



SECTOR
PROFILE

Aged care and disability services



HumanAbility



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1. Sector profile

1.1 Scope

The aged care sector supports older people to live safely and with dignity as they age.

Aged care workers provide assistance with everyday activities, such as personal care, transport, meal preparation, shopping, housework and opportunities for social connection. They provide health-related supports through nursing and allied health, such as physiotherapy and speech therapy.

Aged care is predominantly delivered in two main settings:¹

- Residential aged care (RAC), for those who can no longer live independently, on a short-term or permanent basis.
- Home-based care, also referred to as community-based care, and including homes in retirement communities. These services offer support to older people to remain independent in their own homes and communities for longer. This is increasingly prioritised in national policy, reflecting a shift towards consumer-directed care and ageing in place and the New Support at Home program.

The disability services sector provides vital services that enable people with disability to live with dignity, autonomy, and inclusion.

While disability services are primarily delivered under the settings of the National Disability Insurance Scheme (the NDIS), they can also be delivered through other government programs and the private sector.

Because disability is diverse, and each person's experience of disability is unique and multi-faceted, disability services vary widely and are delivered in an individualised way. These services include:

- Support for people with disability with everyday living activities, including personal care, cleaning and meals.
- Employment supports to help people with disability access meaningful, dignified work.
- Community participation supports to help people with disability engage with friends and take part in activities – such as individual outings or day programs.
- Therapy supports (including from allied health professionals and assistants) – including psychology and mental health, as well as support with assistive technology and other health conditions

Disability services are delivered in a variety of settings, including people's homes, supported living arrangements, day programs and community-based environments. Disability services are delivered in a rights-based context that aims to maximise the right to self-determination, supporting people to live independently and overcome barriers to inclusion.

Both sectors – aged care and disability services – play a critical role in fostering a more equitable and inclusive society, supporting dignified ageing in one sector, and facilitating independent living, social and community participation in the other, and quality of life across both. Both sectors have also been shaped by significant Royal Commissions that have resulted in structural, national reforms aiming to centre the rights of service users and respond to increasing demand and complexity of support needs and to better value the workforces through a harmonised national roadmap. These reforms have also sought to uplift quality standards and will require capable and well-supported workforces.

Due to this shared reform background – as well as a shared entry qualification through the VET system, shared drivers of labour force shortage, and because of the difficulties in distinguishing aged care and disability services workforce data in some key national data sets – these two sectors are discussed together in this profile. HumanAbility understands that disability services and aged care have starkly different purposes.

For many, the narrative of disability services as ‘care’ alludes to an antiquated understanding of disability services, contrasted to the social model of disability. Accordingly, we will distinguish between these two sectors as possible and where appropriate across this profile. We will also point to occupations that are relevant to aged care and disability services, but which are discussed in other sector profiles.

Table 1: Occupations overlapping with, or adjacent to, aged care and disability services – across health and human services (in HumanAbility’s scope)

Aged care and disability services	Human (community) services	Primary health*	Secondary and tertiary health **
<p>Aged care and disability services occupations are present across both clinical and non-clinical settings, in home and residential care.</p> <p>Some related roles that work directly in aged care or disability care are classified under broader community or health services codes or, in the case of education aides and special education teachers, in children’s education and care. *</p>	<ul style="list-style-type: none"> • Community services • Employment services & career development • Mental health and alcohol and other drugs • Residential care • Volunteering 	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander health • Complementary health • Dental • Mental health and alcohol and other drugs • Cross-sectoral – infection control and first aid 	<ul style="list-style-type: none"> • Allied health assistance • Nursing • Technicians support services • Ambulance – patient transport and out-of-hospital care • Mental health and alcohol and other drugs

* Note: Aged and Disabled Carers (ANZSCO 423111) span clinical and non-clinical tasks in both home and residential settings. Related roles such as Disability Services Officers (411712) and Residential Care Officers (411715) also work in aged care and disability services but are currently grouped under broader occupation codes. These distinctions will become more transparent under the OSCA being introduced.

Table 1 shows the occupations most commonly associated with each industry sector. While some roles may span multiple sectors, the groupings reflect stakeholder feedback rather than formal data classifications. Workers in Aged and Disability Care may be employed across various sectors – particularly in residential care and employment services – as well as in clinical and non-clinical settings, and broader community and health settings.



1.2 Occupations

The aged care and disability services sectors include a wide range of occupations across diverse settings. However, these occupations and their settings are not well represented in ANZSCO classifications, which, among other limitations, groups workers across aged care and disability services together as ‘Aged or Disabled Carer (#423111) – this fails to recognise the diversity of roles including and beyond those listed on the first page of this profile, and not distinguishing between service settings.²

This lack of granularity makes it difficult to accurately assess workforce supply, gaps, or training needs at the sub-sector level based on data. It also underrepresents the size and complexity of these workforces, which operate across multiple service settings and sectors, including health, education, disability and aged care.

Reform is underway. The ABS has replaced ANZSCO with the Occupation Standard Classification for Australia (OSCA), being implemented across multiple major national data collections (such as from NCVER and the national census) from late 2025. This will offer greater detail and role clarity by separating occupations into specific functions to enable improved workforce knowledge, planning and development. For example, the Aged and Disabled Carer classification will be divided into Aged Care Coordinators and Team Leaders, Community Aged Care Support Workers, Residential Aged Care Workers, Disability Services and Support Workers, and other roles. Rich and complementary insights are also available through the annual National Disability Services report and the four-yearly Aged Care Workforce Census.



1.3 Workforce size and demographic profile

The largest occupation group across both aged care and disability services, based on current occupational classifications and systems, is ‘Aged and Disabled Carers’, which has 360,600 workers as of February 2025, comprising 2.55% of the total Australian workforce.³ This reflects substantial growth, up from 237,088 in February 2021,⁴ and 30,900 new workers entering the sector from February 2024 to February 2025. Despite this sustained growth, this occupational group remains in shortage nationally and in each jurisdiction, reflecting ever-growing societal demand brought about by demographic trends in the Australian community.

The median age of an aged and disabled care worker is 42 (four years older than total workforce median), with 60% working part time, and 76% identifying as female (28% points higher than total workforce share). The median full-time earnings are \$133/week lower than the workforce median.⁵

The 2024 Aged Care Workforce Census (ACWC) provides more granular insights on workers in this sub-sector. Of the 21,000 surveyed (a representative sample of the sector’s workforce), it found:

- 87% identified as female
- average age of 42
- 57% born in Australia
- 41% spoke a language other than English
- 2.5% identified as First Nations⁶ (compared to 3.2% of Australians who identified as First Nations in the 2021 census).⁷

These ACWC figures differ from the ABS labour force data collected in 2024–2025 on workers from this sector employed within residential aged care (Figure 2). Additionally, the proportion of workers in the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFAC) identifying as First Nations is much higher, at 19%.⁸ Caution is needed when considering these proportions, as not all First Nations people choose to consistently identify (for various reasons across various data sets) and thus the proportion of First Nations people may differ between data sets.



Profile of Residential Aged Care Services⁹

227,802
employed



80%
are female

50%
are part-time



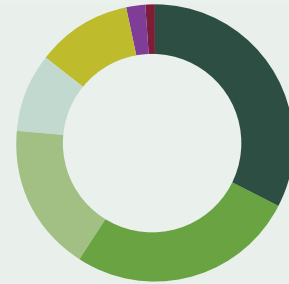
2%
identify as
First Nations

36%
work outside
the capital city



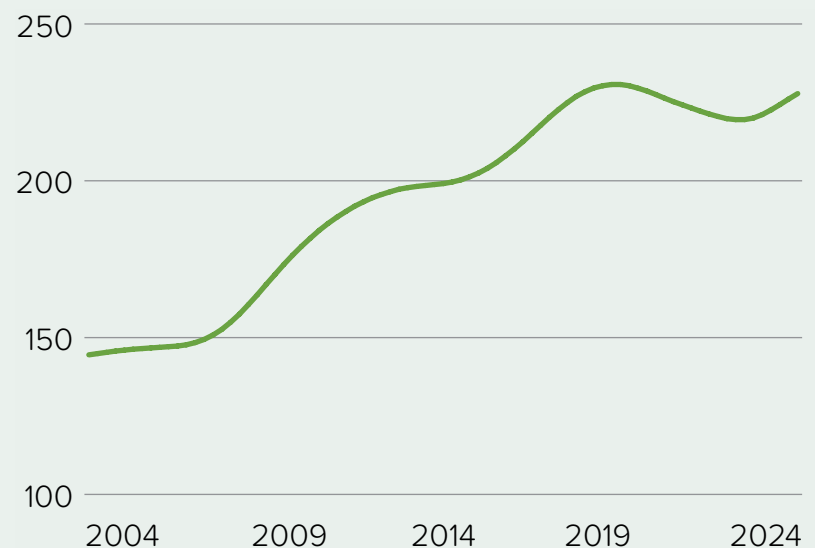
Employment by state

- New South Wales **32%**
- Victoria **26%**
- Queensland **17%**
- South Australia **9%**
- Western Australia **11%**
- Tasmania **2%**
- Northern Territory **0%**
- Australian Capital Territory **1%**



Percentages may not total 100% due to rounding. Categories shown as 0% may represent values less than 0.5%.

Employment over time (thousands)



Employment projection

2029 **278,400** employees



2034 **317,000** employees





Profile of Other Residential Care Services¹⁰

21,587
employed



80%
are female

47%
are part-time



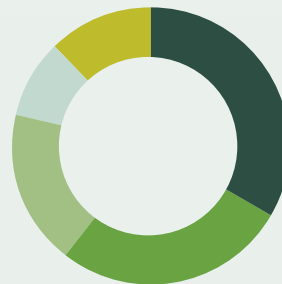
4%
identify as
First Nations

37%
work outside
the capital city



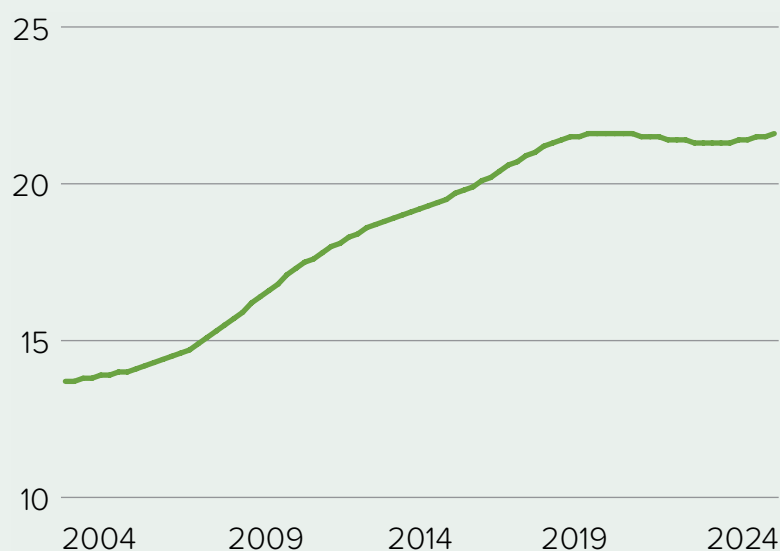
Employment by state

- New South Wales **33%**
- Victoria **27%**
- Queensland **18%**
- South Australia **9%**
- Western Australia **12%**
- Tasmania **n/a***
- Northern Territory **n/a***
- Australian Capital Territory **n/a***



* Data not published because the total amounts are too small to be reliable. Percentages may not total 100% due to rounding.

