Human (community) services

HumanAbility

1. Sector profile

1.1 Scope

Human (community) services workers provide essential support to individuals, families and communities who are facing challenges or are in crisis. Services support people who may be experiencing housing stress, social isolation, mental health issues, domestic and family violence, and engagement with child protection or the justice system. People engaging with these services are often experiencing emotional distress, poverty and trauma.

Services aim to ensure that people's dignity is respected and rights are upheld, while reducing the risk of stigma or discrimination, disadvantage or potential exacerbation of the current situation.

Table 1: Occupations in the Health and Human Services sector – within HumanAbility's scope

Aged care and disability services	Human (community) services	Primary health*	Secondary and tertiary health **
Aged care and disability services occupations are present across both clinical and non-clinical settings, in home and residential care. Some related roles that work directly in aged or disability care services are classified under broader community or health services codes.*	• Community Services • Celebrancy and Pastoral Care • Counselling • Employment Services & Career Development • Family and Relationship Services (Family Dispute Resolution) • Family Violence • Housing and homelessness • Mental Health and Alcohol and Other Drugs • Residential Care • Volunteering • Youth (Youth Services, Child Protection and Youth Justice)	• Aboriginal and Torres Strait Islander Health • Indigenous Environmental Health and population health • Complementary Health • Dental • Mental Health and Alcohol and Other Drugs • Cross-sectoral – Infection control and First Aid	• 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 and disability care but are currently grouped under broader occupation codes. These distinctions will become more transparent under OSCA. The Aged and Disability Services are discussed in detail in the **Aged and Disability Support sector profile**.

** The *Primary Health, Secondary and Tertiary Health* occupations and relevant sectors are discussed in detail in the **Health Sector Profile**. However, due to data limitations, some duplication appears in the Community Services Profile.

Table 1 outlines occupations commonly associated with each industry sector. While some occupations may span multiple sectors, the groupings reflect feedback provided by industry stakeholders.

The human (community) services sector is diverse, encompassing a wide range of subsectors that support people across areas such as alcohol and other drugs (AOD), domestic and family violence, housing and homelessness, and mental health and wellbeing. Within HumanAbility's remit, additional subsectors include career services, employment support, counselling and advice services, LGBTIQA+ counselling and support services, pastoral care, suicide prevention, and migrant, refugee and settlement services. These services may be delivered by government, not-for-profit and private organisations, and include mainstream, culturally specific and First Nations led services.

It should be noted that aged care and disability services commonly sit within 'human services.' Given the size of the two sectors, the scale of reform occurring in both and the intersection between the two, the two are analysed in a separate, stand-alone sector profile.

Domestic and family violence

Currently, there is no national data on the family violence workforce. However, it is widely understood that most workers in the family, domestic and sexual violence sectors are female (83%).[1] The 2018 National Survey of Workers in the Domestic, Family and Sexual Violence Sectors found that almost a third (31.8%) of survey respondents had been in their current role for over five years and 62% had been in their current role or similar for more than five years.[2] In late 2024, the Australian Government announced funding for the next National Survey of Workers in the Domestic, Family and Sexual Violence Sectors – which will provide important updates to a national understanding of the workforces.

A key action of the National Action Plan for the Prevention of Violence against Women and their Children 2022–2032 is a strong and sustainable workforce. There is strong support for a national workforce strategy that includes a focus on building specialist workforces and recognises the unique challenges facing Aboriginal Community Controlled Organisations (ACCOs) and their workforce.[3]

Child protection, youth crime and residential care services

Across Australia, reforms to the child protection, youth justice, and youth residential care systems have frequently emerged in response to crises, with inquiries and reviews often identifying longstanding workforce challenges. A review by the Australian Institute of Family Studies (AIFS) and the Australian Human Rights Commission (AHRC) of 61 reports from 2010–2022 found persistent systemic issues, including inadequate workforce capacity, limited First Nations leadership, and weak oversight mechanisms.[4] Similarly, the Australian Institute of Criminology found that most states and territories have conducted recent youth justice inquiries following detention centre incidents, with recurring calls for a trauma-informed workforce and for youth detention to be used only as a last resort.[5]

Workforce capability and support are core, unresolved issues. Reports[6] cite high turnover, limited access to trauma-informed supervision, and difficulties recruiting and retaining skilled staff, particularly in remote and high-risk settings.

These challenges have direct impact on service quality and have appeared consistently across jurisdictions.

There is currently no national data on child protection and residential care services workers. Workforce is one of four focus areas in Safe and Supported: The National Framework for Protecting Australia's Children. This focus aims to strengthen the child and family sector, including by improving the capability and capacity of the workforce. Both of the *Safe and Supported Action Plans*[7] have strategies for attraction and retention of the child protection and family sector workforce:

- scope the current and future needs of the workforce, including tertiary education pathways, training modules, and peer-based family support (Action 3)
- scope the resourcing needs of the workforce, with a focus on Aboriginal Community-Controlled Organisations (Action 4).[8]

Housing and homelessness

There is no single workforce dataset covering the specialist housing and homelessness sector. However, state-based research provides valuable insights into workforce conditions and challenges.

In Victoria, a report on the specialist homelessness services workforce[9] found a turnover rate of 22% among new staff employed in 2021–22, with 60% of workers exiting their role also leaving the sector entirely. The report also found a very high proportion of workers had caring responsibilities outside of their role, and experienced rates of anxiety and depression twice as high as those in the general population. Additionally, over half of the frontline workers surveyed were considering leaving the sector due to rising workloads and the difficulty of achieving sustainable outcomes for the people they were seeking to help.

The National Agreement on Social Housing and Homelessness[10] aims to address the growing housing shortage and homelessness through increased investment and reform. While investment in housing – including public and community housing – is welcome and overdue, it must be matched by targeted investment in a skilled and sustainable workforce to support current and growing demand.

Equally critical are initiatives to provide housing for essential workers – not only in regional and remote areas, but also in high-cost urban areas where housing prices make it difficult for community services sector workers to live near their place of work.

Mental health

There is no comprehensive data available on the size or scope of the mental health workforce. We note that jurisdictions do collect state-level data and HumanAbility will be working with governments to build this into sector dashboards, housed on the HumanAbility website. However, the National Mental Health Workforce Strategy identifies the need for workforce data that is "comprehensive, up to date, and integrated across all aspects of the mental health workforce lifecycle – from training through to service demand – to highlight workforce requirements and future opportunities".[11]

The breadth of services encompassed within the mental health sector highlights the diverse range of roles and opportunities available. Roles span community outreach, psychosocial support, peer work, residential care, harm reduction, education, advocacy, and employment services, among others. This diversity presents significant opportunities for the workforce to specialise or transition across various roles and sectors. The opportunity to clearly articulate the range of career pathways available continues to be a priority area of HumanAbility's work.

The increasing integration of peer workers – individuals with lived and living experience of mental health challenges – is reshaping service models and broadening workforce capability. Ensuring appropriate training and support for this emerging workforce is an important priority.[12]

Alcohol and other drugs (AOD)

The alcohol and other drug (AOD) workforce in Australia is integral to the nation's efforts in managing and mitigating the impacts of substance use. The AOD sector encompasses a variety of roles, including:

- clinical professionals (doctors, nurses, and allied health workers)
- community-based workers (case managers, peer workers, and outreach staff) engaging with individuals in various settings
- policy and advocacy experts, such as professionals working on harm reduction strategies, public health initiatives, and systemic reforms.

A significant development within the sector is the integration of peer workers – individuals with lived or living experience of substance use – who have now played a vital role in service delivery and community engagement for many years.[13] This workforce is increasingly being formalised, with growing recognition of the need for structured training, supervision, and clear career pathways that reflect the distinct value of lived experience.[14]

According to the 2024 National AOD Data Report by Harm Reduction Australia, the sector continues to evolve in response to shifting drug use patterns and emerging substances. The report emphasises the need for a well-supported and adequately resourced workforce to effectively address these challenges.[15]

Stakeholders have provided feedback to HumanAbility regarding the lived experience AOD workforce and qualifications that we are in the process of considering. In NSW, in response to recommendations from the Special Commission of Inquiry into the Drug Ice,[16] NSW Health has funded a pilot program to support the growth of the AOD lived and living experience workforce. An aim of the program is to use the current CHC43515 Certificate IV in Mental Health Peer Work as a framework to foster the AOD workforce. Lessons from this pilot will be instructive in HumanAbility consideration for a similar approach nationally.

Ongoing support, strategic planning, and investment in workforce development are essential to ensure that the sector can meet current and future demands effectively. Robust workforce data will be central to this effort, enabling tailored planning and resource allocation based on role types, service settings, and geographic needs.[17]

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Counselling

Counsellors are an essential part of the care and support workforce, providing therapeutic support that promotes mental health and emotional wellbeing. They work across a range of sectors, including schools, community organisations, healthcare, aged care, child protection and private practice. Psychologists and social workers are registered allied health professionals. Professional bodies, develop ethical standards to support practice and advocate for the professions under their remit.[18]

Counsellors may hold vocational education and training (VET) qualifications or university-level qualifications at the bachelor or master's level. VET-trained counsellors, such as those with a Diploma of Counselling, often work in non-clinical roles, while those with higher education are typically prepared for more complex practice.[19]

National reform efforts are underway. The National Mental Health Workforce Strategy (2022–2032) calls for better access to supervision, improved workforce data, and stronger retention strategies.[20] Stakeholders are calling for structured career pathways and clearer role definitions.[21] Stakeholder feedback has also emphasised the need for sustainable funding, standardised qualifications, and integration into national mental health and workforce policy are critical to ensuring a strong and supported counselling workforce.

