



HumanAbility

Workforce Plan 2025





Acknowledgement of Country

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





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Contents

Message from the CEO	4	Aged care and disability services	62
Executive Summary	6	1. Sector profile	63
Sector snapshots	8	2. Government and reform initiatives	92
Stakeholders and Consultations	10	3. Opportunities and challenges	101
2025 context	12	4. Roadmap	112
This vital workforce has many distinctive features	14	Children's education and care	120
Trends and insights	16	1. Sector profile	121
Ageing population	17	2. Government and reform initiatives	146
Critical but undervalued workforces	17	3. Opportunities and challenges	153
First Nations health and wellbeing, care models and workforce	18	4. Roadmap	174
Technological change and artificial intelligence	19	Health	184
Workforce safety	20	1. Sector profile	185
A dynamic policy and regulatory context	21	2. Government and Reform initiatives	230
Migration	22	3. Opportunities and challenges	237
Housing and transport shortages and inequities	22	4. Roadmap	246
Productivity	22	Human (community) services	258
Government reform and priorities – care and support	24	1. Sector profile	259
Reform priorities in care and support framing our work in 2025	26	2. Government and Reform initiatives	291
Progress snapshot	32	3. Opportunities and challenges	293
Progress on opportunities and challenges for workforce planning	37	4. Roadmap	304
A Roadmap for 2025–2026	40	Sport and recreation	314
		1. Sector profile	315
		2. Government and Reform Initiatives	335
		3. Opportunities and challenges	339
		4. Roadmap	350
		References	356

Message from the CEO

Together the industries within HumanAbility's remit – aged care and disability, children's education and care, health, human (community) services and sport and recreation – form a critical ecosystem that underpins every community, in every corner of Australia.

These industries are experiencing unprecedented growth and are critical to the education, health and wellbeing of every Australian. They ensure the opportunity for all Australians to participate – in the workforce, in their communities and in optimising health and wellbeing outcomes.

We see this increasingly reflected in key priorities and investment by Government. We welcome this and understand that there is still much work to do.

In this context, I am delighted to deliver our 2025 Workforce Plan.

Workforce planning for the largest and fastest-growing part of the Australian economy is evolving and necessarily iterative. This year's plan builds on the Workforce Plan we delivered in November 2024. It incorporates stakeholder insights from more than 13 training package reviews and three projects commenced in the last 12 months, as well as the rich insights shared with us during our visits to every state and territory, from the members of our Industry Advisory Committees (IACs) and in various on-line and other forums.

The initiatives set out in the roadmap are the beginning of the contribution HumanAbility is making to strengthening the skills, training and sustainability of the aged care, disability, children's education and care, health, human (community) services and sport and recreation workforces.

We look forward to delivering on this and continuing to strengthen it with your insights and input.

Thank you for your generosity in informing the 2025 Workforce Plan. I look forward to continuing to work with all our stakeholders – employers, unions, government, training providers, peaks and people with lived or living experience – as we continue to work together to optimise the outcomes for the sectors we represent, and in doing so, the outcomes for all Australians.

Emma King OAM





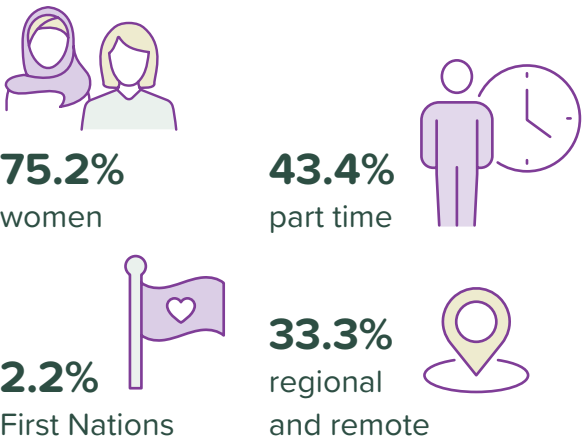
Executive Summary

The industries in HumanAbility’s remit, which provide care and support to Australians across all stages of life, together employ around 20 per cent of the national workforce – over 3.2 million people.

These industries – aged care and disability services, children’s education and care, health and human (community) services, and sport and recreation – are foundational to the wellbeing of individuals, families and communities, and to the economy as a whole.

The fastest-growing part of the Australian economy, care and support industries are conservatively projected to see employment growth of 21.02% by 2034.

Across all industries, the care and support workforces comprise:



The factors driving this growth can be viewed on a macro societal level, but they are also personal and deeply felt: lived experiences for people at a range of life stages.