Employment over time (thousands)



Employment projection

2029 **26,600** employees



2034 **30,300** employees





Profile of Other Social Assistance Services

539,802
employed



73%
are female

50%
are part-time



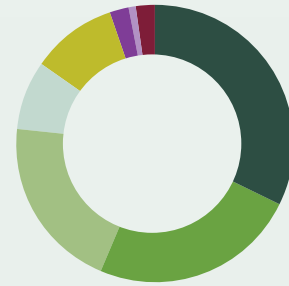
4%
identify as
First Nations

38%
work outside
the capital city



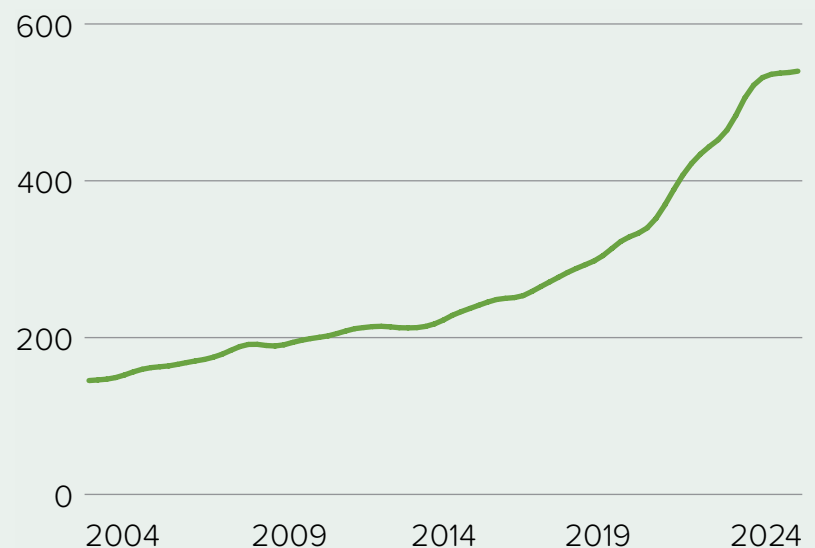
Employment by state

- New South Wales **32%**
- Victoria **24%**
- Queensland **20%**
- South Australia **8%**
- Western Australia **10%**
- Tasmania **2%**
- Northern Territory **1%**
- Australian Capital Territory **2%**



Percentages may not total 100% due to rounding.

Employment over time (thousands)



Employment projection

2029 **629,400** employees



2034 **711,200** employees

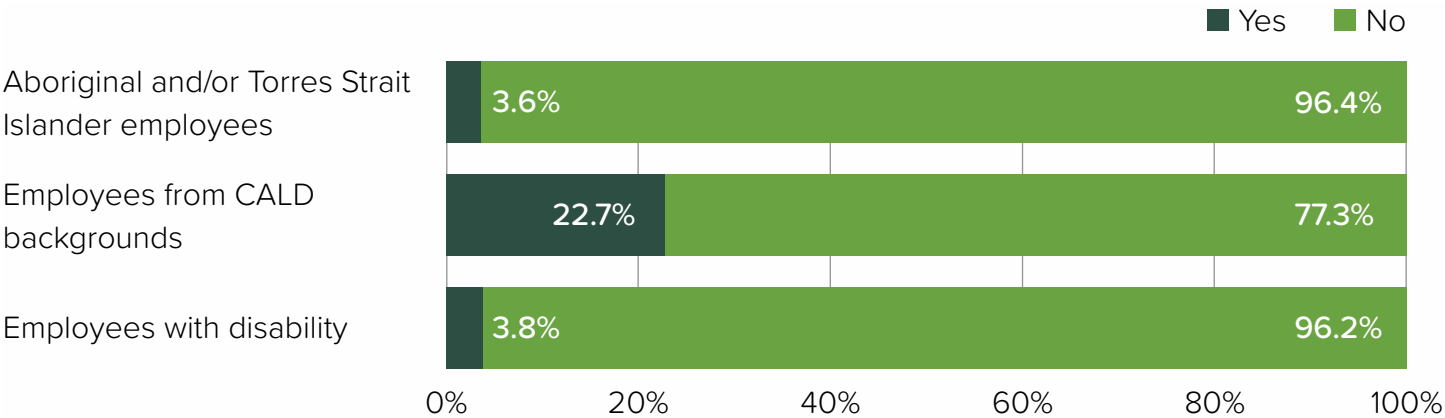


The other prominent occupational groupings in residential aged care are Nursing Support and Personal Care (ANZSCO #4233), Registered Nurses (ANZSCO #2544), and Enrolled Nurses¹¹ (ANZSCO #4144).

For other disability services, Welfare Support Workers (ANZSCO #4177) are amongst the next three largest occupational groupings. Welfare Support Workers are employed across a wide range of settings, including disability, aged care and broader community-based services. These occupations are discussed in more depth in the health, human (community) services, and children’s education and care profiles.

Some insight on the demographic profile and diversity of the disability services sector is available in the annual NDS survey (which is based on responses from 361 organisations representing 67,363 disability services employees (disability services workers (95.3% of sample), allied health professionals, and allied health assistants). However, these results need to be treated with caution, as around half the employing organisations participating in this survey reported that they do not collect information on whether their employees identified as being First Nations, were culturally and linguistically diverse, or had a disability or long-term health condition. Additionally, people may choose not to disclose this information to their employer (or others).

Figure 3: Disability sector workforce diversity, NDS, 2024¹²



1.4 Training packages, qualifications and pathways

Several education and training qualifications and pathways provide entry to these core occupations, typically through the VET sector. The most common of these are:

- *CHC33021 Certificate III in Individual Support*
- *CHC43015 Certificate IV in Ageing Support*
- *CHC43115 Certificate IV in Disability Support*
- *CHC43415 Certificate IV in Leisure and Health*
- *HLT33115 Certificate III in Allied Health Assistance*
- *HLT43021 Certificate IV in Allied Health Assistance*
- *HLT54121 Diploma of Nursing*
- *HLT33115 Certificate III in Health Services Assistance*
- *Bachelor of Nursing* (delivered by the tertiary sector)

Additionally, *CHC30213 Certificate III in Education Support* and *CHC40213 Certificate IV in Education Support* and *CHC30221 Certificate III in School Based Education Support* and *CHC40221 Certificate IV in School Based Education Support* provide pathways to work as an educational aide (see the CEC profile for more information) and teaching qualifications – Bachelors, Masters, Graduate Certificate and Postgraduate certificates – provide entry to special education teaching roles.

Aged care and disability services are particularly dependent on the Certificate III in Individual Support. In saying this, qualifications are not the only pathway to working in either sector. Although some employers do require a minimum qualification, neither sector currently enforces one on entry.

A range of non-accredited industry training – not directly attached to specific occupations – is delivered to workers in both sectors via micro, short and specialist courses that cover areas such as system frameworks and specialised care and support services.

Additionally, ‘taster’ pre-employment programs, traineeships, internships and School Based Apprenticeships and Traineeships (SBATs) provide alternative pre-employment and training opportunities. These pathways play an important role in driving attraction to training and employment, supporting career progression and retention in both sectors.

See section 3 for more information on developments in initial training, ongoing professional development, and pathways.

There is no single, unified dataset that captures the full size of the aged care and disability services sectors. The data provided in the table below reflects a proportion of the total workforce in these sectors, noting that the aged care and disability services sectors makes up a significant proportion of Australia’s wider care and support economy.

Along with early childhood education and care, and veterans’ care, the sectors are two of the country’s fastest growing industries. And the surge in growth is not enough to cover the even greater surge in demand for services, as indicated by occupational shortage data.

Table 2: Profile of key aged care and disability services sector roles under HumanAbility's remit¹³

Sub-sector	Occupations (per ANZSCO)	Number employed Feb 2025	Female share	Median weekly earnings	Part time share	Median age
Aged care and disability services	Aged and Disabled Carers #4231	360,600	76%	\$1564	60%	42
Aged care	Nursing Support and Personal Care Workers #4233	107,000	76%	\$1279	57%	39
Health and aged care	Registered Nurses #2544	345,200	87%	\$2156	45%	39
Children's education and care, and disability services	Special Education Teacher #2415 (See also Education Aide #4221 in CEC profile)	30,000	83%	\$2153	36%	42
Human/community services, and disability services	Disability Services Officers #411712 (part of Welfare Support Workers #4117)	15,600 ¹⁴	78%	NA ¹⁵	33%	42 ^{**16}

Table 1, above, shows that in occupations where the focus is care and support, earnings are lower. It also emphasises the predominance of women in these workforces. This links to two issues HumanAbility is working on: increasing gender diversity in these sectors, and increasing the value of care and support work.

1.5 Forecast growth

All occupations in HumanAbility’s scope in the aged care and disability services sectors have grown and are projected to further increase. Projected employment based on Victoria University’s forecasting model indicates different levels of growth in each of the key occupations in these sectors under HumanAbility’s remit, with very strong growth in aged care, and in other residential care services (see Table 2). However, despite this strong projected growth, large workforce shortages are expected to continue. The reasons behind this are explored further in section 3.

Table 3: Employment projections May 2024 to May 2034 for core aged care and disability services occupations in HumanAbility’s scope (ABS, 2024)¹⁷

Occupations (per ANZSCO)	Projected employment May 2034	% change from 2024 to 2034
Aged and Disabled Carers #4231	444,100	+ 31.9%
Nursing Support and Personal Care Workers #4233	138,500	+ 30.9%
Registered Nurses #2544	426,300	+ 24.0%
Special Education Teacher #2415	30,000	+ 10.6%
Welfare Support Workers #4117	108,300	+18.7%
All Residential Aged Care Services (sub-sector)	317,000	+ 7.4%
Other residential care services (sub-sector)	30,300	+ 32.5%



1.6 Enrolments and completions¹⁸

The aged care and disability services sectors have undergone sustained expansion since 2015, with notable increases in both course commencements and completions helping meet the growing need for qualified workers. Reasons for this include new training packages, the implementation and growth of the NDIS, and efforts by RTOs and peak bodies to improve completion figures.¹⁹

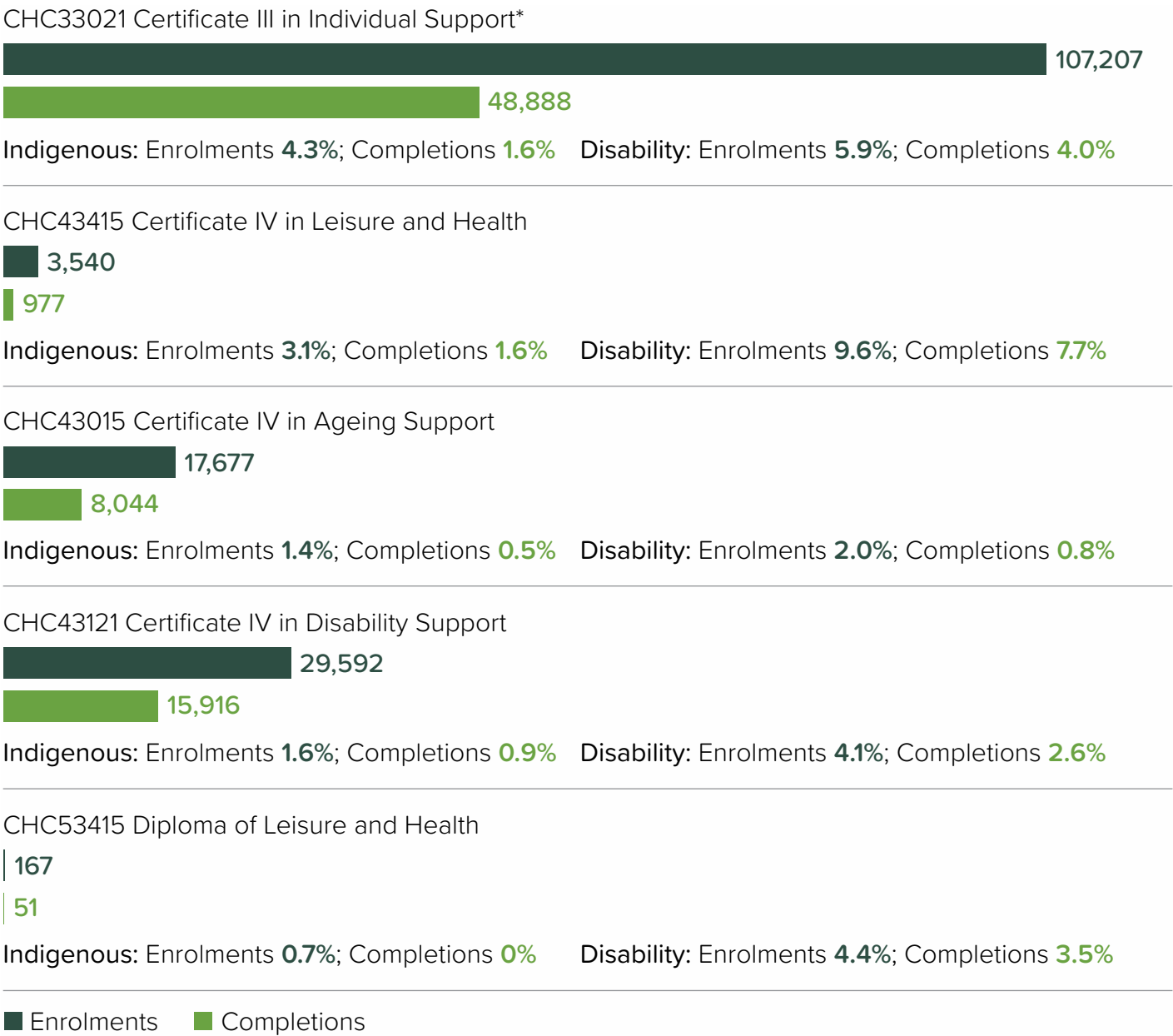
Between 2022 and 2023, enrolments in the VET sector qualifications for these sub-sectors have increased by a modest 4.1%, but completions recorded a 29.6% increase over the same period. This growth is encouraging and largely driven by increases in the Certificate III of Individual Support – which is widely used as the entry pathway to work in the aged care and disability services sectors, as well as ongoing efforts to improve completion numbers.