Human (community) services cut across the whole care and support sector, providing assistance to children and young people, families, older people and people with disability. These services can overlap with other sectors, including health and early childhood services.

Demand for human (community) services is increasing. The cost-of-living crisis, the effects of natural disasters and climate crisis, and ongoing impacts of COVID-19 are key drivers of need in the community.[22] The ageing population and increasing demands on the NDIS also exacerbate pressures on the sector.[23]

1.2 Demographic profile

The size of the human (community) services workforce is difficult to estimate[24] due to overlapping occupations and industries (such as aged care, disability, early childhood, and health). Many of the human services occupations fall under 'other social assistance' sector (ANZSIC 8790); there are 539,800 people employed in this sector.[25]

Relative to all Australian occupations, those who work in the 'other social assistance' service sectors workforce are more likely to be female – 72% compared to the average of 47.8% – and more likely to work part time – 47% compared to 31%. As of 2021, 3.6% of the 'other social assistance' workforce identify as First Nations and 31% work outside a capital city, compared to the all occupations average of 37%.[26]

Also, within the human (community) services sector there are 22,900 'other residential care services' (ANZSIC 8609). Together with 'other social assistance services' they represent a significant share of Australia's workforce.[27] Employment in these sectors is projected to grow to 629,000 and 30,300 respectively by 2029.

Profile of the health and human services sector[28]

1,290,327 employed

74% are female

**40%** are part-time

2% identify as First Nations

31% work outside the capital city

Data used in sector profiles is based on JSA Placemat sectors. JSA's "Health" sector covers both Health and Human (community) services in this report and has, therefore, been replicated in both sector profiles.
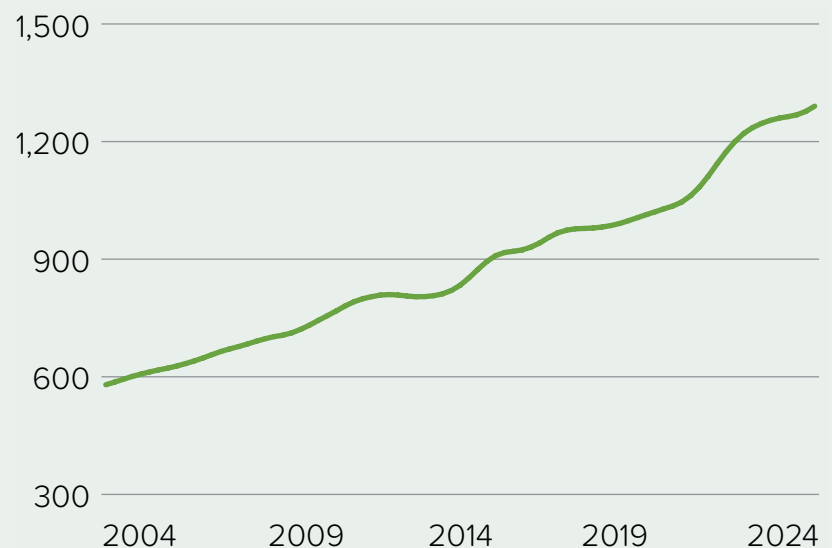
Employment by state

- New South Wales **29%**
- Victoria **27%**
- Queensland **21%**
- South Australia **7%**
- Western Australia **11%**
- Tasmania **2%**
- Northern Territory **1%**
- Australian Capital Territory **2%**
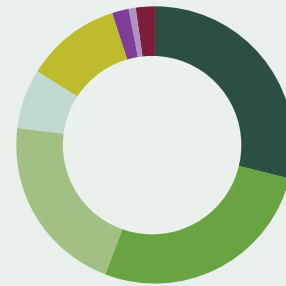
Percentages may not total 100% due to rounding.

Employment over time (thousands)

Employment projection

2029 **1,432,700 employees**

2034 **1,603,300 employees**

1.3 Occupations

There are a wide range of occupations in the human (community) services sector. The three largest occupation groups, as of February 2025, are:

- Welfare Support Workers (ANZSCO 4117) – 95,000
- Social Workers (ANZSCO 2725) – 47,700
- Welfare, Recreation and Community Arts Workers (ANZSCO 2726) – 40,700.[29]

Occupation groups

Welfare Support Workers (ANZSCO 4117) and Welfare Centre Managers (ANZSCO 1342)

Welfare Support Workers are one of the largest occupational groups within the health care and social assistance industry, providing vital support services to individuals and communities experiencing hardship, social disadvantage, or crisis. This broad category includes:

- Community Workers (411711),
- Disability Services Officers (411712),
- Youth Workers (411716),
- Family Support Workers (411713),
- Residential Care Officers (411715), and
- Parole Officers (411714).[30]

In different but often complementary ways, people in these occupations support clients through assessment, planning, advocacy, and coordination of services. While these roles share a common goal of improving wellbeing, each has a distinct focus: for example, family support workers assist families under stress with practical help and support focussing on child safety and family functioning, while residential care officers typically work in refuges, disability service group housing and children's housing, providing supervision and supports in accommodation settings.

In the transition to OSCA, the current Welfare Support Worker grouping will be divided into six new four-digit occupational subgroups:[31] Community Development and Support, Employment Consultants, Family Day Care, Disability, Aged Care, and Welfare Support Workers (OSCA 4116). Within the new Welfare Support Workers (OSCA 4116) category,[32] there will be six more specific six-digit occupations: Community Corrections Officer, Family Support Worker, Financial Counsellor (Community), Housing Officer, Refuge Worker, and Welfare Worker, with each role reflecting a distinct area of practice and service delivery.

Working alongside these roles are Welfare Centre and Services Managers (134214, 134299), who oversee the delivery of these services, manage staff and operations, and ensure programs respond to community needs. Together, these roles play a critical part in fostering safety, stability, and improved wellbeing in people's lives.

Social Workers (ANZSCO 2725) Psychologists (ANZSCO 2723) and Counsellors (ANZSCO 2721)

Counselling roles span both health and human services and include psychologists, social workers, and counsellors. Counsellors work across areas such as Alcohol and Other Drugs, family and relationships, rehabilitation, and schools, providing critical therapeutic support in community based and private settings.

People may enter through VET pathways or through higher education pathways. Some VET qualifications – such as the Certificate IV in Community Services, Diploma of Counselling, or Diploma of Community Services – may also provide a foundation for further study in fields such as social work or psychology.

Financial counsellors, who support people experiencing financial hardship, are now formally recognised under the new OSCA occupation code (OSCA 411633).[33] OSCA also provides clearer classification for specialist counselling roles across health and community settings.[34]

Social workers similarly offer counselling, support and evidence-based interventions to help individuals, families and communities navigate complex social and emotional challenges. To practise in Australia, social workers must complete a Bachelor of Social Work and be accredited by the Australian Association of Social Workers (AASW). Under OSCA, the social work role is more clearly defined, recognising its breadth across sectors such as health, child protection, aged care, and disability, as well as its core focus on advocacy and addressing structural disadvantage. While psychologists and social workers are regulated allied health professionals, their human services roles often involve broader responsibilities.[35]

Welfare, Recreation and Community Arts Worker (ANZSCO 2726)

Welfare, Recreation and Community Arts Workers provide essential support to individuals, families, and communities experiencing social, emotional, or financial challenges. This broad classification includes:

• Welfare Workers (272613) and

• Recreation Officers (272612)

These roles share a focus on improving wellbeing but differ in their practice settings and approaches.

Welfare workers assist people facing complex life issues such as family breakdown, unemployment, illness, or substance use. They provide counselling, advocacy, and case support to help clients build resilience, access services, and achieve positive change in their lives and environments. Their work can include intensive short-term crisis intervention in areas such as family violence, child protection, or financial stress. Recreation officers, on the other hand, use structured activities and programs to promote social inclusion, engagement, and quality of life – working in both community settings and specialist contexts such as aged care.

While grouped together under ANZSCO, these roles are increasingly recognised as distinct. Under the upcoming OSCA classification, the existing Recreation and Community Arts Worker (2726) roles will be separated, and Welfare Worker (272613) will be divided into more specific occupations. One grouping (Welfare Support workers, OSCA 4116) will include roles such as Housing Officer, Refuge Worker, Community-based Financial Counsellor, and Welfare Worker, while other roles will shift into the occupation Child Protection and Family Violence Practitioners (OSCA 4111). This change will better reflect the diversity of the workforce and enable more detailed analysis and planning in future workforce strategies.

Peer workforce

Lived experience and peer workforces across community services are not reflected in ANZSCO or OSCA at this time, despite the importance of this occupation and workforce. Lived experience (peer) workers are valued professionals who draw on their personal experiences to support others from a human rights and social justice perspective.

Peer work focuses on building relationships where self-determined care is supported through identification, mutuality and connection. Peer workers play a key role in reducing stigma, increasing person-centred care and bridging the gap between services and service users. Peer workers walk alongside service users, providing information and advocacy, and strengthen services through sharing service user perspectives.

HumanAbility acknowledges the importance of recognising the unique lived and living experience of individuals in health and community services, as distinct from other stakeholder contributions. People with lived and living experience draw on their personal experience to inform their work, generally through either direct support, such as peer work, or through leadership, advocacy and research.[36]

Peer workforces provide significant opportunities to build the capacity and capability of our health and community services workforces, through deeper consideration of the experiences of consumers in these services and systems.