Factors like a greater complexity of care needs, the increasing shift to home-based care amongst an ageing population, more need for and use of early childhood education and out-of-school-hours care services, and growing numbers of people engaging in fitness and recreation activities for physical and mental health benefits.

These drivers come with both challenges and opportunities for our communities, and for the workforces who support them.

An appropriate reform and regulatory environment for this broad and vital sector will be commensurately complex and sustained. Long-term reforms at Commonwealth and state/territory levels are continuing to shape the regulatory background of workforce planning, skills and training through mechanisms including the Aged Care Act, new or evolving regulation schemes, greater investment into the safety of children and workers in education and care settings, and greater recognition of the allied health assistance workforce.

There are also significant legislative and reform priorities that are not directly related to our sector but will change the landscape for our workforces and communities. These include the push for affordable housing and transport for essential workers, especially around major events like the Brisbane 2032 Olympic and Paralympic Games.

Across the scope of the 2025 Workforce Plan, we take stock of what this complex environment means for the current and future training needs of our workforces. Associated with the broad, systemic pressures impacting the care and support sector, there are cross-sectoral challenges being felt by all the workforces in HumanAbility's remit.

Within the context of the reform landscape touched on above, these big-picture issues remain the focus of HumanAbility's work.

Broadly, they are:

1. Addressing labour shortages,
2. Addressing skills gaps and shortages,
3. Providing training and qualifications that meet industry and student needs,
4. Enabling clear and accessible pathways,
5. Building a more diverse and inclusive workforce,
6. Building the data and evidence base, and
7. Getting policy and regulatory settings right.

While all these issues are long-term, they are affected by the specific, evolving contemporary context. In 2025–26, relevant trends and social conditions include the rapidly growing AI and technology sectors, Australia's changing migration profile, and the national productivity agenda.

And while the underlying issues are cross-sectoral, they are inflected and experienced differently in different workforce contexts. To build the skilled, equipped and agile workforces that can provide best outcomes for Australians, we need to understand how a complex set of variables is playing out on the ground in different settings.

The tripartite engagement that informs this Workforce Plan and all HumanAbility's work – engagement with industry (workers and leaders), training institutions and governments – underlies our recommendations for each part of the sector.

In 2024–25 we have continued to visit every state and territory as part of our regular engagement and qualification review consultations, as well as attending and speaking at conferences and meeting with industry.

We are proud to be working closely with the two established TAFE Centres of Excellence in Queensland and South Australia and look forward to engaging with the several others recently announced. Through our industry engagement we are committed to ensuring strong lived experience representation in our work, and we also continue to broaden and strengthen our engagement with unions.

Built on this broad and deep engagement, our recommendations for each part of the sector are honed and concrete. It is vital that we get industry-specific settings right to enhance workforce attraction, retention, training and career pathways. High-level snapshots of how we can optimise outcomes, presented below, are explored in much more detail in the sector profiles.

Getting these settings right will flow on to community wellbeing and Australia's overall productivity, now and for future generations. Because unlike other sectors, in which changing technological and social conditions will radically alter and in some cases abrogate their primary functions, the need for skilled and equipped care and support workforces will only grow.

If properly valued and supported, our vital sector can be the cornerstone of a strong, healthy and humane society: one in which all Australians can get the care and support their need.

Sector snapshots

Aged care and disability services



Aged and Disabled Carers is the largest occupation group across both aged care and disability services, employing 360,600 workers as of February 2025.



Reform areas include implementation of the Aged Care Act and design of a worker registration scheme for personal care workers.



Top-line HumanAbility initiatives include a review of the Certificate III in Individual Support and Certificate IV in Aged Care, and research into Earn While You Learn models.

Children's education and care



The children's education and care (CEC) sector employs 920,400 people, including in school teaching and leadership roles (beyond HumanAbility's remit). This is projected to grow to 963,000 by 2034.



Reform areas include implementing recommendations of the Jobs and Skills Australia Early Childhood Capacity Study, and ongoing work on child safety standards and wage rises.



Top-line HumanAbility initiatives include a review of the Certificate III in Children's Education and Care.

Health



The health and human service sector employs 1,290,300 people. This number is projected to grow to 1,432,700 by 2029.



Reform areas include progressing recommendations of the Independent Review of Australia's Regulatory Settings relating to overseas health practitioners 2023 (the Kruk Review), supporting the workforce to work to their full scope of practice, and building the evidence base for improved recognition of the Allied Health Assistant workforce.



Top-line HumanAbility initiatives include reviews of four qualifications.

Human (community) services



Key occupations within this sector, by number of employed workers in February 2025, include Welfare Support Workers (95,500), Social Workers (47,700), and Welfare, Recreation and Community Arts Workers (40,700).