Between 2022 and 2023, enrolments in the VET sector qualifications for these sub-sectors have increased by a modest 4.1%, but completions recorded a 29.6% increase over the same period. This growth is encouraging and largely driven by increases in the Certificate III of Individual Support

Enrolments and completions by qualification in 2023, NCVER²⁰

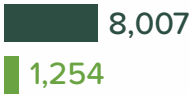
For qualifications marked with *, please note that enrolments and completions totals include figures for corresponding (preceding) versions of the qualification where the data source indicated activity occurring in 2023.



Enrolments and completions by HLT qualifications held by individuals working in aged care and disability services in 2023 (detailed in health sector profile), NCVER²¹

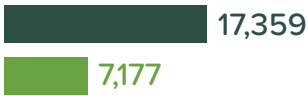
For qualifications marked with *, please note that enrolments and completions totals include figures for corresponding (preceding) versions of the qualification where the data source indicated activity occurring in 2023.

HLT33021 Certificate III in Allied Health Assistance*



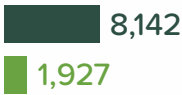
Indigenous: Enrolments 4.8%; Completions 8.0% Disability: Enrolments 5.4%; Completions 8.4%

HLT33115 Certificate III in Health Services Assistance



Indigenous: Enrolments 7.8%; Completions 5.0% Disability: Enrolments 6.9%; Completions 5.9%

HLT43021 Certificate IV in Allied Health Assistance*



Indigenous: Enrolments 0.8%; Completions 0% Disability: Enrolments 3.8%; Completions 0%

HLT54121 Diploma of Nursing*



Indigenous: Enrolments 4.4%; Completions 2.7% Disability: Enrolments 8.8%; Completions 7.6%

HLT64121 Advanced Diploma of Nursing*



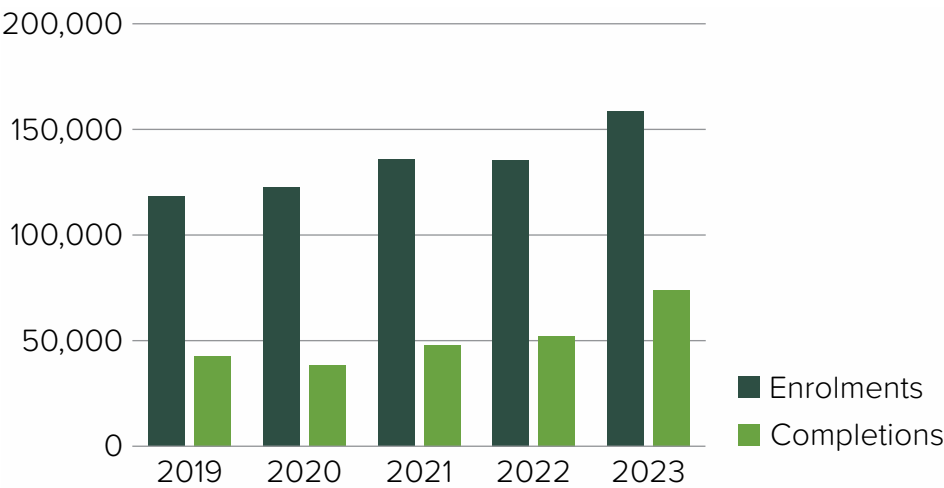
Indigenous: Enrolments 0%; Completions n/a as below 10

Disability: Enrolments 0%; Completions n/a as below 10

■ Enrolments ■ Completions

Despite improving trends in completions, a persistent gap remains between the number of people enrolling and the number of people completing qualifications. This disparity highlights the importance of efforts to strengthen support mechanisms and improve completions, to effectively meet the sectors’ rising demand for skilled professionals.

Total enrolments and completions for aged care and disability services qualifications (under the CHC training package), 2019–2023²²



	2019	2020	2021	2022	2023
Enrolments	118,195	122,615	135,800	135,520	158,495
Completions	42,690	38,335	47,900	52,250	74,030



Despite improving trends in completions, a persistent gap remains between the number of people enrolling and the number of people completing qualifications.

Gender

Enrolments and completions for aged care and disability services qualifications (under the CHC training package) by gender, 2023²³

Females
accounted for
70.9%
of enrolments and
67.7%
of completions

Males
represented
27.3%
of enrolments and
29.9%
of completions

People who identified
as '**Other**' made up
0.2%
of enrolments and
0.1%
of completions

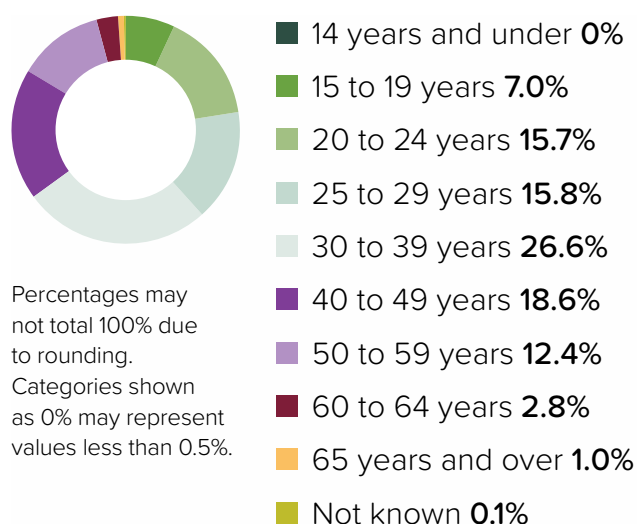
Not known:
Enrolments 1.6%;
Completions 2.3%



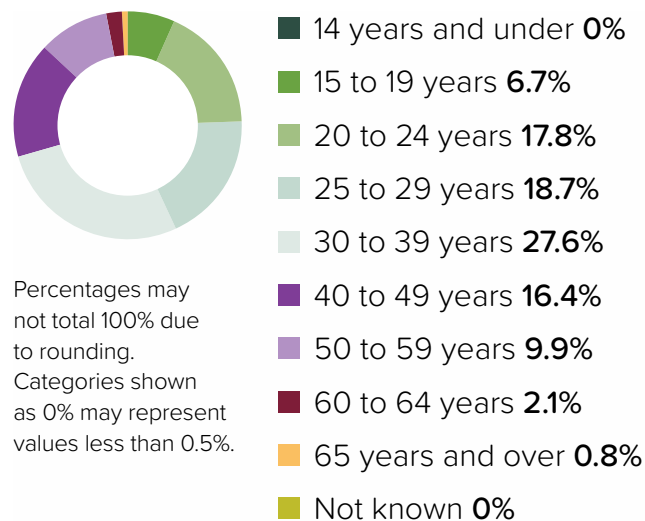
Women comprise around 70% of both enrolments and completions across these qualifications. Improvement in participation rates by males in these sectors will require active consideration of issues that have presented barriers or disincentives to their participation in the past – such as the historic undervaluation of care and support work on the basis of gender.

Age

Enrolments for aged care and disability services qualifications (under the CHC training package) by age, 2023²⁴



Completions for aged care and disability services qualifications (under the CHC training package) by age, 2023²⁵



Individuals aged 30 to 39 represented both the largest share of enrolments and the largest share of completions (see more detailed breakdown in Table 6). While these high participation levels for 30–39 year olds align with the fact that the average aged care worker is 47 years old,²⁶ they exceed rates observed for the same group across the overall VET sector (20%), where enrolments and completions are more evenly spread across younger age groups. The lower percentage of completions from the 15- to 19-year-old cohort (relative to their enrolment percentage) could be explained by school-based apprenticeships and traineeships, and students who complete school or change subjects in this period.

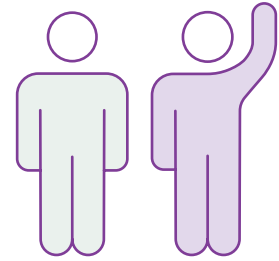
First Nations

Enrolments and completions for aged care and disability services qualifications (under the CHC training package) by Indigenous identity, 2023²⁷

Aboriginal and Torres Strait Islander learners represented **3.3%** of enrolments and **1.5%** of completions

Non-indigenous learners accounted for **76.2%** of enrolments and **62.5%** of completions

Not known status comprised **20.4%** of enrolments and **36.0%** of completions



In comparison to the overall VET sector, where learners identifying as First Nations represent 4.9% of enrolments, their presence in the aged care and disability sectors is notably lower, at 3.3%. Completions are even lower, at 1.5%. This gap points to the structural barriers faced by First Nations people in their education and training. However, some First Nations learners do not disclose their cultural identity and may be counted in the sizeable 'not known' and non-Indigenous proportions of learners.

Disability

Enrolments and completions for aged care and disability services qualifications (under the CHC training package) by students living with disability, 2023²⁸

Learners with a disability made up **5.2%** of enrolments and **2.9%** of completions

Learners without a disability represented **76.0%** of enrolments and **65.6%** of completions

Not known status comprised **18.8%** of enrolments and **31.5%** of completions

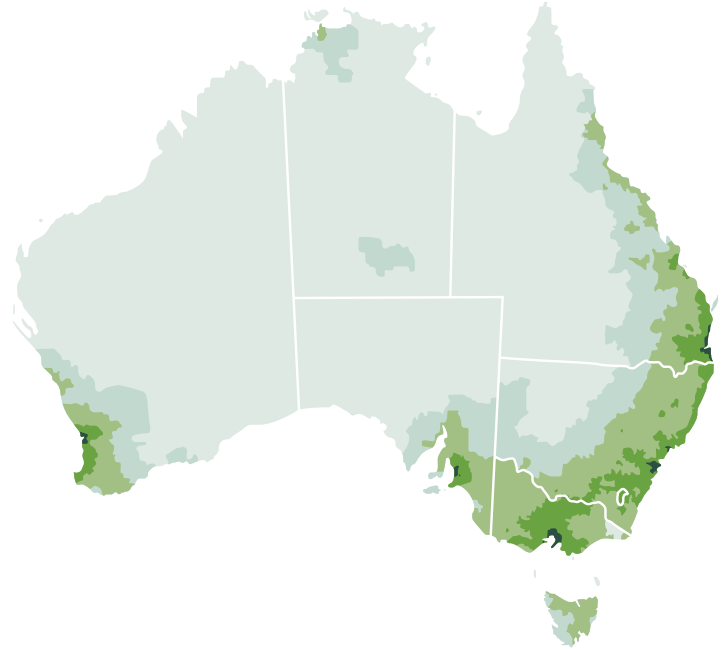
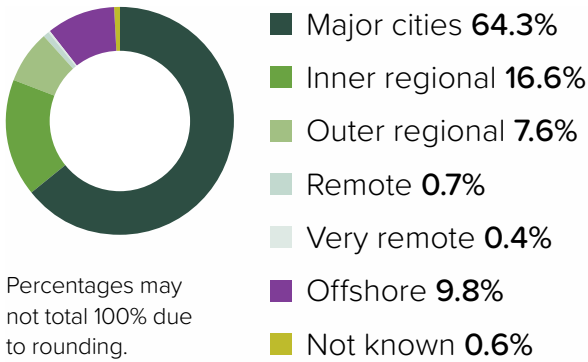


While aged care and disability sector trends in enrolments and completions for learners with disabilities align with trends across the broader VET system, there is a much higher rate of 'Not known' for completions than in other sectors, at 31.5%. Data gaps such as these will be investigated in future research projects.