Training packages, qualifications, and pathways

There are several pathways to training and qualifying to work in the human (community) services sector. The five with the highest proportion of enrolments each year are:

- Certificate III in Community Services
- Certificate IV in Community Services
- Certificate IV in Mental Health
- Diploma in Counselling
- Diploma in Community Services.

HumanAbility currently has two training package reviews underway in the human (community) services sector: CHC Mental Health and Alcohol and Other Drugs qualifications review and CHC Community Services qualification review (more information on both reviews below).

The completed first phase of each review project (the functional analysis) has found that there is an extensive range of job roles and pathways available following qualification completion.[37] This presents both an opportunity and a challenge in ensuring qualifications remain current to expanding and evolving job roles and functions. It also highlights the importance of promoting the range of roles and opportunities available to graduates and the existing workforce, who may not know about them.

However, there is a widely-recognised need to market the human (community) services sector as an attractive career choice for secondary school students and job seekers to increase enrolments, promoting the sector as early as possible to help maximise its visibility for potential students.[38]

1.4 Current size

Table 1: Profile of key human (community) services sector roles[39]

Occupations (per ANZSCO)	Number employed Feb 2025	Female share	Median weekly earnings	Part-time share	Median age	Projected employment	
						May 2029	May 2034
Welfare Support Workers #4117	95,000	69%	$1688	33%	40	100,000 (+8.4%)	110,000 (+18.7%)
Social Workers #2725	47,700	83%	$1850	32%	39	55,000 (+16.4%)	62,000 (+31.8%)
Welfare, Recreation and Community Arts Workers #2726	40,700	68%	$1926	33%	41	46,000 (+15.2%)	53,000 (+29.4%)

Table 1 outlines employment data for key occupations commonly found within the 'other social assistance services' (ANZSIC 8790) and 'other residential care services' (ANZSIC 8609) sectors. It is important to note this data reflects total employment across the full occupation, not just workers employed within these subsectors. Occupations in human (community) services have a higher female share. However, ANZSCO codes 4117 and 2726 show a higher proportion of male workers than is typical in this sector. This is likely due to the inclusion of roles such as parole and probation officers and residential care officers, which are often associated with managing challenging physical and psycho-social behaviours. The lower female representation in these classifications, compared to other care and support roles, can be attributed to the diverse nature of the work, employment settings, training pathways, and enduring social perceptions. With the introduction of OSCA, these roles are now classified separately, which may shift gender distribution patterns reported under these groupings in the future.[40]

The higher median earnings reported for 2726 workers likely reflect the mixed nature of this occupational grouping. It includes specialised and supervisory roles in comparatively well-funded settings, such as local government or public health, where enterprise agreements apply and full-time, structured roles are more common. It may also be influenced by the higher proportion of male workers in this group, consistent with broader patterns of gender-based pay disparities across sectors.[41]

1.5 Forecast growth

Employment projections estimate the 'other social assistance' sector to grow to 629,400 people employed in 2029 and 711,200 in 2034, and the 'other residential care services' to grow to 26,600 in 2029 and 30,300 in 2034.[42]

1.6 Enrolments and completions[43]

In recent years, human (community) services sector qualifications have experienced consistent growth in both enrolments and completions. This sustained demand for training points to the sector's growing relevance, likely influenced by rising societal needs, including acknowledgement of the importance of mental health care, support for ageing populations, and services for communities experiencing disadvantage. Growth trends suggest that the sector continues to attract people motivated by the opportunity to contribute to meaningful and impactful work. However, as in the broader VET system, completions have consistently lagged behind enrolments, pointing to a common sector-wide challenge in supporting learners through to qualification completion. Improving outcomes is likely to require not only retention strategies, but also earlier support to help learners explore their options, engage in taster programs, and select pathways that suit their interests and goals. It also means ensuring learners are ready and adequately supported to study at the level they are entering.

Enrolments and completions by program

VET qualifications in the human (community) services sector focus on preparing people for roles in community services, case management, youth work, housing and mental health support. These programs are essential in equipping the workforce to respond to increasing service demand – driven by demographic change, and the complex needs of diverse needs communities. These qualifications equip learners with job-ready skills for direct entry into the workforce, they can also provide pathways into higher education – including bachelor and postgraduate programs in fields such as social work, counselling, and psychology.[44]

Growth trends suggest that the sector continues to attract people motivated by the opportunity to contribute to meaningful and impactful work.

Table 2: Enrolments and completions for key human (community) services (CHC) qualifications in 2023[45]

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. In such cases, note that Indigenous and disability percentages refer only to the current version of the qualification (with the exception of the Certificate III in Active Volunteering, the Certificate IV in Community Development, the Diploma of Community Development, the Diploma of Child, Youth and Family Intervention, and the Diploma of Financial Counselling, where insufficient completions data for the current version are available).

CHC22015 Certificate II in Community Services

8,466

2,945

Indigenous: Enrolments **10.4%**; Completions **9.1%**   Disability: Enrolments **8.5%**; Completions **10.4%**

CHC32015 Certificate III in Community Services

16,403

3,273

Indigenous: Enrolments **18.7%**; Completions **12.8%**   Disability: Enrolments **16.5%**; Completions **16.4%**

CHC35021 Certificate III in Community Safety Services

11

2

Indigenous: Enrolments **100%**; Completions **n/a as below 10**
Disability: Enrolments **0%**; Completions **n/a as below 10**

CHC44015 Certificate IV in Coordination of Volunteer Programs

127

25

Indigenous: Enrolments **1.6%**; Completions **0%**   Disability: Enrolments **2.8%**; Completions **10.3%**

CHC42021 Certificate IV in Community Services*

12,191

2,677

Indigenous: Enrolments **16.9%**; Completions **16.7%**   Disability: Enrolments **12.4%**; Completions **14.3%**

CHC42121 Certificate IV in Community Development*

258

126

Indigenous: Enrolments **20.4%**; Completions **8.8%**   Disability: Enrolments **24.2%**; Completions **23.9%**

■ Enrolments   ■ Completions

CHC43315 Certificate IV in Mental Health

12,774

2,110

Indigenous: Enrolments **8.2%**; Completions **6.2%**   Disability: Enrolments **15.9%**; Completions **13.2%**

CHC43515 Certificate IV in Mental Health Peer Work

1,499

277

Indigenous: Enrolments **5.7%**; Completions **6.4%**   Disability: Enrolments **42.1%**; Completions **34.4%**

CHC40321 Certificate IV in Child, Youth and Family Intervention*

5,768

1,243

Indigenous: Enrolments **5.6%**; Completions **0.9%**   Disability: Enrolments **3.0%**; Completions **2.3%**

CHC40521 Certificate IV in Youth Justice*

796

374

Indigenous: Enrolments **6.4%**; Completions **6.5%**   Disability: Enrolments **4.3%**; Completions **7.5%**

CHC40421 Certificate IV in Youth Work*

5,980

1,216

Indigenous: Enrolments **8.5%**; Completions **6.2%**   Disability: Enrolments **10.1%**; Completions **11.0%**

CHC41115 Certificate IV in Employment Services

1,200

268

Indigenous: Enrolments **10.9%**; Completions **14.1%**   Disability: Enrolments **4.7%**; Completions **4.6%**

CHC41215 Certificate IV in Career Development

332

267

Indigenous: Enrolments **6.2%**; Completions **11.7%**   Disability: Enrolments **3.3%**; Completions **7.4%**

■ Enrolments   ■ Completions

CHC42215 Certificate IV in Social Housing

9

-

Indigenous: Enrolments **n/a as below 10**; Completions **n/a as below 10**
Disability: Enrolments **n/a as below 10**; Completions **n/a as below 10**

CHC42221 Certificate IV in Housing

459

157

Indigenous: Enrolments **21.3%**; Completions **17.8%** Disability: Enrolments **6.5%**; Completions **1.2%**

CHC42315 Certificate IV in Chaplaincy and Pastoral Care

446

146

Indigenous: Enrolments **1.5%**; Completions **0%**   Disability: Enrolments **9.7%**; Completions **4.7%**

CHC41015 Certificate IV in Celebrancy

2,232

852

Indigenous: Enrolments **2.1%**; Completions **1.6%**   Disability: Enrolments **2.8%**; Completions **2.5%**

CHC43215 Certificate IV in Alcohol and Other Drugs

1,992

420

Indigenous: Enrolments **11.7%**; Completions **8.8%** Disability: Enrolments **15.2%**; Completions **10.3%**

CHC50321 Diploma of Child, Youth and Family Intervention*

1,305

352

Indigenous: Enrolments **13.2%**; Completions **14.0%** Disability: Enrolments **8.8%**; Completions **7.2%**

CHC52021 Diploma of Community Services*

30,416

9,454

Indigenous: Enrolments **4.6%**; Completions **1.5%**   Disability: Enrolments **3.9%**; Completions **5.2%**

■ Enrolments ■ Completions

CHC50521 Diploma of Youth Justice*

9

9

Indigenous: Enrolments **n/a as below 10**; Completions **n/a as below 10**
Disability: Enrolments **n/a as below 10**; Completions **n/a as below 10**

CHC52121 Diploma of Community Development*

37

20

Indigenous: Enrolments **11.8%**; Completions **6.7%**   Disability: Enrolments **12.5%**; Completions **10.0%**

CHC53215 Diploma of Alcohol and Other Drugs

553

145

Indigenous: Enrolments **13.5%**; Completions **7.1%**   Disability: Enrolments **13.5%**; Completions **4.9%**