Reform areas include the National Mental Health Workforce Strategy and the National Agreement on Social Housing and Homelessness.



Top-line HumanAbility initiatives include review of the Certificate III in Community Services, establishment of a lived experience and peer group committee, and consideration of sectoral data gaps.

Sport and recreation



Key sports and recreation occupations in HumanAbility's scope employ over 210,000 people.

The Olympic and Paralympic Games in Brisbane in 2032 will create a surge workforce of over 90,000 jobs in Queensland and 123,000 jobs in Australia.



Reform areas include the National Preventative Health Strategy 2021–2030 and the National Sport Strategy 2024–2034.



Top-line HumanAbility initiatives include contributing towards achievement of the priorities of the National Sport Strategy and a review of Outdoor Recreation and Leadership qualifications.

Stakeholders and Consultations

HumanAbility's mission is to lead and contribute to the realisation of skilled, sustainable workforces that respond to the needs of Australia's care and support sectors, through a strategic focus on industry stewardship, collaboration and evidence-informed reform.



Proudly industry owned and led, we work collaboratively with governments, employers, unions and training bodies, to understand the critical workforce issues, and to articulate critical workforce priorities for the future.

We undertake extensive consultation and engagement to help fulfil this role, and ensure this activity is broad and deep. We pay attention to distinctions in rural and regional experiences and take steps to understand the diversity of our population, prioritising engagement with First Nations stakeholders, and taking steps to understand and assess lived and living experience in relation to the care and support sectors.

This Workforce Plan draws on significant data gathered throughout our National Forums and State and Territory Roadshows, conducted throughout 2024¹, and more than 120 consultations across Australia over the last 12 months – conducted as part of HumanAbility’s broader projects. This includes targeted engagement on priority reform areas, including worker registration schemes and responses to the Productivity Commission’s inquiry into quality care.

These have helped shaped the detail, priorities and proposed future work set out in this Workforce Plan.

We are building and sustaining our ongoing partnerships to cement our knowledge and expertise, such as through ongoing dialogue and, with HumanAbility’s Industry Advisory Committees, Australian Government departments, and regular engagement with unions.

We also engage regularly in various, national, state and territory forums in all the sectors we represent. This includes our role in chairing the NDIS Workforce Industry Reference Committee, sponsored by the Minister for Early Childhood Education, membership on the Aged Care Workforce Committee, and engagement in various state-based Industry Reference Groups

We collaborate with other Jobs and Skills Councils (JSCs) through the VET Workforce Research Project, development of shared messaging, digital engagement strategies, and where appropriate, joint submissions to government consultations.

The ‘Reform Areas Framing Our Work’ and ‘Roadmap’ sections provide more detail on these areas and how we will continue to seek insights from our stakeholders and consumers to inform our analysis.



We work collaboratively to understand critical workforce issues and articulate priorities for the future.

2025 context

Never before have so many Australians worked in, or received services from, the care and support sectors. The sectors in HumanAbility's scope – aged care and disability support, children's education and care, health, human (community) services, and sport and recreation – together represent the largest employing industry in the country. As of November 2024, a total of 3.22 million people worked in these sectors – almost one in five workers.²

A skilled, supported and valued workforce is the foundation of quality and sustainable services. The people who constitute this workforce make a meaningful difference to Australians across their lives. They educate the next generation, provide the support for people with a disability to live independently, care for older people, and intervene when Australians experience crises such as family violence, homelessness, and mental health challenges. They also help to ensure that people can access the health and wellbeing measures and community connections that serve a protective and preventative function, assisting everyone to live active, healthy lives.

Demand for these workers and services has risen quickly over the last 10 to 15 years and continues to grow at pace. The care and support economy is the largest and fastest-growing part of the Australian economy. One in three industries predicted to experience rapid employment growth and demand for skills is in these sectors.³ Vacancy rates for some roles – such as early childhood educators and teachers – is in the double digits, and a conservative estimate of overall projected employment growth in the health care and social assistance sectors is 21.02% by May 2034.⁴

Many factors contribute to this growth, including major reforms and investments, megatrends shaping Australia's economy – such as an ageing and increasingly diverse population⁵ – and a growing understanding of the critical importance of preventative health measures and care and support that is high quality (as well as accessible, effective and efficient), as demonstrated by recent inquiries and research.⁶

The extraordinary growth in demand for care and support services underscores the vital importance of these sectors to the wellbeing and prosperity of Australia's individuals, families and communities, and the nation as a whole.

Meeting this growth in demand requires investment in the workforce. This includes expanding the workforce through newly qualified staff, retaining staff across Australia, and ensuring that workers in all roles, at all career stages and across service settings, have the skills and support needed to deliver the best care and support to those they serve.