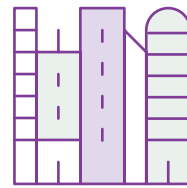
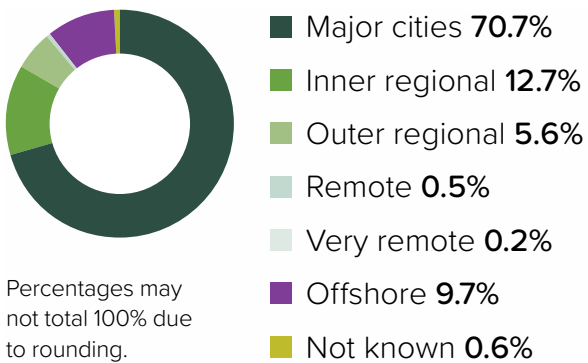
Geographic location

Remoteness²⁹

Enrolments for key aged care and disability services qualifications (under the CHC training package) by remoteness³⁰



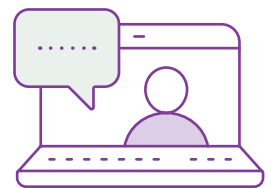
Completions for key aged care and disability services qualifications (under the CHC training package) by remoteness³¹



Major cities had the highest enrolments (64.3%) and completions (70.7%)

In contrast to the broader VET sector, major cities account for a larger proportion of enrolments and completions in aged care and disability services qualifications, while remote and very remote areas see significantly lower levels of participation and completion.

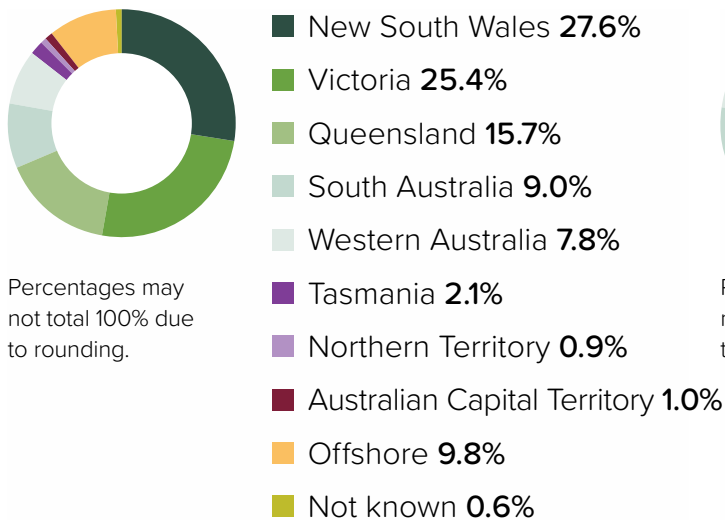
Students in **Very remote** and **Remote** areas comprise approximately **1%** of **overall enrolments** and **0.7% completions**



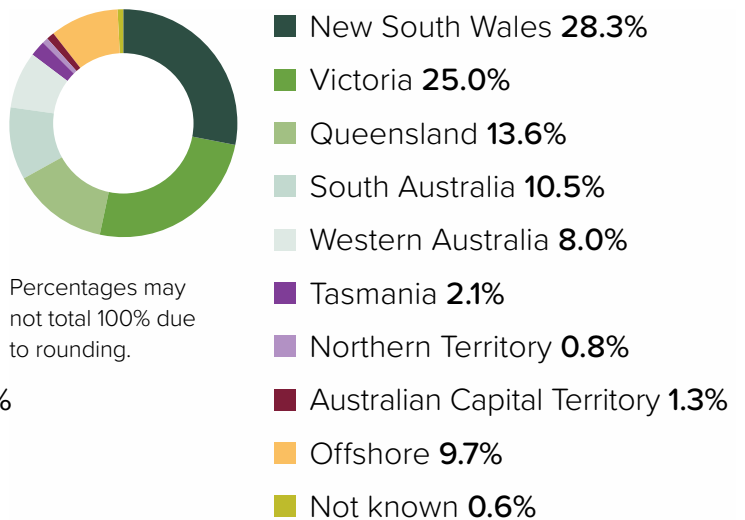
Geographic location

State/territory

Enrolments for key aged care and disability services qualifications (under the CHC training package) by state³²



Completions for key aged care and disability services qualifications (under the CHC training package) by state³³



Similar to other VET programs, enrolments are concentrated in larger states. New South Wales recorded the highest share of enrolments, followed closely by Victoria and Queensland. Collectively, these three states accounted for the majority of both enrolments and completions, with New South Wales achieving the highest proportion of completions. Western Australia, South Australia, and offshore learners represented smaller shares, contributing between 8% and 10.5%.



Victoria and New South Wales led enrolments and completions in aged care and disability qualifications.

1.7 Traineeships

The number of people both starting and completing traineeships for the “Aged and Disability Carers” ANZSCO code has increased since mid 2023 (see Figure 3). Additionally, 4,436 were in training during the July–September 2024 quarter.

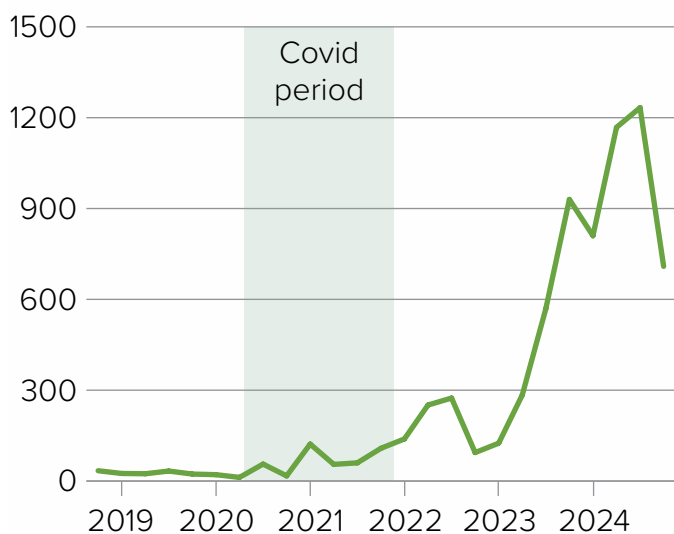
Traineeship completions are highest amongst people in their 30s and 40s, and among women (85% of completions). Similar to qualification pathway courses, traineeship completion numbers lag far below enrolment numbers.

The proportion of completions by people identifying as First Nations people, and by people in remote areas, are each around half of the proportion that enrol, this points to structural barriers that need to be addressed for these important cohorts, especially in the context of Closing the Gap initiatives aimed at improving health, wellbeing and life expectancy outcomes.

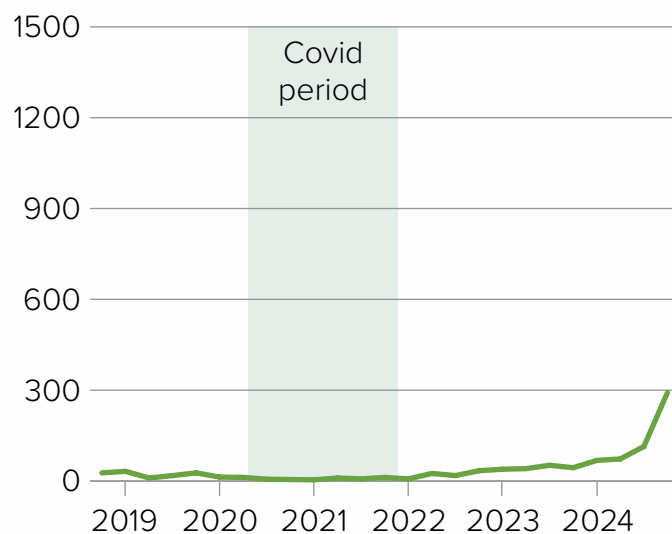
The number of workers undertaking qualifications through formal traineeship programs remains low as a proportion of total enrolments and completions.

Figure 4: Traineeship commencement and completion numbers over time for aged care and disability service occupations³⁴

Commencements



Completions



The Strategic Review of the Australian Apprenticeship Incentive System highlighted structural barriers to facilitating earn-and-learn models – such as low trainee wage rates, lack of supervision in home care and independent living environments, and high levels of part-time, agency and casual employment.³⁵ The NDIS Review recognised the potential of paid, in-service training,³⁶ which HumanAbility’s Earn While You Learn research paper will explore in greater detail.

1.8 Workforce mobility, retention and attrition

There is an urgent need to grow and sustain the aged care and disability services workforces. Both sectors experience widespread issues in workforce retention and attraction, evidenced by below-average retention rates and low numbers of applicants per vacancy.

The 2023 Aged Care Provider Workforce Survey showed that 27% of directly employed nursing and personal care staff left their employment in the 12 months since March 2022.³⁷ This survey also found that only 36% of respondents were satisfied with their total remuneration (although the recent Fair Work Commission decision may ameliorate this).

However, this same survey found many strengths supporting retention. These included:

65%
of respondents were **satisfied working in aged care, and want to continue working in the sector**



68%
of respondents were **satisfied with job security**



90%
felt they had **skills and abilities to do their job well**



Nearly half (43%) of respondents had **worked in aged care for more than 10 years**



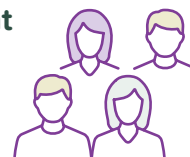
Top five reasons people choose to work in aged care are:



1. making a positive change in older people's lives
2. an interest in working with older people
3. location of jobs close to home
4. alignment with personal values and availability
5. security of employment.

In disability services:

Turnover of casual and permanent staff increased by 24% and 16% respectively between December 2022 and December 2023.³⁸



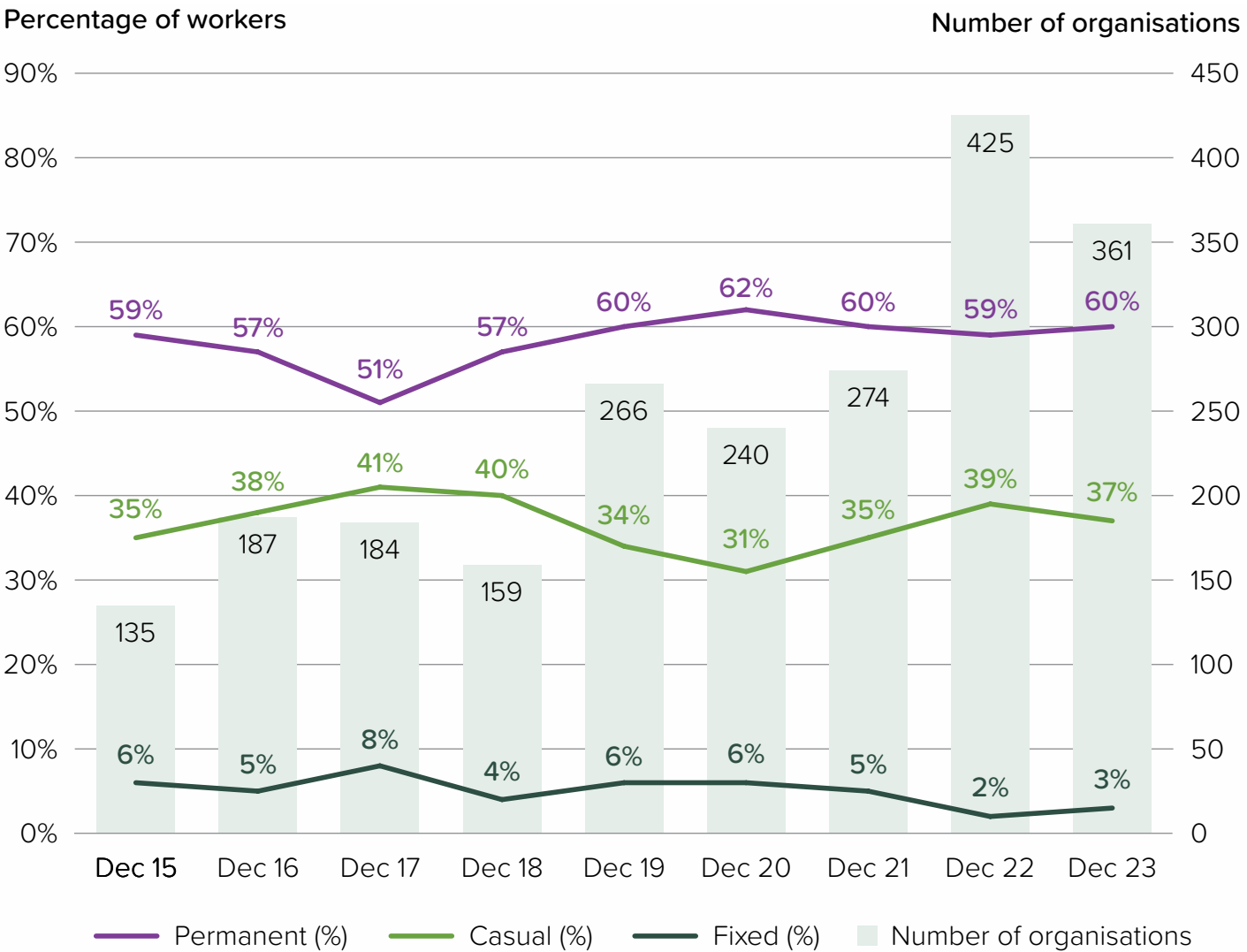
The National Disability Services' annual workforce census surveys show that around **one in four disability workers leave their job within a given year...**

and that **turnover rates are not only substantially higher than the 14% reported** for the overall Australian workforce,³⁹ but also the **highest for this sector since this NDS survey began.**⁴⁰



Figure 6, below, from the NDS survey, shows the variation over time in proportion of disability services workers (all categories) employed as casuals, permanents and fixed-term contracts, and shows that the proportions, overall, have not significantly shifted since 2015. However, differences are more pronounced between occupations. The NDS found that 92% of allied health professionals were employed permanently, compared to 73% of allied health assistants, and 58% of disability services workers.