CHC50421 Diploma of Youth Work*

1,293

388

Indigenous: Enrolments **3.9%**; Completions **4.7%**   Disability: Enrolments **11.5%**; Completions **10.1%**

CHC53315 Diploma of Mental Health

5,063

979

Indigenous: Enrolments **4.4%**; Completions **4.1%**   Disability: Enrolments **9.1%**; Completions **5.4%**

CHC51015 Diploma of Counselling

10,482

2,579

Indigenous: Enrolments **4.1%**; Completions **3.7%**   Disability: Enrolments **8.6%**; Completions **7.6%**

CHC51122 Diploma of Financial Counselling*

648

204

Indigenous: Enrolments **5.1%**; Completions **7.4%**   Disability: Enrolments **6.4%**; Completions **1.0%**

■ Enrolments   ■ Completions

CHC62015 Advanced Diploma of Community Sector Management

3,008

1,303

Indigenous: Enrolments **2.6%**; Completions **1.9%**   Disability: Enrolments **2.9%**; Completions **1.4%**

CHC81215 Graduate Certificate in Statutory Child Protection

2

4

Indigenous: Enrolments **n/a as below 10**; Completions **n/a as below 10**
Disability: Enrolments **n/a as below 10**; Completions **n/a as below 10**

CHC82015 Graduate Certificate in Client Assessment and Case Management

118

48

Indigenous: Enrolments **18.3%**; Completions **5.7%**   Disability: Enrolments **8.1%**; Completions **18.2%**

CHC81015 Graduate Diploma of Relationship Counselling

52

15

Indigenous: Enrolments **8.8%**; Completions **0%**   Disability: Enrolments **2.9%**; Completions **0%**

CHC81115 Graduate Diploma of Family Dispute Resolution

269

53

Indigenous: Enrolments **0.4%**; Completions **4.4%**   Disability: Enrolments **0.8%**; Completions **0%**

CHC81315 Graduate Certificate in Career Development Practice

324

131

Indigenous: Enrolments **8.5%**; Completions **6.4%**   Disability: Enrolments **2.2%**; Completions **2.4%**

■ Enrolments   ■ Completions

Gender

Enrolments and completions for key human (community) services (CHC) qualifications by gender, 2023[46]

Females accounted for
71.4%
of enrolments and
68.2%
of completions

Males represented
27.1%
of enrolments and
30.1%
of completions

People who identified as **'Other'** made up
0.4%
of enrolments and
0.4%
of completions

Not known: Enrolments 1.1%; Completions 1.3%

In 2023, women accounted for the vast majority of enrolments and completions in human services related qualifications, reflecting a strong gender imbalance. However, male representation was notably higher than other sectors within HumanAbility's remit – (see Children's Education and Care sector profile as one example). Certain qualifications within the CHC Community Services Training Package attract a relatively high proportion of male learners: males represented 58% of enrolments in the Certificate IV in Youth Justice, 38% in Youth Work and 37% in Alcohol and Other Drugs.[47]

These areas of study are often linked to roles involving crisis response, outreach and justice, which may contribute to a higher male participation rate. While male participation overall remains comparatively low, when viewed against the overall VET program data, these patterns highlight the importance of targeted strategies that build on this foothold to further improve gender diversity across the broader care and support workforce.

Age

Enrolments for key human (community) services (CHC) qualifications by age, 2023[48]

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

- ■ 14 years and under **0.1%**
- ■ 15 to 19 years **17.1%**
- ■ 20 to 24 years **13.0%**
- ■ 25 to 29 years **13.4%**
- ■ 30 to 39 years **24.8%**
- ■ 40 to 49 years **18.0%**
- ■ 50 to 59 years **10.7%**
- ■ 60 to 64 years **2.1%**
- ■ 65 years and over **0.9%**
- ■ Not known **0%**

Completions for key human (community) services (CHC) qualifications by age, 2023[49]

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

- ■ 14 years and under **0.1%**
- ■ 15 to 19 years **21.9%**
- ■ 20 to 24 years **9.7%**
- ■ 25 to 29 years **11.7%**
- ■ 30 to 39 years **24.8%**
- ■ 40 to 49 years **17.9%**
- ■ 50 to 59 years **10.7%**
- ■ 60 to 64 years **2.2%**
- ■ 65 years and over **0.9%**
- ■ Not known **0%**

Learners aged 30–49 make up a substantial proportion of those studying human services qualifications. In 2023, individuals aged 30 to 39 accounted for the highest share of enrolments and completions (24.8%), followed by those aged 40 to 49 (18.0% of enrolments and 17.9% of completions). This suggests that these qualifications are attracting people who may be studying for the first time, entering the workforce for the first time, returning after a break, or transitioning from other fields. Notably, human services qualifications also attract a slightly higher proportion of younger learners aged 15 to 19 (17.1%) than the VET sector average (15.1%), reflecting the sector's appeal across a diverse range of learner pathways and life stages.[50]

First Nations

Enrolments and completions for key human (community) services (CHC) qualifications by First Nations status, 2023[51]

Aboriginal and Torres Strait Islander learners represented **8.9% of enrolments** and **6.2% of completions**

Non-indigenous learners accounted for **82.5% of enrolments** and **79.1% of completions**

Not known status comprised **8.6% of enrolments** and **14.6% of completions**
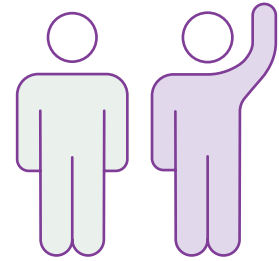
In 2023, First Nations learners constituted 8.9% of enrolments in the human (community) services sector – significantly higher than the broader VET sector's 4.9%, and above the general population (3.2%). This reflects strong engagement with training pathways associated with the human (community) services sector.

Completions data show First Nations learners accounted for 6.2% of completions in this sector. However, due to a proportion of records with unstated Indigenous status – particularly among completions – this figure should be interpreted with caution. The data nonetheless highlight the importance of culturally safe education in supporting success.

National reforms and state-based strategies, such as the National Agreement on Closing the Gap (outcome 6), emphasise the role of culturally responsive, community-led education in improving outcomes for First Nations learners.[52]

Evidence also shows that VET programs delivered by or in partnership with Aboriginal Community Controlled Organisations (ACCOs), and those built on cultural respect, are more likely to support retention and success.[53]

Disability

Enrolments and completions for key human (community) services (CHC) qualifications by students living with disability, 2023[54]

Learners with a disability made up
10.3% of enrolments and
8.6% of completions

Learners without a disability represented
78.5% of enrolments and
75.9% of completions

Not known status comprised
11.2% of enrolments and
15.6% of completions

Learners without a disability accounted for the majority of VET participants in the human (community) services sector, representing 78.5% of enrolments and 75.9% of completions in 2023.

An additional 11.2% of enrolled learners were recorded under the "Not known" category for disability status, and 15.6% of completions did not report disability status, which may mask important patterns.

Compared to the broader VET sector, the human (community) services sector shows relatively strong participation from learners with a disability. However, their lower share of program completions highlights the need to explore and address potential barriers to successful outcomes.

Active Volunteering qualifications

Enrolments and completions for active volunteering qualifications[55]

CHC14015 Certificate I in Active Volunteering

1,132

590

Disability: Enrolments **9.8%**; Completions **6.7%**

CHC24015 Certificate II in Active Volunteering

6,480

3,089

Disability: Enrolments **8.8%**; Completions **9.2%**

CHC34021 Certificate III in Active Volunteering*

580

225

Disability: Enrolments **11.8%**; Completions **9.4%**

■ Enrolments ■ Completions

Enrolment and completion rates for learners with a disability are significantly higher in Active Volunteering qualifications compared to general VET programs and other sectors such as Aged Care, Early Childhood Education and Care (ECEC), Health, and Sport. This pattern suggests that Active Volunteering, along with related areas within human (community) services, may offer a more accessible or supportive learning environment. In fact, participation and completion rates in this area are nearly twice those observed across the broader VET sector.

Geographic location

Remoteness[56]

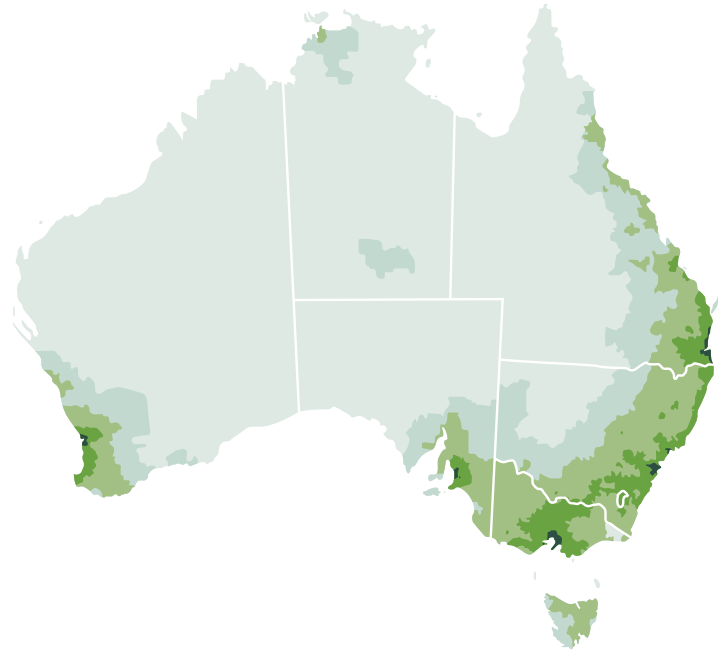**Enrolments for key human (community) services (CHC) qualifications by remoteness, 2023[57]**

