce barriers to entry for workers who cannot afford to study without income, while allowing employers to shape skills in real-world settings. These models are also increasingly seen as a way to attract a broader and more diverse workforce, particularly in under-served regions.

Comparison data from 2019 to 2023 shows a significant increase in the number of students commencing courses delivered as traineeships, including Certificate III in Early Childhood Education and Care, Certificate III in Individual Support, and Certificate III and IV in Outdoor Recreation.[xix]

New or expanded 'earn while you learn' opportunities will need to be managed. Without careful design, the learning experience could be narrowed, and costs could be shifted onto employers and providers. Any expansion must also avoid inadvertently reinforcing a low-paid work model within an already underpaid sector.

Job design

Relevant Pillars: Building a skilled and adaptable workforce / Delivering quality care more efficiently / Creating a more dynamic and resilient economy

Many care and support roles have evolved significantly over time, but qualifications and job descriptions have not always kept pace. In sectors like outside school hours care, mental health, and community services, job tasks have expanded, diversified, or become more complex. Casualisation and limited career pathways are common, and staff are often required to perform tasks outside the scope of their formal training.

Systematic job design reviews can help clarify core functions, identify areas of overlap or role creep, and ensure qualifications reflect the actual work being performed. Done well, these reviews can support more stable employment models, inform supervision structures, and clarify progression pathways.

HumanAbility is undertaking job design reviews in key sectors, starting with functional analysis to understand roles, tasks, and evolving skill needs from a frontline perspective. These will be used to shape qualification design and ensure that training products reflect real-world practice.

Job design reviews can be resource-intensive and must be grounded in strong sector engagement. They also require careful handling to avoid unintentionally narrowing roles or increasing fragmentation. Reforms must be accompanied by clear implementation supports, especially for small providers.

Scope of practice

Relevant Pillars: Building a skilled and adaptable workforce / Delivering quality care more efficiently / Creating a more dynamic and resilient economy

Many of the most qualified professionals in care and support roles are unable to work to the full extent of their training and capabilities because of gaps in the supporting workforce. When there are not enough trained and trusted staff to delegate tasks to, more qualified professionals end up spending time on work that does not require their level of training. This limits productivity and increases burnout.

Enabling workers to operate to their full scope of practice is key to unlocking greater productivity. Achieving this depends on a more intentional approach to workforce layering and delegation. It requires investment in the vocational education and training workforce, with a focus on equipping support-level staff to perform defined, delegated tasks safely and effectively.

The *Unleashing the Potential of our Health Workforce Review* identified several barriers preventing professionals in the health sector from working to their full scope. It found that enabling professionals to work to their full scope can improve access to care, lead to better health outcomes and increase job satisfaction, which in turn supports workforce retention.[xx]

Scope of practice reforms should be accompanied by clear delegation frameworks and appropriate supervision. Without these safeguards, there's a risk of confusion, role creep, or compromised care quality. Resistance may also arise if workers feel their roles are being diluted or displaced. Success depends on strong communication, change management, and a shared understanding of the value each role brings.

Building data insights

Relevant Pillars: Harnessing data and digital technology / Building a skilled and adaptable workforce / Delivering quality care more efficiently / Creating a more dynamic and resilient economy

Effective workforce planning and decision-making relies on comprehensive, granular, and timely data. At present, significant gaps limit the sector's ability to accurately assess workforce needs, respond to demand, and allocate resources efficiently. These gaps contribute to demand blindness, misinterpretation of student outcomes, poor visibility of provider quality, and underinvestment.

Improving the availability, quality, and use of workforce data would support more accurate planning and better long-term investment decisions. This includes collecting more detailed and regular data on workforce supply, demand, training quality, and student outcomes. It also involves building stronger sector capability to analyse and apply the data.

Feedback from HumanAbility's Forums and Roadshows highlights a strong consensus across stakeholders for better data collection, greater internal data capability, and improved utilisation of existing information. Recent analysis has also shown limitations in current classification systems, with male-dominated sectors tending to have more detailed classifications than female-dominated ones, introducing potential structural bias in planning tools.[xxi]

A more integrated data approach will require coordination across jurisdictions, agreement on shared standards, and investment in systems that enable secure sharing. Improvements in measurement should not reduce frontline flexibility or impose excessive reporting burdens.

Mapping and promoting career pathways

Relevant Pillars: Building a skilled and adaptable workforce / Delivering quality care more efficiently / Creating a more dynamic and resilient economy

Many roles across the care and support sectors lack clearly defined career pathways, making it difficult for workers to understand progression opportunities and for employers to retain talent. This ambiguity contributes to high turnover rates and challenges in attracting new employees.

Developing career pathways frameworks would help clarify how workers can progress across care and support roles. The frameworks should identify the skills, qualifications, and experience required at each stage, providing a clear roadmap for career development. It

should also guide training and education providers to align course content with real-world job requirements.

Following strong demand from the sector, HumanAbility has commenced development of dedicated career pathways for the aged care, disability support, and veterans' care workforces. This work includes consultation with employers, workers, and training providers to ensure the resulting framework reflects real roles and real opportunities.[xxii]

Ensuring frameworks remain adaptable to evolving sector needs and regional differences is crucial. There is also a need to engage a wide range of stakeholders, including employers, workers, and training providers, to ensure the framework's relevance and uptake.