Figure 5: Disability services workers’ employment type, over time, all states and territories (NDS 2024)⁴¹



Jobs and Skills Australia categorises this type of occupation shortage driver as a “retention gap”, suggesting that there may be enough workers with appropriate skills, but workers “may not remain in the role long due to current working conditions”.⁴² As one example, compared to other sectors, work in aged care and disability services can be less secure or provide fewer hours. For instance, aged care workers are highly likely to be engaged on a part-time basis, with 59% of residential aged care workers employed on a permanent part-time basis (averaging 26.4 hrs/week and 6.5hrs unpaid work each week) in 2024.⁴³ And increasing amount of disability services is delivered through on-demand platforms, or by independent contractors, and over a third of NDIS workers in 2024 were engaged as casuals.⁴⁴

These statistics underscore relatively high levels of movement between roles and short-term employment arrangements, and could also reflect the fragmentation effects of fee-for-service pricing on individual choice and provider capacity to invest in the workforce.⁴⁵

For First Nations people with disability, shortages are even more acute. Approximately 13,000 NDIS workers are needed in the First Nations disability sector by 2031 to meet growth in demand. First Nations NDIS participants are 28% less likely to receive care via the scheme than their non-Indigenous counterparts, yet First Nations people remain underrepresented in the support workforce – especially in remote areas.

It is worth noting that addressing a retention gap typically requires multi-pronged solutions to prevent attrition and improve working conditions – relating to safety, remuneration, and professional development, career progression and pathways – leading to an increase in graduate numbers. Given that aged care and disability services are predominantly publicly funded,

providers’ ability to retain workers at risk of leaving is constrained by pricing, regulatory and market settings influenced by government.

Attrition has significant impacts on existing skill shortages, the extent of training and qualifications among workers, the maturity of institutional knowledge, and experience and overall workforce professionalisation, engagement and performance.

Some of the worker mobility reflects people moving to higher grade or more specialised roles in these or adjacent sectors. While this is good news, it still leaves entry roles unfilled and vacant.

Differential pay scales can affect movement between sectors. For instance, while aged and personal care workers and disability services workers share the same entry qualification, they are covered by different industry awards. Improvements in one award relative to the other can incentivise workforce movement.⁴⁶ Additionally, flexible and casual roles in disability services (as powered by the gig economy) are continuing to affect the transition of workers.

There are some significant cultural and environmental differences between the sectors and the environment/context of care and support, reflected in the different workforce needs throughout this report. These will need to be carefully considered in the review of qualifications in these sectors due to take place in 2025/26.

Table 12 (below) shows annual outflows and the most common prior and subsequent occupations for key aged care and disability roles. The data highlights strong mobility across roles, particularly between personal care workers, nurses, and support workers. Many workers enter the sector from unrelated jobs, possibly while studying or as career changers. Movement within and between aged care, disability, and broader health and community roles reflects an interconnected workforce, reinforcing the need for coordinated strategies across occupations.

Table 12: Mobility rates, sources and occupations among key occupations in aged care and disability services⁴⁷

Sub-sector	Occupations (per ANZSCO)	Annual outflows ⁴⁸	Top 3 prior occupations (People moving from)	Top 3 subsequent occupations (People moving to)
Aged care	Aged and Disabled Carers 4231	7.9%	4117 Welfare support workers 4233 Nursing Support and Personal Care Workers 6211 Sales Assistants (general)	2544 Registered Nurses 4117 Welfare Support Workers 4233 Nursing Support and Personal Care Workers
Aged care	Nursing Support and Personal Care Workers 4233	10.3%	4231 Aged and Disabled Carer 2544 Registered Nurses 8112 Commercial cleaners	2544 Registered Nurses 4231 Aged and Disabled Carers 4117 Welfare Support Workers
Aged care	Registered Nurses 2544	2%	4233 Nursing Support and Personal Care Workers 4231 Aged and Disabled Carers 4114 Enrolled and Mothercraft Nurses	4231 Aged and Disabled Carers 4114 Enrolled and Mothercraft Nurses 1342 Health and Welfare Services Managers

Sub-sector	Occupations (per ANZSCO)	Annual outflows ⁴⁸	Top 3 prior occupations (People moving from)	Top 3 subsequent occupations (People moving to)
Aged care	Enrolled (and Mothercraft) Nurses 4114	8.4%	4233 Nursing Support and Personal Care Workers 2544 Registered Nurses 4231 Aged and Disabled Carers	2544 Registered Nurses 4117 Welfare Support Workers 4231 Aged and Disabled Carers
Disability	Special Education Teacher 2415	3.8%	4221 Education Aides 2412 Primary School Teachers 2414 Secondary School Teachers	2412 Primary School Teachers 2414 Secondary School Teachers 4221 Education Aides
Disability	Welfare Support Workers 4117	6.2%	4231 Aged and Disabled Carers 6211 Sales Assistants (General) 6311 Checkout Operators and Office Cashiers	4231 Aged and Disabled Carers 2725 Social Workers 2544 Registered Nurses

Recent reforms in Australia's aged care and disability services sectors signal a promising shift toward improving workforce growth and retention:

- The Fair Work Commission awarded increases to minimum wages for aged care workers by up to 28.5 per cent after finding the work of aged care sector employees has been historically undervalued because of assumptions based on gender
- Complementing this, the Australian Government's Professional Framework to build and strengthen the aged care workforce outlines strategic actions to build a skilled, valued, and supported aged care workforce, emphasising the importance of education, training, and career development.

- The NDIS Review recommended that the Australian Government trial workforce and attraction initiatives.

Collectively, these measures can provide a strong foundation for sector-wide improvements, where care workers are better supported, leading to improved outcomes for both workers and those they support. These are further discussed in section 3.1.





Case study – aged care

Learning and Development Lead, Life Without Barriers – Shona Williamson

Shona never planned to work in aged care, but when health issues forced her to leave hairdressing, she discovered a new profession that led to a 30-year career filled with growth, purpose and passion for her work.

After completing a nursing assistance course, Shona was placed in a residential aged care service, in a support position where she quickly discovered her enjoyment in caring for others, especially those living with dementia. Later, she completed a Certificate III in Aged Care (now *CHC33021 Certificate III in Individual Support*). When her employer recognised her leadership potential, they arranged for Shona to complete the Certificate IV in Aged Care and moved her into a coordinator role.

Shona's employer continued to support her throughout her career. When they entered the education space, Shona was encouraged to complete a Certificate IV in Training and Assessment and later completed a double diploma with a particular focus on assessment. When the University of Tasmania began offering a Bachelor of Dementia Care, Shona completed that course as well.

Today, Shona is studying a Master of Business Administration and working to help shape the aged care workforce. She credits her career success to a mixture of formal and informal training, curiosity and good mentors. She says, "Formal certificates are great, but it doesn't always have to be a formal certificate. I always say to the teams I work with, knowledge is a superpower. The more knowledge you have, the better you can support clients in whatever role you're in."



Case study – disability services

Mentor, Community Living Association – Corey Grossman

After running his own gardening business for five years, Corey completed a career quiz that recommended his suitability for work in the aged care sector. Curious, he talked to a friend working in disability services before deciding to give it a go. Once he was enrolled in an online Certificate III in Community Services course, Corey was able to secure his first role working in disability services. Having lived experience supporting family members with disabilities, the transition came naturally to Corey.

What stands out to Corey is the impact he can make in someone's life by drawing on everyday life experience like helping someone master using an ATM or encouraging them as they achieve their personal goals.

He says, "You can use everyday life skills you've learnt yourself from whatever job you've been in. I'm a very outgoing, bubbly person, energetic, love outdoors, and so I was utilised a lot more for community and helping people to get outside in the outdoors and for encouragement."

Six years on, Corey has gone from being a disability services worker to a service coordinator position. "I'm loving it, you know, I plan on staying for a very long time." For those thinking about a career change, Corey's advice is simple: give it a go.

1.9 Connection between this sector and other parts of care and support

Better outcomes for people with disability and older Australians receiving support often depend on collaboration between health, community services, education, and sport and recreation professionals. For example, Australia's ageing population will require increasing involvement of the broader health workforce within aged care settings to provide treatment and care to older people with complex allied health and primary care needs.

Delivering improved outcomes requires effective collaboration on workforce support, planning and development, that is delivered by sustainable providers, with consumers at the heart of decision-making.


Constraining admission to residential settings will see the acuity (level and complexity of health care needs) grow in the population of older people in these settings. The needs of residents are increasingly polarised between those, on the one hand, with cognitive and behavioural care needs, and on the other with complex chronic and acute health care needs, which is a care role increasingly focused on people moving towards end-of-life care.

Reform is already underway to improve the interface between hospitals, aged care and the NDIS, and support the provision of complex care in the community. This includes the Transition Care Program which was extended in the 2024–25 Federal Budget, which supports older Australians to recover in the community after a hospital stay.⁴⁹ The co design of foundational supports also offers opportunities to improve the interfaces between the health system and disability services. Supporting people to live independently in the community with continuity

of care and support, rather than in hospitals, will require a larger, specialist care workforce with expanded health capabilities.

The expected increase in home care will also require a significant upskilling of the care workforce. As more complex care moves from residential aged care towards home environments (e.g. dementia care), older Australians will require home care workers with more advanced skills, and supportive models of mobile, community-based health services, as well as innovative models of supervision and support for decision-making in these environments. And as housing and living options are delivered in more independent settings, along with changes to occupancy rates in supported accommodation, support workers will require greater skills to work independently with the support of their employer.

Meanwhile, the reform of the NDIS, advances to technology and accessibility supports, and the drive towards more inclusive education, employment and housing in the community will increase the need for widespread disability awareness and services to support meaningful inclusion.



“Everyone ages, and anyone can become disabled. So, everyone needs a safety net of quality care and support delivered by skilled workers.”
Stakeholder in disability services

2. Government and reform initiatives

2.1 National reform initiatives⁵⁰



Aged care

New Aged Care Act

From 1 November 2025, the *Aged Care Act 2024* introduces significant reforms aimed at strengthening the quality and delivery of aged care services across Australia within a rights-based approach. Key measures include updated quality standards and stricter accountability mechanisms, through an independent regulatory body to oversee the sector.⁵¹ A core focus is workforce enhancement, with higher standards for training, professional development and mandatory care minutes, designed to improve service quality and workforce capability, and a broader focus on ensuring care is high-quality, trauma-informed, culturally safe and needs-based.

These reforms have a whole-of-sector and system view that requires collective and collaborative action from government, industry, unions, and the training system. The Aged Care Act's priorities align with the workforce challenges outlined in HumanAbility's 2024 Workforce Plan – addressing training, skills gaps, and regulatory challenges, while reinforcing governance and accountability priorities.

The Act has implications for HumanAbility's role in supporting workforce readiness across the sector for the commencement of these reforms. HumanAbility's stakeholders have highlighted the importance of increased visibility and transparency of career pathways in the sector to attract and retain skilled workers. Similarly important is ensuring alignment of qualifications to these pathways, so that more workers are aware of the training options available to support their career development.