■ Major cities **59.6%**
■ Inner regional **19.6%**
■ Outer regional **8.9%**
■ Remote **1.3%**
■ Very remote **0.7%**
■ Offshore **8.0%**
■ Not known **2.0%**

Percentages may not total 100% due to rounding.
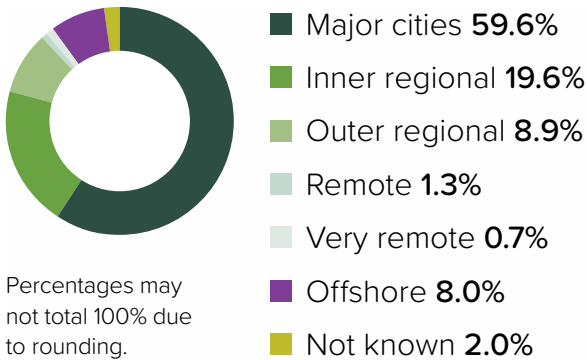
Completions for key human (community) services (CHC) qualifications by remoteness, 2023[58]

■ Major cities **61.9%**
■ Inner regional **17.5%**
■ Outer regional **8.7%**
■ Remote **1.3%**
■ Very remote **0.6%**
■ Offshore **6.8%**
■ Not known **3.3%**

Percentages may not total 100% due to rounding.
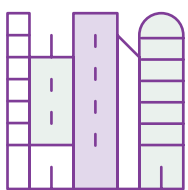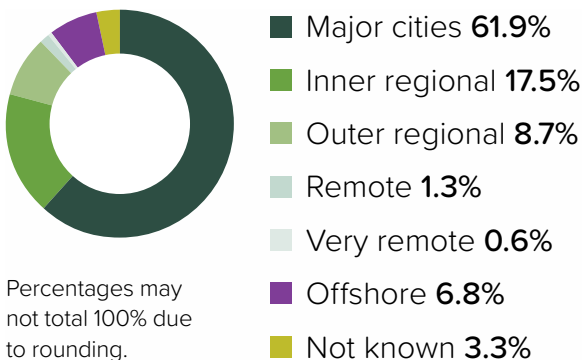
Major cities had the highest **enrolments (59.6%)** and **completions (61.9%)**

Students in **Very remote** and **Remote** areas comprise approximately **2.0%** of **overall enrolments** and **1.9% completions**
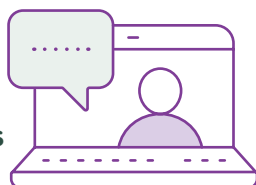
The geographic distribution of human (community) services learners closely mirrors patterns seen across the broader VET sector. Major cities account for the largest share, comprising 59.6% of enrolments and 61.9% of completions, followed by learners in inner and outer regional areas. Participation from remote and very remote regions remains limited, contributing only a small proportion to both enrolments and completions.

However, even modest increase in numbers in these areas can have a significant impact. Supporting locally-based learners to complete qualifications in remote and very remote communities helps build a home-grown workforce that is more likely to stay and fill critical roles in areas where recruitment and retention are especially challenging.

Enrolments for key human (community) services (CHC) qualifications by state, 2023[59]

- New South Wales **27.1%**
- Victoria **26.5%**
- Queensland **18.4%**
- South Australia **5.1%**
- Western Australia **8.1%**
- Tasmania **1.4%**
- Northern Territory **1.7%**
- Australian Capital Territory **1.7%**
- Offshore **8.0%**
- Not known **2.0%**

Percentages may not total 100% due to rounding.

Completions for key human (community) services (CHC) qualifications by state, 2023[60]

- New South Wales **22.7%**
- Victoria **24.3%**
- Queensland **22.8%**
- South Australia **6.4%**
- Western Australia **8.5%**
- Tasmania **1.5%**
- Northern Territory **1.7%**
- Australian Capital Territory **2.1%**
- Offshore **6.8%**
- Not known **3.3%**

Percentages may not total 100% due to rounding.
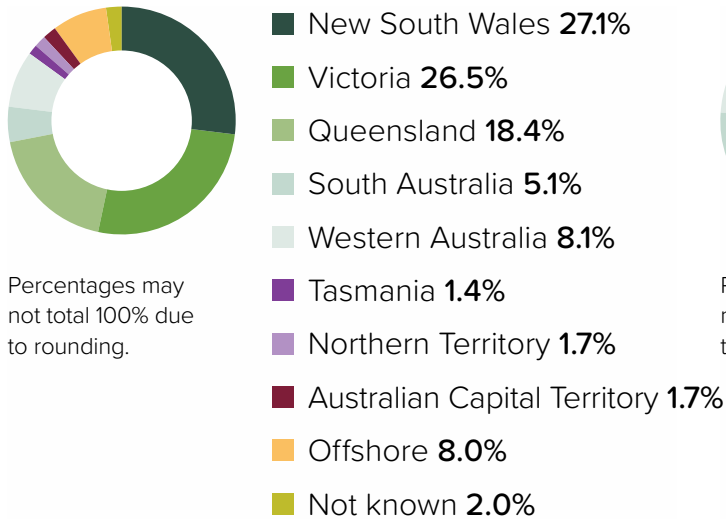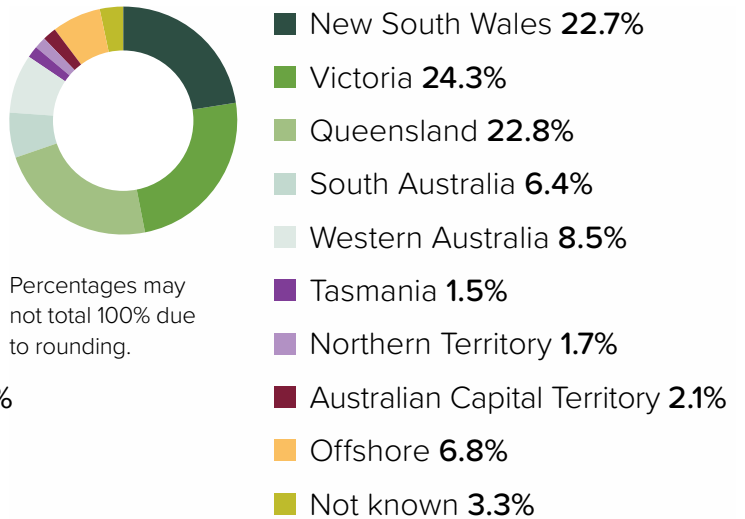
In the human (community) services sector, NSW recorded the highest proportion of enrolments at 27.1%, followed by Victoria with 26.5% and Queensland at 18.4%. These three states together accounted for the majority of enrolments and completions, with Victoria reporting the highest completion rate at 24.3%. Western Australia, South Australia, and offshore learners contributed smaller shares, ranging between 6% and 9%.

Victoria, New South Wales and **Queensland** led enrolments and completions in human (community) services qualifications.

1.7 Workforce mobility, retention & attrition

Workforce retention in the human (community) services sector varies across organisations and occupations. A report by the Australian Council of Social Services (ACOSS) found that most leaders felt recruitment challenges worsened in 2022, with 75% reporting it had become more difficult to attract and retain staff.[61] For frontline workers across the sector, as self-reported: 59% planned to remain working in their current role over the following year, 26% were seeking another role in their organisation, 7% were hoping to obtain a role in another organisation, and 5% were intending to leave the sector entirely (with a further 3% intending to retire).

The drivers of attrition in the human (community) services sector are multifaceted. Stakeholders repeatedly advised that the impact of exposure to vicarious and direct trauma on workforce retention – including in the family, domestic and sexual violence, housing and homelessness, mental health, and a range of other community service subsectors – is a particularly pressing issue for community services compared to other workforces. Employment conditions vary considerably across occupations and employers in terms of remuneration and employment stability. The structure of pay rates means there are often limited progression points available, which impacts on potential income. Employment instability is exacerbated by short or inconsistent funding agreements and cycles, posing a challenge to employers who are only able to offer short-term contracts. The ACOSS survey found that only 49% of staff reported that their working arrangements were secure, and 52% felt under pressure due to understaffing.[62]

Beyond these issues, access to supervision, professional development and career progression opportunities also affect the intention of workers.[63] The lack of access to development and upskilling reduces career satisfaction. Some occupations have flat, inconsistent or poorly defined career structures, resulting in limited opportunities for career progression (for example, for Aboriginal and Torres Strait Islander health and mental health workers, lived experience (peer) workers, and social workers).

Stakeholders repeatedly advised that the impact of exposure to vicarious and direct trauma on workforce retention is a particularly pressing issue for community services compared to other workforces.

Case study

Community Services – Katie Wilson

After lecturing in community service for two years at TAFE SA, Katie Wilson has just taken on the role of Coordinator of the Certificate III in Community Service. She brings a wealth of experience to her role, which began when she decided to volunteer at a nursing home. This led to completing a Certificate III in Leisure and Health, following which she was employed as a diversional therapist.

Katie has had a diverse, rewarding career working across the community services sector. She said, "It covers so much and it's so broad. You can really work anywhere and if you are willing to put yourself out there, there are so many opportunities."

After spending five years working in a boarding house helping people experiencing or facing homelessness, mental health challenges, drugs, alcohol and family violence issues, Katie moved on to a role as an intake advice and referral officer with Relationships Australia.

Seeking a new challenge, Katie completed a training and education qualification and began working at the Aboriginal Access Centre at TAFE SA to create a pathways program into the Certificate III Community Services for Indigenous students. This opportunity led to her joining the TAFE SA Community Services team.