Tertiary harmonisation

Relevant Pillars: Building a skilled and adaptable workforce / Delivering quality care more efficiently / Creating a more dynamic and resilient economy

The divide between vocational and higher education systems creates barriers for learners and limits the ability of the education sector to respond to workforce needs. Inconsistent credit recognition, fragmented qualification pathways, and separate regulatory systems make it hard for individuals to move between sectors or combine practical and theoretical learning. This restricts learning, creates unnecessary complexity, and contributes to skills shortages.

Tertiary harmonisation aims to align these systems to enable clearer pathways, more flexible program design, and stronger recognition of both skills and knowledge. The goal is not to merge the systems, but to make them work better together so that learners can access the right mix of training and education across their careers.

Recent national consultation by Jobs and Skills Australia has confirmed strong appetite for better alignment between vocational and higher education. Feedback from students, providers, employers, and peak bodies highlights widespread support for simpler pathways and more consistent information. Stakeholders also noted that current fragmentation contributes to confusion, duplication, and underutilisation of skills.[xxiii]

Successful harmonisation will require effective implementation. Reforms must preserve the unique strengths of both vocational and higher education while removing the barriers that

prevent them from working together. They must also be designed with the involvement of providers that operate across both systems.

Using technology effectively and safely

Relevant Pillars: Harnessing data and digital technology / Building a skilled and adaptable workforce / Delivering quality care more efficiently / Creating a more dynamic and resilient economy

The increasing use of artificial intelligence and other technologies is already shaping how care and support services are delivered, managed, and accessed. These tools often affect roles indirectly, through triage platforms, rostering systems, or digital documentation. While there is real potential for technology to improve efficiency, without careful design, these tools could increase workforce strain, entrench digital exclusion, and fail to address core workforce shortages.

Supporting the ethical and inclusive adoption of technology means prioritising tools that enable workers to spend more time on meaningful care. If implemented well, these technologies can improve job satisfaction and workforce retention, by reducing time spent on repetitive or low-value tasks.

Feedback from across the sector highlights both the opportunity and the risk. Artificial intelligence and automation can enhance decision-making, reduce duplication, and increase access, but only if they are accompanied by role-specific and ethically grounded training. New systems must be usable, relevant, and trusted by the workforce. Particular attention is needed to ensure inclusion for Aboriginal and Torres Strait Islander workers, people with disability, and those from culturally and linguistically diverse backgrounds.

Conclusion

Productivity will remain central to Australia's economic performance. For care and support services, standard metrics struggle to reflect the nature of the work, the outcomes it produces, and the conditions required for success. Better measurement tools, combined with targeted workforce reforms, can improve visibility, lift quality, and drive productivity gains over time.

[i] Productivity Commission (2025). *What is productivity?*

[ii] Productivity Commission (2017). *5 Year Productivity Review. Supporting Paper Number Two: Non-Market Sector Productivity.*

[iii] Department of Health (2021). *National Preventive Health Strategy.*

[iv] International Monetary Fund (2014). *Redistribution, Inequality, and Growth.*

[v] Department of Health and Social Care (2023). *NHS Outcomes Framework.*

[vi] NSW Department of Communities and Justice (2025). *Human Services Outcomes Framework.*

[vii] Australian Treasury (2023). *Measuring What Matters: Australia's First National Wellbeing Framework.*

[viii] See, for example, Bonsel J. et al (2024). *The use of patient-reported outcome measures to improve patient-related outcomes – a systematic review.*

[ix] NHS Digital (2023). *Adult Social Care Outcomes Framework.*

[x] See, for example, Department of Health, Disability and Aging (2025). *Residents' Experience Survey.*

[xi] Department of Health and Aged Care (2025. *Star Ratings and Quality Indicators.*

[xii] NSW Health (2025). *Patient Reported Measures Program.*

[xiii] See, for example, Gavaldà-Espelta L. et al (2023). *Evaluation of an integrated health and social care model for people with chronic conditions in Catalonia: lessons learned from a care management implementation study* and Engström S et al (2025). *Personal GP-continuity improves healthcare outcomes in primary care populations – A systematic review.*

[xiv] Deloitte Access Economics (2023). *Social Return on Investment Evaluation of Community Hubs Australia.*

[xv] UK Hospitality (2025). *The Social Productivity Index.*

[xvi] KPMG (2021). *Journey to Social Inclusion Phase 2: Final Evaluation Report.*

[xvii] Deloitte Access Economics (2023). *Social Return on Investment Evaluation of Community Hubs Australia.*

[xviii] Department of Employment and Workplace Relations (2025). *Strategic Review of the Australian Apprenticeship Incentive System.*

[xix] National Centre for Vocational Education Research (2025). *DataBuilder.*

[xx] Department of Health and Aged Care (2024). *Unleashing the Potential of our Health Workforce – Scope of Practice Review.*

[xxi] Cortis N. et al (2023). *Making care count: Towards a comprehensive workforce taxonomy*.

[xxii] HumanAbility (2024). *Career Pathways for Care & Support Sectors: Aged, Disability & Veterans' Care.*

[xxiii] Jobs and Skills Australia (2025). *Opportunity and Productivity: Towards a Tertiary Harmonisation Roadmap.*