Strengthened Aged Care Quality Standards

Commencing in November 2025, these Standards implement higher workforce training requirements, compliance measures, and staff-to-resident ratios in response to recommendations from the Royal Commission into Aged Care Quality and Safety.⁵² A key focus is enhancing professional development expectations and workforce capability to improve service quality.

These measures align with HumanAbility's commitment to developing contemporary qualifications (including skill sets), continuing professional development and training. By reinforcing workforce training standards and regulatory adherence, these reforms, along with HumanAbility's related research on microcredentials for professional learning, competency-based training, and monitoring impacts of the Royal Commission reform implementation, are expected to reinforce benefits of these quality standards.

Aged Care Worker Registration

The Royal Commission into Aged Care Quality and Safety recommended that the Australian Government introduce a mandatory minimum qualification of a Certificate III for personal care workers (Recommendations 77 and 78). The Department of Health, Disability and Ageing has commenced work exploring how minimum training and professional development requirements should be implemented

The Department of Health, Disability and Ageing has recently publicly consulted on design elements for a personal care worker (PCW) registration scheme,⁵³ to inform future policy development. A PCW registration scheme will potentially have implications on workforce mobility, the content of minimum qualifications, and career pathways. One of the potential benefits of this continued professionalisation of the workforce could be augmenting workers' status, and retention and attraction rates.

The qualifications for care and support workers should provide the skills and knowledge required to participate in the scheme and enable workers to undertake additional training to help them access career pathways. HumanAbility's review of the aged care and disability services qualifications, which will commence in July 2025, will ensure alignment with the registration scheme's design. These reforms also highlight the necessity of earn and learn pathways so workers have alternative roads to qualification, which HumanAbility's Earn While You Learn project will explore in further detail.

Fair Work Commission Aged Care Wage Increase

The Fair Work Commission increased wages for aged care workers and staged increases for registered and enrolled nurses from March 2025 to August 2026, have been introduced following the Health Services Union's case to increase award wages in aged care on work value grounds.⁵⁴ These increases are supported by additional government funding to help providers implement the wage rises, ensuring workforce retention and sector sustainability without compromising care quality. This commences with a 15% wage increase for direct care workers, with further rounds going to other roles in the sector, meaning most workers receive(d) more than 15%. The Fair Work Commission is currently reviewing modern award classifications and minimum wage rates on work value grounds to remedy potential gender undervaluation. See further discussion of this in the HumanAbility Workforce Plan.

This aligns with HumanAbility's focus on building a resilient, well-supported aged care workforce through workforce incentives, retention programs, and worker support. It has specific implications for HumanAbility's focus on monitoring reform impacts and reinforces its work in assessing how wage increases impact workforce supply and sustainability, confirming the wage impact model's findings. This evidence further shapes workforce strategies and supports advocacy for effective policy and regulatory frameworks. It will be necessary to see how these important outcomes are maintained over time in order that the relative gains are preserved in the labour market.



Aged Care Industry Labour Agreement (2023) and PALM (Pacific Labour Mobility) Aged Care expansion program

The Aged Care Industry Labour Agreement (ACILA) addresses workforce shortages by streamlining visa sponsorships for skilled overseas workers, particularly in personal care and nursing, creating a quicker migration pathway.⁵⁵ Core features include enhanced visa flexibility, tripartite consultation, and targeted support for employers and workers. It also offers a structured approach to workforce sustainability, addressing both immediate staffing gaps and long-term retention needs through visa and migration pathways, as well as through requirements for local labour market testing. This ensures the sector can maintain high care standards while meeting the demands of an ageing population.

The aged care expansion program for PALM enables people in the PALM member countries to undertake traineeships in aged care – gaining a Certificate III in Individual Support (Aging) while working in Australia’s aged care sector. It has been particularly helpful in meeting workforce shortage in rural and regional locations.⁵⁶

These initiatives reflect HumanAbility’s priorities of addressing workforce shortages and supporting sustainable, skilled workforces.



NDIS Provider and Worker Registration

The NDIS Provider and Worker Registration Taskforce was established in February 2024 to provide independent advice on a new risk-based regulatory model recommended in the NDIS Review, responding to multiple calls for worker registration.⁵⁷ In August 2024, the Taskforce released its advice, supporting a mandatory Worker Registration Scheme and endorsing the Disability Royal Commission's and NDIS Review's design considerations.⁵⁸ However, it emphasised the need for further co-design with the disability sector to refine the scheme's scope. We note that the Government is considering the recommendations of worker registration in disability.

Departments and regulators have commenced consultation on mandating provider registration, with further consultation on a new regulatory model anticipated. The Department of Social Services consulted on registration of self-directed supports in January, and the NDIS Quality and Safeguards Commission recently closed consultation on mandatory registration of supported independent living (SIL), support coordination and platform providers. The Department of Health, Disability and Ageing's consultation on aged care worker registration requested feedback on a care and support economy-wide approach.

HumanAbility is engaging with stakeholders on registration and continuing to contribute to government deliberation and consultations. Registration is discussed in the 2025 Workforce Plan.

Foundational supports

National Cabinet has agreed to fund foundational supports – additional disability services available to people with disability outside the NDIS – on a 50/50 basis with the states and territories. These supports will deliver a greater suite of support options to people with lower and moderate disability, their families, carers and kin, and are a core feature of the NDIS Review, finalised in 2023.

With the introduction of foundational supports, it is expected that fewer disability services will be delivered under the NDIS and a fee-for-service pricing model, and more supports will be delivered in an integrated manner with schools, family and community services, early childhood supports and other areas.

The implementation of foundational supports has the potential to reduce workforce fragmentation and insecurity through more stable funding for services, thereby reducing workforce churn. However, as disability services become better integrated, improved accessibility, training and awareness will be required across all workplaces. Several recommendations in the final report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability speak to this and have been accepted or accepted in principle by the Australian Government.⁵⁹

HumanAbility will continue to monitor the implementation of foundational supports and, as we consult on the development of new training products, consider how these changes – and disability inclusion and support more generally – can be better embedded into sports and recreation, community services, early childhood, and other health and care service training.

National Disability Insurance Scheme (NDIS) Workforce Capability Framework

This Framework aims to reinforce professionalisation in the sector by creating clear skill progression pathways and enhancing training quality.⁶⁰ It offers a structured approach to defining the core skills and competencies required for disability services workers, by outlining the necessary skills, values and behaviours needed to deliver high-quality, person-centred support across key domains: supporting participants, collaborating with others; delivering services; and self-management. By setting national competency benchmarks, it standardises workforce expectations, improves training quality, and enhances career mobility.

For HumanAbility, this framework has direct implications, particularly in consultations with training provider stakeholders to ensure alignment with national competency standards. By addressing skill gaps highlighted within the framework, HumanAbility's initiatives strengthen career progression opportunities, promote a high-quality workforce, and support the professionalisation of the sector in line with the Workforce Plan's strategic objectives.

Supported Independent Living (SIL) Practice Standards

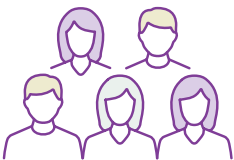
The NDIS Quality and Safeguard Commission's Own Motion Inquiry into Aspects of Supported Accommodation identified an urgent need to lift workforce quality, best fit, choice and control for supports delivered in group homes, primarily by introducing regulations specific for those settings. The Commission has recently concluded consultation on a new practice standard for SIL supports to improve the environment in which supports are delivered, as well as the "attitude and aptitude" of the support workforce, and conflicts of interest in the accommodation market.

HumanAbility will closely follow the new practice standards, and their flow-on effects for providers and on required capabilities for workers, especially as we consult on the review of the Certificate III in Individual Support and Certificate IV in Disability.

NDIS Pricing Review

In the 2024 Budget, the Independent Health and Aged Care Pricing Authority (IHACPA) was funded to consult widely on a new approach to NDIS pricing, following the NDIS Review's recommendation that price setting powers be transferred to an independent body. In September 2024, the Government established an Independent Pricing Committee (IPC) to review NDIS pricing approaches and support the annual review of NDIS price limits, complementing the "future focused work" of IHACPA.⁶¹ The IPC has now made its first recommendations to the NDIA Board.

Pricing changes will have important effects on the disability sector's ability to train, attract and retain workers. HumanAbility will engage with industry and unions on what potential changes to pricing mean for the sector and quality of supports.



Sector-wide

New Funding for Workforce Training through Fee-Free TAFE and Subsidised Courses

The Commonwealth committed \$1.5 billion investment to provide 500,000 Fee-Free TAFE and vocational education and training (VET) places from 2023 to 2026, focusing on the aged care, health care, and disability services sectors.⁶² This funding enhances accessibility to qualifications and supports workforce growth through fee-free and subsidised training programs. The government has made Fee-Free TAFE an enduring feature of the national VET system, investing an additional \$1.6 billion in Fee-Free TAFE to 2034–35 to support at least 100,000 places annually from 2027, increasing in line with population growth and underpinned legislation.

This initiative offers a direct opportunity for HumanAbility to strengthen its workforce development efforts. By aligning with the TAFE Centres of Excellence in Health Care and Support, Regional and Remote Essential Care Services, and Early Childhood Education and Care, HumanAbility is collaborating on specialised training programs, contributing to the creation of a skilled workforce. These partnerships will enable HumanAbility to refine training packages and enable the delivery of high-quality workforce initiatives that meet industry demands. The full list of current, recent and planned work in this space is set out in the Roadmap below.



2.2 Commonwealth and jurisdictional initiatives

Government initiatives at both the national and jurisdictional levels reflect a comprehensive and multifaceted approach to addressing workforce growth and sustainability in the aged care and disability services sectors.

Significant investments are being made in training and professional development, including fee-free TAFE programs and the NDIS Workforce Capability Framework. These efforts focus on upskilling the workforce, expanding career pathways, and ensuring that workers have the necessary qualifications to meet growing sector demands.

Another clear pattern is the harmonisation of workforce reforms across multiple sectors. This is highlighted through the care and support economy reforms,⁶³ development of mobile worker screening between aged care and disability, and the consideration of harmonised pricing and regulatory approaches. Success will depend on effective implementation across jurisdictions, robust data collection to track workforce outcomes, and sustained funding to maintain long-term impact.

Table 1: Government initiatives affecting the aged care and disability services workforce

Government	Government initiatives
Australian	<ul style="list-style-type: none"> • New Aged Care Act (2025) • Strengthened Aged Care Quality Standards • Aged Care Workforce Action Plan (2022–2025) • Fair Work Commission Aged Care Wage Increase • Aged Care Transition to Practice (ACTTP) Program • Rural Locum Assistance Program (Rural LAP) Aged Care • New Funding for Workforce Training (fee-free TAFE & Subsidised Courses) • NDIS Workforce Capability Framework • NDIS Pricing Strategy (2019) • Aged Care Industry Labour Agreement (2023) • Professional Framework to build and strengthen the aged care workforce • Aged Care Nursing Clinical Placements Program • Aged Care Skills Development (Equip) Program • Aged Care Nursing Scholarships Program • Commonwealth National Agreement on Closing the Gap 2019-2029 • First Nations Aged Care Workforce Action Plan 2022–2025 • National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031 • Design of a national registration scheme for personal care workers in aged care • Implementation of key recommendations from the Aged Care Royal Commission
ACT	<ul style="list-style-type: none"> • ACT Disability Health Strategy⁶⁴
Northern Territory	<ul style="list-style-type: none"> • Northern Territory Disability Strategy Action Plan (2022–2025)⁶⁵
New South Wales	<ul style="list-style-type: none"> • NSW Skilling for Recovery Initiative⁶⁶
Queensland	<ul style="list-style-type: none"> • Queensland Workforce Strategy (2022–2032)⁶⁷ • Aged Care Workforce Plan⁶⁸
South Australia	<ul style="list-style-type: none"> • TAFE SA Training Programs⁶⁹
Tasmania	<ul style="list-style-type: none"> • Tasmania Industry Skills Compact⁷⁰
Victoria	<ul style="list-style-type: none"> • Victoria fee-free TAFE Courses in Aged Care and Disability⁷¹
Western Australia	<ul style="list-style-type: none"> • Social Assistance and Allied Health Workforce Strategy



3. Opportunities and challenges

Figure 6: The seven workforce challenges identified for the care and support sectors





3.1 Labour force shortages

The aged care and disability services sectors are experiencing structural workforce shortages, with an estimated shortfall of 110,000 direct care workers projected in aged care alone by 2030, and an estimated current shortage of 100,000 workers in disability services.⁷²

As well as shortages of disability services workers and personal care workers, forecasts in the disability sector predict a pronounced shortage of community workers and behavioural support workers⁷³ – and in aged care, of personal care assistants and nurses.⁷⁴ Both sectors face significant deficits of allied health professionals.