Occasionally, Katie does some work for JFA Purple Orange, a social profit organisation. As a person with cerebral palsy, she joins other living experience presenters to deliver training that helps organisations working with people with disabilities, challenges biases and explores practical ways to improve employment opportunities for people with disabilities.

Table 3 shows annual turnover and the most common occupations workers move from and to across key roles. For some professions, such as social workers, prior roles include generalist or unrelated jobs, which is likely reflecting employment held while studying or transitioning careers. Destination roles highlight movement within the broader care and support sector, including between welfare, aged care, and health roles. This highlights the need to view the workforce as an interconnected ecosystem, with strategies for attraction, retention, and training that address both sector-wide needs and occupation-specific priorities.

Table 3: Mobility rates, sources and destinations among key occupations[64]

Occupations (per ANZSCO)	Annual turnover[65]	Top 3 prior occupations (People moving from)	Top 3 subsequent occupations (People moving to)
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
Social Workers 2725	2.9%	4117 Welfare Support Workers 6211 Sales Assistants (General) 5311 General Clerks	4117 Welfare Support Workers 4231 Aged and Disabled Carers 5111 Contract, Program and Project Administrators
Welfare, Recreation and Community Arts Workers 2726	2.9%	6211 Sales Assistants (General) 2725 Social Workers 4117 Welfare Support Workers	4117 Welfare Support Workers 2725 Social Workers 4231 Aged and Disabled Carers

1.8 Connection between this sector and other care and support sectors

The human (community) services sector intersects closely with many others, as its work spans the full continuum of care – promotion, prevention, early intervention, response or treatment, and recovery and healing. Supporting a person through each phase often requires coordinated, wraparound and holistic services such as housing, legal assistance, and service navigation.

For example, there are strong connections between homelessness, domestic and family violence and legal assistance services. People experiencing domestic and family violence often need legal support to protect themselves and their children, alongside help accessing safe and stable housing.

Workers are also employed across overlapping areas such as community services, aged care, disability, and health. While each service is distinct, they are interconnected – and so too are the skills, training and job roles required of the workforce. This creates a wide range of opportunities for workers to grow, specialise and move within and across sectors.

Case study

Apunipima Cape York Health Council

Apunipima Cape York Health Council is an Aboriginal Community Controlled Health Organisation that has provided health care services to 11 communities across Cape York for 30 years. It has 10 centres with services including primary care and eldercare, outreach, family and NDIS support, health promotion and men's support.

Executive Manager of Service Development and Outreach Operations, Adelina Stanley, says Apunipima has developed creative solutions to address local workforce, training and health service needs, with First Nations workers. "The organisation realised that we needed to train our own people because of health shortages across the country, particularly in remote areas... The location in which we operate is isolating and this brings challenges."

Apunipima established a relationship with Charles Darwin University and implemented a virtual learning platform. Adelina says, "We have our Careers on Country program and it's about providing pathways into the health sector for Cape York people, so that they can remain on their own traditional homelands".

"We're trying to reduce our dependency on the Fly in Fly Out model which can be quite expensive. The only way you can do that is about building the clinical qualifications of community people."

"It's about how we put more community people in those communities to look after their own families, their own mob on country. It's a key initiative for closing the gap."

Apunapima has fostered partnerships with over 60 training organisations and last year put 40 leaders through the Australian Institute of Management Leadership Program. NACCHO has also provided great support.

2. Government and Reform initiatives

2.1 National initiatives
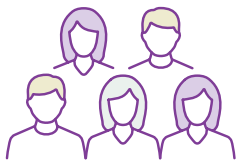
Sector-wide

The National Mental Health Workforce Strategy 2022–2032

This workforce strategy recognises the critical role of a well-trained and supported mental health workforce that can grow to meet the demands and the complexity of mental health conditions experienced by Australians.

The Strategy's four pillars ('attract and train', 'maximise, distribute and connect', 'support and retain', and 'data, planning, evaluation and technology'[66]) reflect similar workforce priorities of HumanAbility (across the care and support sector). Importantly, while implementation will be led by the Australian Government, this will be in close collaboration with state and territory governments.

HumanAbility commenced an 18-month review of both the CHC Mental Health and Alcohol and Other Drugs qualifications in early 2025. This project is considering an extensive range of reports and strategies developed across the disability, aged care, and alcohol and other drugs sectors since the last qualification review, which highlight the need for improvements in mental health services.

National Plan to End Violence against Women and Children 2022–2032

The last two decades have seen increased public and government awareness of the prevalence of family and domestic violence.

The National Plan's 'focus across the continuum' – prevention, early intervention, response, and recovery and healing – is instructive for the differing workforces, skills and training required to support people at different stages with the right care and support services.

National Agreement on Social Housing and Homelessness

The National Agreement on Social Housing and Homelessness, an agreement between the Federal, state and territory governments, includes supports for Australia's social housing and homelessness services.

Housing shortages and the rise in homelessness affect those working in human (community) services in two ways. The demand placed on services is regularly unmet, whilst at the same time many regions are unable to fill workforce vacancies because there is no affordable housing within a reasonable distance of the job.

Investment in housing supply, along with targeted initiatives to support housing for essential workers, will remain critical.

Sustained investment in both attracting and retaining workers in the housing and homelessness sector will remain a priority, particularly as these workers face overwhelming demand from people presenting with increasingly complex needs.

3. Opportunities and challenges

The seven workforce challenges identified for the care and support sectors

Labour force shortages

Skills gaps

Training and qualification issues

Limited career pathways

Lack of diversity and inclusion

Data deficiencies

Policy and regulatory settings

3.1 Labour force shortages

Workforce shortages, lack of professional development opportunities, and limited career progression pose challenges across all subsectors within human (community) services.

The vacancy level for Welfare Support Workers was 1,367 jobs, with a further 113 vacant positions for Health and Welfare Service Managers.[67] Over the next decade, these occupations are projected to experience continued steady growth: nearly 18.7% (17,000 workers) for Welfare Support Workers and 31.7% (13,600 workers) for Health and Welfare Service Managers.[68]

Vacancy data may underrepresent the true extent of demand in welfare support roles because positions are not always advertised online, especially in smaller organisations or regional areas. Even when roles are advertised, they may attract few suitably qualified applicants or reflect ongoing recruitment churn, where high turnover means managers are constantly rehiring for the same roles. As a result, reported vacancy levels may appear low even where there is ongoing recruitment activity or persistent unmet demand for workers on the ground.[69]

Stakeholders in the human (community) services sector consistently highlight that, whilst attracting new workers into the sector is important, there is also a critical need for retention strategies to support the existing workforce to stay in the sector.

In addition to low pay as a reported reason for changing roles, high turnover was also linked to short-term contracts, the cumulative effects of lack of funding for supervision and mentoring, and vicarious trauma and emotional strain. Workers have also described the challenge of meeting growing demand without adequate resources, which makes it difficult to achieve meaningful outcomes – for example, housing workers unable to find accommodation for those in need. These factors impact on workforce retention.[70]

A 2023 national community sector survey reported that some organisations had lost staff due to wages being insufficient to support workers with dependents or a mortgage. In some cases, staff themselves experienced homelessness. Workers were reported to be leaving for better paid roles in health, public service and even truck driving, where wages were significantly higher.[71]

It is difficult to uncouple labour force shortages from the funding challenges the sector has highlighted to government for years. In the Australian Council of Social Service 2023 community sector survey, when staff were asked why they were leaving their current role they cited pay, that their contract was ending, and that they were hoping to find a new role in the sector.[72]

Stakeholder feedback provided in submissions to the Department of Social Services consultation, which ultimately informed the Community Sector Grants Engagement Framework, includes:

Short-term funding cycles, minimal indexation, and inadequate grant amounts have long undermined the stability of the community sector workforce. As highlighted by the Australian Services Union in its submission to the Department of Social Services, these funding arrangements often result in insecure employment contracts and below-award wages, making it difficult for organisations to attract and retain qualified staff.[73]

The consequences are significant: high staff turnover, burnout, and the departure of committed workers who are unable to sustain careers under such conditions. A report by ACOSS further reinforces this picture, noting that staff shortages are now a major operational concern for many organisations, directly affecting service delivery capacity.[74]

In addition to insecure employment, the lack of funding for professional development, supervision, and mentoring – critical elements for workforce sustainability – was also raised through DSS consultations on strengthening the community sector.[75] These findings signal the ongoing structural reform in the way community services are funded and supported.[76]

Funding and indexation are discussed further under policy and regulatory settings.

3.2 Skills shortages and gaps

The JSA Occupation Shortage List shows national shortages mainly for psychologists and social workers, and location-based shortages in the Northern Territory across most occupation groups.[77] But this doesn't reflect the full picture. High turnover, limited supervision, and unmet training needs are affecting workforce capability across a broader range of roles, especially where specialist skills and mentoring are required.

Stakeholders have consistently highlighted that the rising demand and increasing complexity of support needs are driving a growing need for workers with more diverse skills and specialised training.

Structured supervision is a foundational element across the human (community) services sector, designed to support workers in managing the emotional and psychological demands of their roles. This is especially critical for the lived and living experience workforce, who often navigate complex personal and professional boundaries.