Drivers of demand

1,491,240

children

attended Child Care Subsidy (CCS) eligible services in the 2024 reference week, an increase of **37,785** since 2021⁷



The number of people using home care

increased from **71,900 to 275,000** between 2017 and 2024⁸

The number of active participants in the NDIS has grown from

466,619

in 2021 to

661,267

in 2024, an

increase of

42%⁹



Weekly sport and recreation participation has **increased from**



69.4%

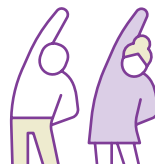
of Australians

in 2010 to

78.7%

in 2023¹⁰

Between 2017–18 and 2023–24, the proportion of people who attended an allied health service **rose from 36.7% to 38.8%**



Between 2017–18 and 2023–24, the proportion who attended Nursing and Aboriginal and Torres Strait Islander health worker services **increased from 6.4% to 6.9%**¹¹



The proportion of people who reported having accessed support from a mental health professional **more than doubled between 2009 and 2021**¹²

The number of people who received treatment from publicly funded alcohol and other drug treatment agencies

grew by 15% between 2013–14 and 2023–24¹³



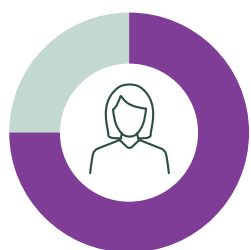
This vital workforce has many distinctive features

Care and support workers are mostly women. Findings from across the broader care and support workforce and within the various sectors covered by HumanAbility show individuals in these sectors are more likely than other workers to:

- be in precarious work¹⁴
- earn lower-than-average wages (including relative to their levels of qualification)¹⁵
- suffer injuries at work¹⁶
- have lower superannuation balances.¹⁷

With some exceptions, such as in children's education and care and sport and recreation, the workforce tends to be an average age of 40 or older.

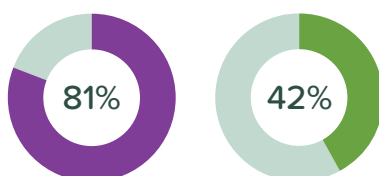
The **combined care and support workforce** is comprised of **75% female workers,**



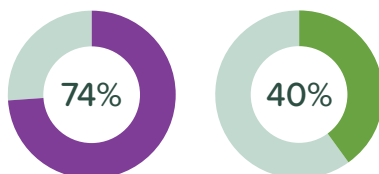
with **43% of the workforce in part-time roles**^{18 19}



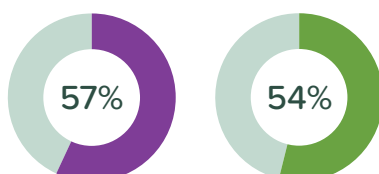
Children's education and care: 81% female and 42% part time



Health: 74% female and 40% part time



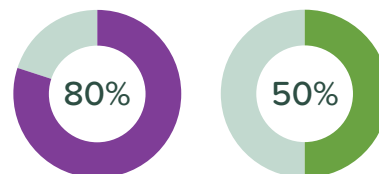
Sport and recreation: 57% female and 54% part time



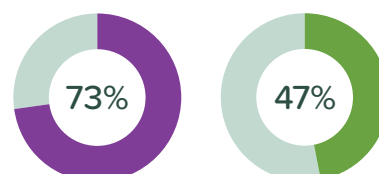
Residential aged care services: 80% female and 50% part time



Other residential care: 80% female and 50% part time



Other social assistance: 73% women and 47% part time



The care and support workforce is becoming more diverse.

There is a growing number of people from culturally and linguistically diverse backgrounds (first, second and later generation migrants)²⁰ and people with lived experience (for example, of trauma or disability),²¹ as well as consumers and peer workers. The number of First Nations people entering the care and support workforce is also increasing, although the proportion relative to per capita representation in the wider community varies across sectors, regions and employers.²²

Opportunities remain to strengthen cultural responsiveness at every stage of the career pipeline across HumanAbility's sectors, including in the VET workforce that supports these workforces.²³

Countries across the world are actively competing for skilled labour, including in the care and support sectors.