These shortages are already being felt by workers and risking a vicious cycle of attrition: workers are frequently working long hours to cover vacancies, leading to fatigue and increasing the likelihood of burnout. From a consumer perspective, shortages are causing significant delays in accessing home-based care, residential aged care, and disability services, evidenced by waiting lists that have persisted over years. Shortages are also creating challenges in improving ‘active supports’ and frontline practice leadership.⁷⁵

The drivers of labour force shortages in aged care and disability services are systemic and multi-faceted. Both sectors face challenges related to attracting and retaining workers, poor perception, historical stigma and undervaluation of care and support work, and delivering continuity of supports and workforce investment under consumer-directed funding models. These structural issues are reflected by insecure employment arrangements (in some workplaces), issues around workplace health and safety, low or fluctuating staffing levels, roster changes, burnout, and comparatively low pay rates and opportunities for career and wage advancement.

In both sectors, there are mixed experiences and lessons to learn from excellent, innovative behaviours, as well as opportunities for improvement.

Great evidence-informed/based practices include:

- quality induction and mentoring of new workers
- clear, transparent and specialised pathways to specialised careers and leadership roles
- access to high-quality ongoing professional development and peer learning opportunities, such as through communities of practice.



Shortages are already being felt by workers and risking a vicious cycle of attrition: workers are frequently working long hours to cover vacancies, leading to fatigue and increasing the likelihood of burnout.



Areas for improvement, meanwhile, include:

- increasing job satisfaction, by making improvements to working conditions at the organisational level as well as pursuing measures to enhance the valuation of roles among the broader community
- reducing stress by creating organisational environments with positive workplace culture underpinned by good leadership, mentoring and debriefing
- supportive supervision structures, staffing levels and secure rostering practices
- improving workplace health and safety controls and providing ample and appropriate training and development opportunities in paid time.^{76 77}

How industry can scale out quality workforce practice, attraction and retention – especially in a dynamic, highly competitive yet restrictively priced services market – remains an ongoing issue for further reform.

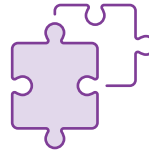
HumanAbility plays a critical part in fostering these positive sector conditions for a skilled, adaptable workforce that embeds professional growth and advancement. A key example of this is demonstrated through our Good Practice Guide for the care and support sector (the Guide), produced under HumanAbility’s career pathways project. The Guide provides practical and actionable information in these areas, outlining insights into core issues and common barriers that employers may experience in collectively building better labour force health and stability outcomes, providing strategies to improve attraction, development and retention across sectors. Our core work in reviewing and updating training products, and making career pathways more transparent and comprehensible for current and potential workers at all career and training stages, will also contribute to improved attraction and retention to meet the critical need for skilled and adaptable workers in these sectors.



3.2 Skill gaps

Workforce development in the aged care and disability services sectors is continuously evolving with an increase in service demand and emphasis on person-centred supports delivered in the community. Continuing to lift standards of care and support will require an existing and future workforce with more contemporary, differentiated and specialised skills. Ahead of the reviews of aged care and disability services qualifications in 2025–26 (see section 4. Roadmap for detail), a number of areas to be considered and addressed have been identified.⁷⁸

Skills gaps can be broadly categorised into foundational, specialised and leadership domains. Each of these can have multiple contributing or exacerbating factors (such as the gig economy or a training package in need of review). Accordingly, these gaps are best addressed using multiple levers, from initial education and training through to ongoing professional development, and working conditions that enable and reinforce quality, effective services, supervision, mentoring and tailoring to individual worker and client needs.



Foundation skills:

- communication skills
 - cultural competency, literacy and safety, including working with First Nations people and CALD people
 - digital skills
 - compliance
-



Specialised skills:

- mental health literacy
 - person-centred support
 - medication management
 - support for decision making
 - high-intensity supports (e.g. PEG feeding, complex behaviours, medication and mealtime management)
 - dementia and palliative care
 - trauma informed practices and supports
 - intellectual disability and health
 - multidimensional care and support (e.g. involving aged care and disability and/or mental health)
 - outreach support and forensic care
-



Leadership skills:

- team leadership and management
 - training, mentorship and supervision, including frontline practice leadership^{79 80 81}
-



Skill gaps specific to aged care relate to dementia care, palliative care, falls risk, wound care, home care, and legal/ethical understanding and application – such as around issues related to elder abuse.^{82 83}

In disability services, gaps include providing employment support, working with people with particular types of disability, active supports,⁸⁴ systems advocacy and navigating overlapping systems (criminal justice, housing, allied health support, guardians), and frontline leadership skills.^{85 86}

Initiatives such as the Aged Care and NDIS Quality and Safeguards Commission's free eLearning modules,^{87 88} AbilityFirst's Diploma of Frontline Practice Leadership, and the NDIS Workforce Fundamentals microcredential⁸⁹ are helping to establish a consistent baseline for new entrants. In aged care, some registered training organisations (RTOs) are partnering with providers to deliver targeted units of

competency – such as *HLHPS006 Assist Clients with Medication* and *HLTAHA035 Provide Support in Dysphagia Management* – as standalone modules to upskill workers supporting clients with complex care needs.⁹⁰ As noted earlier in this sector profile, these efforts are supported by broader reforms, including the introduction of a national registration scheme for personal care workers.⁹¹

Crucial to addressing these skill gaps are improved quality, alignment, accessibility and relevance of training (formal and informal) provided in workplaces, VET, HES/universities and industry. Training, supervision and mentoring need to align to quality care standards and practices to facilitate more consistent care and support provision sector-wide.



3.3 Training and qualification issues, and pathways

Mirroring issues related to labour shortages and skill gaps, workers in aged care and disability services experience common obstacles around training, qualifications, and pathways for career entry and progression.

These include:

- limited visibility of entry and progression pathways
- few opportunities for pay progression with long service or skills development
- casualisation and disaggregation of work
- placement quality and placement poverty
- varying levels of organisational support and trust
- inadequate funding for training and professional development
- the financial cost of training, or limited paid time for training
- time and workload constraints
- centralised decision making⁹²

HumanAbility's recent research into career pathways in the aged care and disability service sectors project found there are missed opportunities for workers in aged care to progress from indirect care roles (such as kitchen and laundry), and poorly defined and/or flat career structures for several entry-level direct care and support roles, including personal care workers, allied health assistants and occupational therapists.

In disability services, HumanAbility's implementation review of the individual and disability support qualifications, and research into career pathways in the aged care and disability services sectors, found that career opportunities, progression, attraction and retention are limited by:

- low numbers of completions in relevant training products
- low take-up of more specialised Certificate IV qualifications
- few training products for emerging roles, specialisations and minimum qualifications.

In both sectors, our research indicates that:

- Some units are so broad they don't enable specialisation.
- "Uberisation" is a barrier to training. It is not uncommon for workers not to be paid (or to be underpaid) for training, or in contractor roles to pay for it themselves.
- Online delivery can be a barrier (where in-person may be more effective).
- The move to home care in aged care, and smaller housing arrangements in disability (moving to one-to-three generally – as per NDIS Review), means more workers will operate without supervision, independently, and will thus require a higher standard of training.
- Shorter training modules are also being used to respond to regulatory requirements, such as training in behaviours of concern.

HumanAbility's research undertaken via the projects highlighted above has identified a number of key opportunities tied directly to overcoming challenges in training, qualifications and pathways in aged care and disability services. These projects and the opportunities they have surfaced are summarised below:

- **Career pathways project** – aims to help people working in aged care and disability services to find clear and rewarding career plans via the creation of a Careers Pathway Framework and a Good Practice Guide to help learners, job seekers and employers to make choices that contribute to the professionalisation of the sectors.⁹³ Through stakeholder research, this project identified opportunities for:

- improved pay and conditions
- career progression
- improved quality and alignment of training
- improved access to education and training
- improved relevance of training products⁹⁴
- action planning, outlining strategic workforce and training package development opportunities.

- **Individual and Disability Support**

Qualifications: Implementation Review – identified current issues, challenges or barriers tied to implementing the CHC33021 Certificate III in Individual Support and CHC43121 Certificate IV in Disability Support, and identified potential measures to enhance qualification delivery and uptake.⁹⁵ The project recommended aligning the timing of a future qualification review with the broader sector reforms currently underway to ensure the review can be strategically positioned, and also provided guidance on next steps to strengthen implementation of the qualifications, including via:

- **Implementation, promotion and monitoring**
 - improved promotion of the sector, shifting the perception of what the work involves
 - highlighting the importance for increased financial support for vocational placements
- **Resources**
 - producing and/or promoting guidance that encourages more employers to provide quality work placements, including by sharing examples and practical steps from those already doing so
 - investigating and updating appropriate recognition of prior learning (RPL) products to alleviate burden on RTOs
 - developing resources to guide learners and job seekers about pathways to enter the sector, including diverse entry points.
- **Additional research opportunities:**
 - addressing barriers to participation for learners with a disability
 - reasonable adjustment parameters for learners with a disability or caring responsibilities
 - training pathways for peer support roles
 - guidance for RTOs on supporting learners with disabilities.⁹⁶



3.4 Diversity and inclusivity

The aged care and disability service sectors are not fully representative of the communities they service, with gaps across gender, age, and diversity. Efforts to address these would enhance the quality and appropriateness of care and support provided in both sectors through greater cultural sensitivity, equity, and tailored and person-centred approaches in all settings.

Common diversity challenges in both sectors include the significant skew in the workforce toward people who identify as women (80% in aged care and 66% in disability services) and a lack of utilising community based 'lived experience' to enhance care and support practice. These gender imbalances are problematic – and correlate with labour shortages across other occupations in shortage on the Skills Priority List comprising workforces that are over 80% men or women.⁹⁷ These issues, alongside the high rates of casualisation, are cause for thinking innovatively about how to best address issues around labour shortages, levels of professionalisation, and both sectors' capacity to provide the highest quality and most appropriate care for all members of the community.

Challenges experienced in aged care related to diversity and inclusion are:

- availability of aged care services that are culturally appropriate and meet the needs arising from cultural practices and family culture
- access to safe and inclusive aged care services, particularly for those who identify as LGBTQIA+
- lack of staff training in providing care to diverse communities
- language barriers (faced by staff and individuals receiving care and support)
- cost burdens.

Challenges in the disability sector include:

- limited employment of people with a disability, reducing the ability to provide quality, person-centred care to clients
- lack of culturally appropriate support workers (interpreters and therapists) to support culturally and linguistically diverse individuals with disability
- shortage of lived and living experience workers
- inadequate availability of care navigation and advocacy services in accessing the evolving NDIS environment.

In both sectors, racism remains a structural barrier for workers, especially First Nations people. This points to the particular need for adequate structures to support First Nations workers to complete further study, expand scopes of practice and enter leadership positions, and accommodation for workers in remote and very remote service areas. The Australian Government's First Nations Aged Care Workforce Action Plan, already underway, may support this with its focus on skills, training, pathways and workforce support.

For both sectors, providing greater access to subsidised training for international students⁹⁸ may assist in responding to labour shortages, diversity and inclusion goals, and thereby in better meeting the needs of people seeking services – especially where providing workers of similar CALD background and linguistic ability to their clients are important to delivering effective services. Further opportunities include involving service users and people with lived experience in the co-design of training for the workforce, which will form part of training reviews and research.





3.5 Data and evidence

As outlined in the beginning of this profile, the complexity, nuance and distinctions within and between the aged care and disability services sectors are not fully captured in current data sets. Many factors contribute to this, including occupational classifications, interconnectedness of sectors, and high levels of part-time and casual work. This limits the ability to understand sectoral trends in employee movement and trajectories, demographics, training and qualifications, skills and experience.

The new Occupation Standard Classification for Australia (OSCA), replacing the previous ANZSCO from 2025–2026, breaks up the previous “Aged and Disabled Carer” category into separate occupations that distinguish between aged care and disability services workers. These new occupational categories will offer much clearer data than those they replace. However, some limitations may remain, such as the division of support workers between residential settings under a new Residential Care Officer occupation, and a ‘home care’ based occupation titled ‘Disability Support Worker’.