Reflective supervision, in particular, provides a dedicated space for practitioners to process their experiences, enhance their skills, and maintain emotional wellbeing. Research indicates that this form of supervision not only mitigates burnout and compassion fatigue, but also improves staff retention, professional practice, and worker satisfaction.[78]

However, the intersection of workforce shortages and rising service demand continues to undermine the consistent provision of high-quality supervision. Without adequate supervisory support, workers are more vulnerable to stress and burnout, creating a cycle of attrition that further strains the sector. Addressing this requires systemic investment in supervision infrastructure, including training for supervisors, protected time for reflective practice, and organisational cultures that prioritise staff wellbeing.[79]

Noting feedback in our own consultations and findings in the national priorities in the section above, there is a need for skills and training for specialised workforces and across mainstream services, such as:

- Cultural awareness and appropriateness
- Responsive and safe care of LGBTIQA+ people[80]
- Supervision and reflective practice
- Trauma informed care
- Understanding of the drivers of family, domestic and sexual violence against women (including non-physical forms of violence)

Structured supervision is a foundational element across the human (community) services sector, designed to support workers in managing the emotional and psychological demands of their roles.

3.3 Training and qualifications

HumanAbility has two training package reviews underway relevant to human (community) services roles, to bring them in line with contemporary skills and knowledge requirements.

These reviews are also an opportunity to respond, where appropriate, to workforce up-skilling needs that are associated with a range of recent government plans, strategies and initiatives such as the Intergenerational Report 2023,[81] the Australian Department of Social Services National Plan to Prevent Violence Against Women and Children[82] and the Australian Government's reforms associated with the care and support economy.[83]

Stakeholders consistently highlight the need for training to address emerging issues such as the need for trauma-informed care, cultural competence and person-centred approaches, along with skills in collaboration and co-design with service users. The distinction in training needs for mainstream services and specialist workforces has also been highlighted in stakeholder consultation.

In a sector challenged by workforce retention issues, stakeholders highlight the need for training and professional development opportunities beyond entry or early career level. Up-skilling of the existing workforce also needs to be responsive to the increasing use of inter-disciplinary teams to provide holistic and personal care. This would enable specialisation, open up more career paths, and support worker retention.[84]

Stakeholders recognise work placement as an essential component of any qualification leading to employment outcomes in the community service sector. However, there are a range of barriers (discussed in the CHC Community Services Qualification Review Functional Analysis), some unique to the human (community) services sector, that require further consideration to assess the adequacy of practical work placement across these qualifications.

HumanAbility's Earn While You Learn research project, which commenced in May 2025, will include consultation and consideration of placements and placement poverty.

The CHC Case Management project was a fast-track project undertaken in late 2024. This project was completed in response to stakeholder concerns that the mandating of 100 hours of independent work placement in the unit of *CHCCM013 Facilitate and review case management* was contrary to some state regulations.

The consultation process provided valuable insights into the challenges associated with *CHCCSM013 Facilitate and review case management* as a core unit in the three identified diploma qualifications. Stakeholder feedback strongly supported Option 2 – removing the 100-hour work placement requirement while maintaining rigorous assessment conditions through simulation. This approach addresses regulatory barriers while ensuring students gain essential case management skills in a controlled learning environment.[85]

CHC Community Services: Qualification Review

The review will ensure training products address emerging approaches such as trauma-informed care, cultural competence and person-centred practice, along with skills in collaboration and co-design with service users.

Project scope: This project will review five qualifications and 194 units of competency that support training for the following occupations:

- Case manager
- Community services coordinator
- Home helper
- Personal care assistant
- Support worker
- Team leader
- Welfare services manager

HumanAbility review of the CHC Mental Health and Alcohol and Other Drugs qualifications

The sector faces challenges in service delivery due to outdated training products as concepts and practices have emerged or been developed since 2015. The full extent of these changes will be investigated within the project, and feedback from stakeholders will inform whether and how they are incorporated into the qualifications and units.

Project Scope: This is an 18-month project that will review five qualifications, seven skill sets and 41 units of competency. The training products will support a range of occupations including:

- Mental health support worker
- Mental health outreach worker
- Alcohol and other drugs community rehabilitation worker
- Drug and alcohol community support worker
- Youth alcohol and other drugs worker
- Community rehabilitation worker
- Community rehabilitation and support worker
- Outreach officer
- Assistant community services worker
- Assistant community health worker

3.4 Career pathways

Career progression in the community services sector is shaped by systemic factors including funding models, regulatory structures, and fragmented qualification pathways. Many roles lack clear advancement opportunities, and access to mentoring or supervision is often limited. Only 20% of organisations report that their main funding source covers the full cost of service delivery, constraining investment in staff development.[86] The role of supervision is further discussed in section 3.2.

National policies highlight the importance of upskilling, yet implementation remains uneven. The *Jobs and Skills Report 2024*[87] calls for stronger pathways from entry-level qualifications to long-term development, but many workers, particularly migrants, face persistent barriers to progression.[88]

Promising practices include:

- Place-based employment pathways – aligning local training, jobs and support.[89]
- Supportive supervision and mentoring – linked to higher retention and capability.[90]
- Embedding professional development in funding – requiring that funded organisations incorporate structured training, supervision and development planning into workforce models.[91]
- Standardised progression models – clarifying advancement across roles and sectors.[92]

3.5 Diversity and inclusivity

Workers in the sector frequently support individuals and communities facing significant disadvantage, including people experiencing health issues, financial hardship, homelessness, and complex and inter-generational trauma. This includes people from low socio-economic backgrounds, Aboriginal and Torres Strait Islander communities, and culturally and linguistically diverse populations, and families with a history of child protection involvement.

To provide effective and equitable services, workforce strategies must actively promote cultural safety, inclusion, and diversity. This includes the recruitment and retention of staff from a broad range of cultural, linguistic, and lived experience backgrounds. A more diverse workforce strengthens cultural competence, improves service quality and trust, and enhances an organisation's ability to respond to the complex and varied needs of the communities it serves – particularly Aboriginal and Torres Strait Islander peoples and those from CALD backgrounds.

3.6 Data and evidence

As discussed earlier in this sector profile, there are limitations posed by the level of granularity or relevance of the ANZSCO codes at the occupational level in human (community) services. Job titles and job functions vary across the sector and therefore don't always reflect a person's specific occupation or area of expertise.

Changes introduced with the release of the OSCA in December 2024 will go some way towards addressing this: for example, Health and Welfare Support Workers and Carers has been reorganised into four sub-major groups, providing a more accurate reflection of workers' roles in the health and social assistance sector.

However, data remains a challenge. Health and human services data cannot be easily disaggregated, and several sub-sectors lack national-level workforce datasets. For instance, there are currently no national workforce datasets for Mental Health or Alcohol and Other Drug services, other than state and territory-level data sources. There are a range of sub-sectors that don't have national level data sets reflecting the size and shape of their work-forces.

HumanAbility's 'data and evidence gaps research project' will consider human (community) services within its scope. Once an initial gap analysis is completed, it will inform strategies for addressing data and evidence shortfalls. HumanAbility is also engaging with relevant Commonwealth departments to identify existing datasets that can be aggregated from state and territory jurisdictions and to determine where gaps remain.

3.7 Policy and regulatory settings

As discussed above, there are many intersections between subsectors within human (community) services. People who access services frequently experience multiple axes and complexities of need that might span alcohol and other drugs, housing and homelessness, mental health, family and domestic violence and/or the criminal justice system. This complexity can pose challenges for workers in a single service stream, as they may feel under-prepared or unsupported in responding to the breadth of needs presented by service users.

Research highlights that without integrated or multidisciplinary approaches, this can result in staff feeling overwhelmed and unable to deliver effective, person centred care. For example, the Australian Housing and Urban Research Institute (AHURI) notes that the work undertaken within the Specialist Homelessness Services (SHS) sector is increasingly complex and places high demands on staff, presenting challenges with respect to meeting the physical and psychological needs of staff.[93] Similarly, the Australian Institute of Family Studies (AIFS) emphasises the importance of integrated, trauma-informed care approaches for those working with individuals from refugee backgrounds to address women's experiences of intimate partner violence.[94]

The findings have important implications for policy and regulation. They point to the need for system-level support for more integrated service models and multi-disciplinary team-based approaches. This may include polices that support co-location of services, shared training and supervision frameworks, flexible funding arrangements, and work force planning mechanisms that acknowledge and support cross-sector capability.

Regulatory frameworks and policies can limit collaboration across sectors through rigid funding rules, privacy laws, and narrow service definitions. Reviewing and redesigning these settings toward more flexible, place-based, and outcomes-focused models can support multidisciplinary teams, improve information sharing, and enable integrated, person-centred care. Consistent with recent calls for reform, governments can also incentivise collaboration by rewarding services that build trusted relationships and work together rather than compete.[95]

As each global or national crisis unfolds, the human (community) services sector delivers the essential frontline support that individuals and communities rely on. The compounding impacts of the COVID-19 pandemic, extreme weather events, and the rising cost of living are affecting more people, more frequently – and often simultaneously – placing extraordinary pressure on providers and the workforce.

"In 'normal' times', the community sector acts as mitigator of the worst of events. But we are no longer in an era of traditional normalcy. Community organisations were there first during the catastrophic 2019/20 bushfires to help communities rebuild and recover, and again during the series of devastating floods over the past several years. The community sector was the frontline response during the COVID-19 pandemic. Now, as cost of living causes increased financial distress, housing options dwindle and disasters become a year-round challenge, the community sector is first there again."[96]

However, as the sector takes on more responsibility, many organisations are operating with inadequate and insecure funding arrangements.[97] Stakeholders consistently report that workforce pressures – unmet demand, staff shortages, and burnout – are compounded by short-term funding cycles and limited flexibility to respond to changing needs.

Recent announcements, such as the development of a Community Sector Grants Engagement Framework[98] and the recommendations of the Not-for-profit Sector Development Blueprint,[99] have been welcomed as promising steps. If implemented effectively, they offer the potential for more transparent and predictable indexation processes, which are critical to planning and sustainability.

Ultimately, improving sector funding and contractual arrangements is key to enabling better pay, improved conditions and contract certainty for the workforce. These are fundamental to retaining skilled staff and ensuring the sector remains equipped to meet growing sector demand.

4. Roadmap

Industry sector	Initiative	Challenges addressed
Human (community services)	**Review and update the *CHC Community Services qualifications*** **Status:** Underway **Overview:** A functional analysis of the community services sector was undertaken to provide a clear and detailed overview of the diverse roles, functions and skills required. Public consultation on the draft revised training products was held from April to July 2025. **Timing:** Late 2024 – Feb 2026	
Human (community services)	**Review *CHC Mental Health and Alcohol and other Drugs* qualifications** **Status:** Underway **Overview:** A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions, and skills required in the mental health and alcohol and other drugs sector. Public consultation on the draft revised training products were held from April to July 2025. **Timing:** Late 2024 – Feb 2026	

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
Human (community services)	**Review of the CHCCSM013 Facilitate and review case management unit of competency** The CHCCSM013 Facilitate and review case management unit of competency requires 100 hours of independent work placement; however, some states cannot provide these placements due to regulations. This project reviewed whether the unit should be moved to the elective banks for: • CHC50321 Diploma of Child, Youth and Family Intervention • CHC52021 Diploma of Community Services • CHC50421 Diploma of Youth Work **Status:** Underway **Timing:** Completed June 2025		
Human (community services)	**Engage with peer and lived experience experts and the sector** To strengthen the lived experience workforce considering skills and training needs of the sector's broader workforce. • Related to supervision roles more specifically. • To manage and prevent burnout of lived experience experts. Establishment of a lived experience and peer group committee. **Responsibility:** HumanAbility		

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
Human (community services)	**Understanding retention issues** Engagement with industry to understand barriers and opportunities to support the existing workforce and their retention in the sector. **Responsibility:** HumanAbility	
Human (community services)	**Understanding job roles** Deeper engagement with industry to understand the changing nature of job roles in the community sector and how this relates to qualifications and skills needed. **Responsibility:** HumanAbility	
Human (community services)	**Review CHC Career Development and Employment Services Qualifications** Qualifications in scope: • CHC41215 Certificate IV in Career Development • CHC81315 Graduate Certificate in Career Development Practice • CHC41115 Certificate IV in Employment Services **Status:** Activity Submission in May 2025. **Timing:** 15-month duration, to commence August 2025 (subject to approval)	

 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
Human (community services)	**Active Volunteering Qualifications** Qualifications in scope: • CHC14015 Certificate I in Active Volunteering • CHC24015 Certificate II in Active Volunteering • CHC34015 Certificate III in Active Volunteering • CHC44015 Certificate IV in Coordination of volunteer programs **Status:** Activity Submission in November 2025 **Timing:** 12-month duration, to commence January 2026 (subject to approval)	Labour force shortages · Skills gaps · Training and qualification issues
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	Labour force shortages · Data deficiencies · Policy and regulatory settings
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	Labour force shortages · Skills gaps · Limited career pathways · Lack of diversity and inclusion
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	Policy and regulatory settings

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	**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		(icons: labour force shortages, policy and regulatory settings)
Cross-sectoral	**Worker Registration** Host a stakeholder webinar or event considering registration scheme models. **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. **Responsibility:** HumanAbility		(icons: training and qualification issues, policy and regulatory settings)
Cross-sectoral	**Inclusion and Diversity** **Issues paper:** Understanding the changing demographics of the Care and Support Workforce. Lived and living experience and peer workforce engagement Host lived experience consultations (disability, community services). Establish a lived experience and peer group committee. **Responsibility:** HumanAbility		(icons: labour force shortages, lack of diversity and inclusion)

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	**Technology and Artificial Intelligence** **Targeted engagement:** Technology, AI and the Care and Support Workforce Discussion paper: For example: Augmentation of the care and support workforce, worker pipelines into care and support. Collaboration with Future Skills Organisation (FSO) on their Digital Skills project. **Responsibility:** HumanAbility	🧩 🎓 ✏️
Cross-sectoral	**Research the drivers of low completion rates in key qualifications** **Status:** Commenced June 2025 **Overview:** This project will examine qualification completion rates in our sectors and subsectors; 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. **Timing:** 2025–2026	👤 🧩 🎓 🔍

👤 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	**Microcredentials: Examining the current use of shorter forms of training to support future guidance of skills development in the care and support sectors**		
	Improve access to an increasing range of microcredentials for educators and teachers in areas of identified need.		
	Status: Commencing mid-2025		
	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.		
	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.		
	Together, this provides practical tools and advice for employers, learners and peak bodies.		
	Timing: To be completed by the end of 2027.		

 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	**Earn While You Learn (EWYL) models** **Status:** Launched June 2025 **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. 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. **Timing:** 2025–2026	🧍 🧩 🎓
Cross-sectoral	**VET Care and Support Workforce research** **Status:** Underway **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. Stage two of this research will investigate sector-specific challenges and issues, while stage three will investigate and support industryled solutions to these challenges. **Timing:** 2024–2026	🧍 🧩 ⬡!

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

Data and Evidence Gaps research

Status: Commencing 2025

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.

Timing: Commencing 2025

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.

Labour force shortages

Skills gaps

Training and qualification issues

Limited career pathways
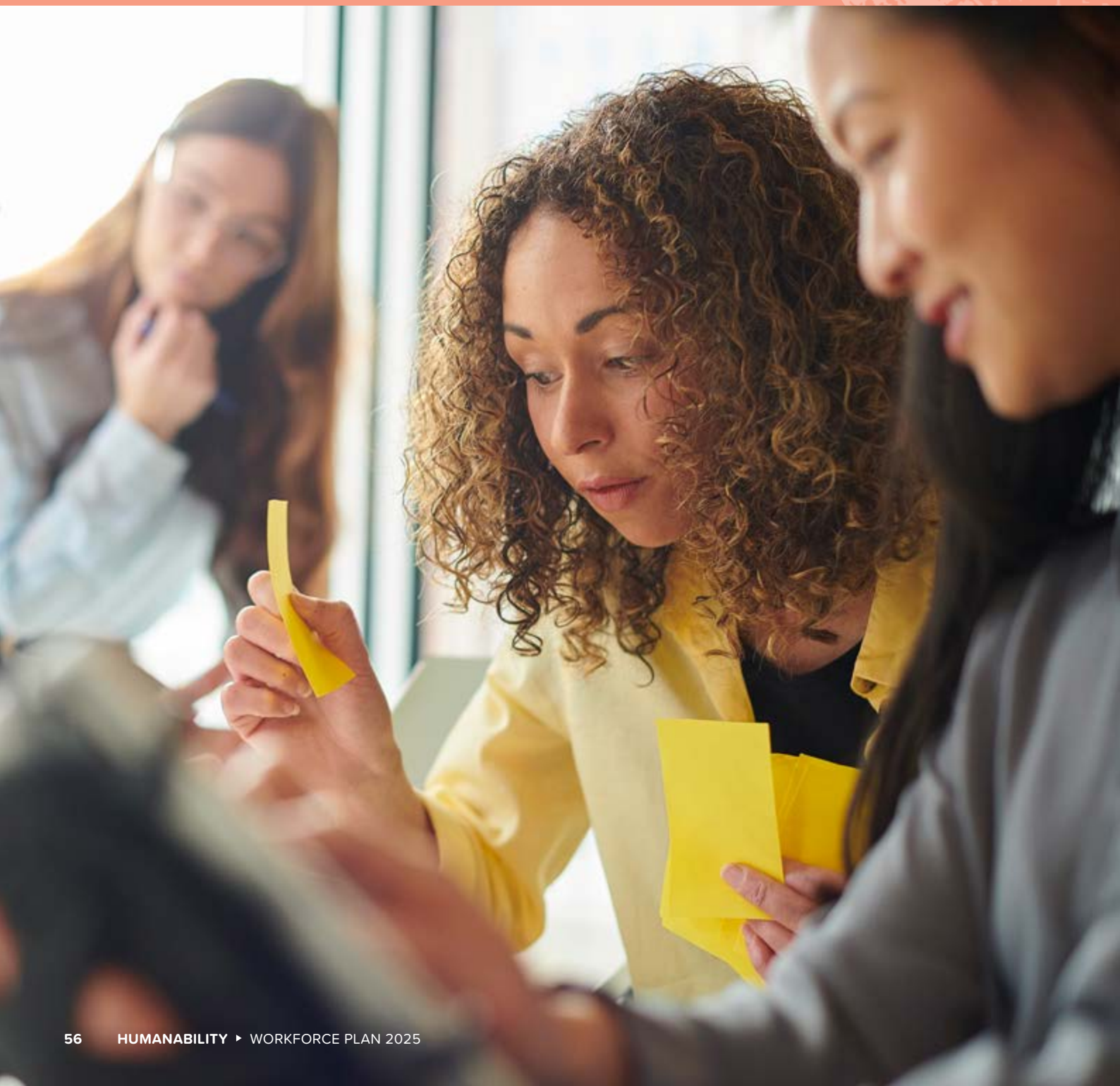
Lack of diversity and inclusion

Data deficiencies

Policy and regulatory settings

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