Additional insights and evidence are gained through complementary data assets. For example, the Aged Care Workforce Census (ACWC) provides rich data every four years, although the most recent data collection was impacted by COVID-19, which meant individual aged care worker data (and therefore demographics) were not collected. Similarly, the annual National Disability Services (NDS) Workforce Census illuminates new and ongoing issues shaping and affecting the sector and its workers and suggests priority reforms and actions to respond. Across both the aged care and disability services sectors, the instability presented by casual contracts and gig economy components of these workforces continues to present issues which HumanAbility, among others, is seeking to understand or enhance.⁹⁹

Reforms such as the establishment of a national worker registration scheme for personal care workers in aged care may contribute to improved data and understanding of the workforces. It is noted that a registration scheme is also being contemplated by the Australian Government for workers in the disability sector. The HumanAbility data and evidence gaps research project will map and triage data and evidence gaps.



Instability presented by casual contracts and gig economy components of these workforces continues to present issues which HumanAbility is seeking to understand or enhance.



3.6 Policy and regulatory settings

The continuing implementation of Royal Commission recommendations and associated reforms is shaping the operating and regulatory environment for both sectors.

The aged care sector is navigating the new operating and regulatory environment created via the new Aged Care Act. The Act establishes a full Statement of Rights that the workforce must ensure is upheld for all individuals in their care. This statement identifies key requirements around quality and safety for funded aged care services, reinforcing the need for established skills in providing care that is culturally safe and appropriate, trauma-aware, healing-informed, accessible, and delivered by appropriately trained, qualified and experienced staff.

The disability services sector must navigate the potential reforms associated with the NDIS Review via its recommendation for a risk-proportionate model for the visibility and regulation of all providers and workers, which is aimed at addressing quality and safeguarding issues.¹⁰⁰ The government's response to this review has not yet been released.


This model has significant implications for the disability services workforce, particularly for high-risk support workers who will need to evidence a high level of technical competence, and for those providing high intensity supports that require additional skills and training commensurate to the risks involved.¹⁰¹ This will further increase the need for accessible and relevant training and specialisation pathways, and for stronger supervisory and monitoring arrangements to support effective practices and continuous improvement.

A core challenge in the disability sector is ensuring that care and support pricing approaches can enable approved/registered providers to upskill and induct workers, fill job vacancies and remain viable. Recommendations from the NDIS Review to harmonise pricing approaches across the care and support economy through IHACPA speak to these issues.



The aged care sector is navigating the new operating and regulatory environment created via the new Aged Care Act. The Act establishes a full Statement of Rights that the workforce must ensure is upheld for all individuals in their care.

4. Roadmap

Industry sector	Initiative	Challenges addressed
Aged care and disability support	<p>Aged Care and Disability Support Qualifications: Implementation Review</p> <p>Status: Completed</p> <p>Overview: This review found the qualifications don't meet the needs of the entire sector.</p> <p>Outcome: Recommended full review of the qualifications was approved and commenced in June 2025.</p>	  
Aged care and disability	<p>Review Aged Care, Disability, and Leisure and Health qualifications</p> <p>Overview: To ensure alignment with employer and industry skills needs and broader Federal and whole-of-government reforms relating to the care and support economy workforce.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • CHC33021 Certificate III in Individual Support • CHC43121 Certificate IV in Disability Support • CHC43015 Certificate IV in Ageing Support • CHC43415 Certificate IV in Leisure and Health • CHC53415 Diploma of Leisure and Health • 11076NAT Diploma of Leadership in Disability Services. <p>In relation to the Diploma of Leadership in Disability Services, the project will consider rolling this accredited course into the CHC Community Services Training Package.</p> <p>Status: Commenced July 2025</p> <p>Timing: To be completed in November 2026</p>	  



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways













Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

Industry sector	Initiative	Challenges addressed
Cross-sectoral	Rural and Remote sectoral analysis Analysis of regional and remote workforces in aged care, disability and health, identifying gaps and opportunities specific to these regions. Lead: TAFE Centre of Excellence Health Care and Support	  
Cross-sectoral	Response to the Australian Apprenticeship Review Work alongside stakeholders to respond to recommendation 2.13 of the Strategic Review of the Australian Apprenticeship Incentive System – Skills for tomorrow: Shaping the future of Australian apprenticeships Responsibility: HumanAbility	   
Cross-sectoral	Productivity Commission 5 Pillars Inquiry Analysis of productivity gains in the care and support workforce. To contribute to the Productivity Commission Quality Care and five pillars inquiry. Responsibility: HumanAbility and the Productivity Commission	
Cross-sectoral	Migration strategy Encourage government to commence consultations on an Essential Skills Pathway (as per the Migration Strategy) to grow the workforce, whilst maintaining ethical recruitment standards. Responsibility: Australian Government, Department of Home Affairs	 



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways



Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

Industry sector	Initiative	Challenges addressed
Cross-sectoral	<p>Worker Registration</p> <p>Host a stakeholder webinar or event considering registration scheme models.</p> <p>Submission: Stakeholder consultations and HumanAbility response to the Department of Health, Disability and Ageing consultation on a registration scheme for personal care workers in aged care.</p> <p>Responsibility: HumanAbility</p>	 
Cross-sectoral	<p>Inclusion and Diversity</p> <p>Issues paper: Understanding the changing demographics of the Care and Support Workforce.</p> <p>Lived and living experience and peer workforce engagement</p> <p>Host lived experience consultations (disability, community services).</p> <p>Establish a Technical Committee – Mental Health Peer work.</p> <p>Responsibility: HumanAbility</p>	 
Cross-sectoral	<p>Technology and Artificial Intelligence</p> <p>Targeted engagement: Technology, AI and the Care and Support Workforce</p> <p>Discussion paper: For example: Augmentation of the care and support workforce, worker pipelines into care and support.</p> <p>Collaboration with Future Skills Organisation (FSO) on their Digital Skills project.</p> <p>Responsibility: HumanAbility</p>	  



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways










Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

Industry sector	Initiative	Challenges addressed
Cross-sectoral	<p>Research the drivers of low completion rates in key qualifications</p> <p>Status: Commenced June 2025</p> <p>Overview: This project will discover the completion rates in our sectors, subsectors and courses; identify risk factors and protective factors; and design strategies to bolster completion rates. Evidence and solutions will be drawn from workshops, interviews, documentary analysis and extensive data analysis and triangulation. Deliverables include reports, issues papers, and enrolment and completion data from NCVER on HumanAbility's bespoke, interactive dashboards.</p> <p>Timing: 2025–2026</p>	   
Cross-sectoral	<p>Map and promote career pathways for the care and support sectors, including aged care, disability services and veterans' care (Phase 1)</p> <p>Status: Complete. Launching mid-2025.</p> <p>Overview: This project aims to attract a more diverse range of workers by busting the myth that the sector has limited career development or job opportunities beyond entry-level positions. It does this by identifying a diversity of roles and career and training pathways available to develop into case study videos for promotion, with the goal of attracting more people into the workforce, especially from underrepresented groups.</p> <p>Timing: To be launched mid-2025.</p>	  



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways





Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

Industry sector	Initiative	Challenges addressed
Cross-sectoral	<p>Microcredentials: Examining the current use of shorter forms of training to support future guidance of skills development in the care and support sectors</p> <p>Status: Commencing mid-2025</p> <p>Overview: Microcredentials are rapidly increasing in number and variety, and have been identified by stakeholders from all sectors, and by the Workforce Working Group of the Education Ministers Meeting, as a potential or partial solution for quality professional learning.</p> <p>This project will: a) identify, categorise and quantify current microcredentials in our sectors (structure, content, relationships to existing accredited training); 2) map current microcredential offerings using the categorisation; 3) analyse skills and knowledge gaps that may be suitably addressed through quality microcredentials; and 4) develop a framework and recommendations for how microcredentials could support professional learning.</p> <p>Together, this provides practical tools and advice for employers, learners and peak bodies.</p> <p>Timing: To be completed by the end of 2027.</p>	 



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways









Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

Industry sector	Initiative	Challenges addressed
Cross-sectoral	<p>Earn While You Learn (EWYL) models</p> <p>Status: Launched June 2025</p> <p>Overview: This project responds to challenges including workforce shortages, retention and skill development (especially in regional and remote areas) and placement poverty through consideration of strengthening the use of Earn While You Learn models in the care and support sectors.</p> <p>The objectives are to identify and categorise all the EWYL models used in or suited to HumanAbility sectors, map these to the most critical skills and occupation gaps, and codevelop models based on most promising examples. It will develop clear, evidence-based and practical guidance and solutions drawing on quantitative data, documentary analysis and stakeholder engagement.</p> <p>Timing: 2025–2026</p>	  
Cross-sectoral	<p>VET Care and Support Workforce research</p> <p>Status: Underway</p> <p>Overview: The first stage of this research project sought to understand the profile of the VET workforce in our sectors, including pathways in and out. Through multiple surveys (reaching over 1000 responses), workshops and interviews, we discovered rich insights. Initial findings were shared in April 2025, with full findings from stage one to be shared later in the year.</p> <p>Stage two of this research will investigate sector-specific challenges and issues, while stage three will investigate and support industry-led solutions to these challenges.</p> <p>Timing: 2024–2026</p>	  



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways






Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

Industry sector	Initiative	Challenges addressed
Cross-sectoral	<p>Data and Evidence Gaps research</p> <p>Status: Commencing 2025</p> <p>Overview: The care and support sectors face many intersecting data challenges, including lack of granularity, timeliness, accessibility, incomparability, inaccuracy and missing information. Noting that the introduction of OSCA will address some of these issues when it comes into effect, this research project responds to remaining challenges using a mixed-methods approach, to 1) identify and map stakeholder data gaps; 2) understand the implications of the data gaps; and 3) identify or develop strategies to address these gaps, including triaging or sequencing our priorities, and identifying the external stakeholders best-placed to implement solutions in the short and long term.</p> <p>Timing: Commencing 2025</p> <p>Dependent on: Australian Government departments engaging with HumanAbility on existing data available, providing data to HumanAbility and/or undertaking to develop nationally consistent approaches to data collection where this does not exist. It also will be influenced by implementation of OSCA.</p>	  



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways



Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings



References



- 1 Noting the scope of the aged care workforce, and that this does not preclude the provision of aged care work in other settings.
- 2 Other limitations of ANZSCO include not reflecting the specialised nature of many roles, and growing specialisation within roles reflecting valued career pathways; not reflecting emerging roles, such as support coordinators, navigators, behavioural support practitioners, psychosocial supports, and lived/living experience support positions; not distinguishing between or appropriately reflecting workers who work across one or more service settings, sectors or industries; for example, not only in aged care and disability services, but also in health, education and human (community) services, and other 6-digit occupations with titles that do not correspond to their qualifications.
- 3 Australian Bureau of Statistics, Labour Force Australia, detailed, February 2025, data trended by Jobs and Skills Australia.
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- 6 Department of Health and Aged Care (2024) [Aged Care Worker Survey 2024 Report](#), DHAC, Australian Government, Canberra, accessed 1 May 2025.
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- 10 Female, First Nations, Part-time, Outside capital cities, Current employment by state: ABS (November 2024) 'EQ06 – Employed persons by Industry group of main job (ANZSIC), Sex, State and Territory, November 1984 onwards (Pivot Table)' [data set], [Labour Force, Australia, Detailed](#); Employment: ABS, Labour Force Australia, detailed, February 2025, data trended by Jobs and Skills Australia; Employment Projections: Jobs and Skills Australia, [Employment Projections](#) produced by Victoria University, 2024

- 11 The enrolled nurses category used for ANZSCO also includes mothercraft nurses. The split between these two occupations is negligible (around 130 mothercraft nurses in August 2021).
- 12 Reproduced from National Disability Service (2024) NDS Workforce Census Report 2024, NDS, accessed 15 April 2025, where it originally appeared as Figure 10 'workforce diversity'.
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- 16 ** This is the average aged for #4117 Welfare Support Worker, the average age is not available at a 6 digit code level.
- 17 Jobs and Skills Australia, Employment Projections produced by Victoria University, 2024 These projections are based off a starting point of employment estimated at May 2024. These projections are based on economy-wide data and modelling, and do not take into account sector and sub-sector reforms and demand. See Section 3 on challenges for further analysis of anticipated labour force supply and demand.
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