Migration plays a significant role in supplying the workforces under HumanAbility's remit: between 2011 and 2016 the proportion of migrant workers in the non-professional care workforce (including roles such as child carers, personal care assistants, and aged and disability carers) grew from 31.2% to 37.1%.²⁴ Various visa categories, long- and short-term, to fill critical labour force shortages, especially in outer regional areas. For many workers and services, this has been highly successful. However, not all new workers from overseas are provided with the necessary supports and respect (including in financial terms) they need and deserve for their important work.²⁵

Australia is currently experiencing its highest levels of net migration since the 1950s, driven by economic growth and active migration policy settings.²⁶ In response to critical workforce shortages – particularly in the health and care sectors – the Australian Government has

introduced measures to improve international recruitment, including streamlined visa processing and fast-tracked recognition of overseas qualifications. Global competition for skilled health and care professionals is intensifying as countries seek to address domestic workforce gaps. Australia remains a leading destination due to its economic and political stability, career opportunities, and comparatively high incomes. These advantages put Australia in a strong position but also underscore the need for long-term retention strategies and adequate support for migrant workers once they enter the workforce.²⁷

Research shows that migrant women in Australia often face underemployment and significant barriers to working in roles that match their skills and qualifications. This is particularly evident in the health care and social assistance sector, which employs a high proportion of migrant workers.²⁸ Contributing factors include language barriers and limited access to professional networks.²⁹ Migrant women are also less likely to have their international qualifications recognised, which reduces their chances of securing jobs commensurate with their experience and education.³⁰

As a result, many migrant women accept roles below their skill levels, particularly in health, aged care, and disability services. This mismatch reduces job satisfaction, limits earning potential, and results in underutilisation of skills – a productivity loss for the sector and the broader economy.³¹ Over time, this contributes to de-skilling, as workers are not engaged in roles that maintain or build on their professional competencies. These challenges are further compounded by limited access to bridging programs, supervision, and structured pathways to recognise prior learning and experience.³²

Trends and insights

HumanAbility's 2024 Workforce Plan discussed in detail trends and insights – global and national – that are impacting on the care and support economy. These are briefly summarised below.





Ageing population

Australia's ageing population is placing significant pressure on the care and support workforce needed and the skills and training required. This demographic shift also places a greater importance on the benefit of physical activity. An older community that is more active, healthier and independent for longer reduces pressure on both the health and aged care systems.

The ageing nature of Australia's population is also contributing to the changing shape of the current workforce, with several parts of the workforce skewing older. This gives rise to a need to develop strategies to ensure a sustainable care and support workforce now and in the years to come.³³

Critical but undervalued workforces

The highly feminised care and support sector is undervalued and pay and conditions do not reflect the level of demand on workers, nor the value of the work.

Recent decisions by the Fair Work Commission and in a range of state and national industrial cases will result in increased pay and improved conditions – a critical improvement in recognising the value of the sector workforce. (See policy issues framing our work for more detail.)

The highly feminised care and support sector is undervalued and pay and conditions do not reflect the level of demand on workers, nor the value of the work.



First Nations health and wellbeing, care models and workforce

Acknowledging culture is fundamental to the health, wellbeing and life outcomes of First Nations people. Services, programs and interventions outcomes for First Nations people and communities requires approaches informed by or designed and delivered by First Nations people.

The National Agreement for Closing the Gap, developed in partnership between First Nations peoples and governments, identifies four priority reform areas to improve outcomes for First Nations peoples:

1. Formal Partnerships and shared decision-making,
2. Building the community-controlled sector,
3. Transforming government organisations and
4. Shared access to data and information at a regional level.



Services, programs and interventions leading to better outcomes for First Nations people and communities requires approaches informed by or designed and delivered by First Nations people.

The National Agreement and its priority reform areas provide a framework for First Nations care and support workforce reform. Considerations informing HumanAbility's work with and for First Nations people include:

- strengthening our understanding of First Nations workforces, including job roles and settings and through improved data.
- increasing the number and skill of First Nations workers for community-controlled and mainstream services, recognising the need for entry-level pathways, and ongoing opportunities for career development across all job roles and levels.
- recognising cultural knowledge as inherent and a valued part of care, which should be remunerated and recognised.
- learning from the success of Aboriginal Community-Controlled Registered Training Organisations and First Nations identified qualifications on VET program completion outcomes.
- ensuring cultural safety in workplaces and training institutions
- improving access to culturally appropriate services.

Building empowerment and accountability across all levels of the care and support sector and its associated training systems – including through continued professional development, access to education and training opportunities, and supported career pathways – will contribute to a stronger workforce and better outcomes for First Nations people.



Technological change and artificial intelligence

The rapid pace of technological change and use of automation and artificial intelligence is transforming the way people work across the globe.

Identified as one of five megatrends (alongside growth of the care economy itself) in the Australian Government's 2023 *Intergenerational Report*,³⁴ this transformation will inform and influence workforce planning, skills development and training in the care and support economy.

The level of change to which this transformation will lead in the care and support economy (the 'people industry') is uncertain. However, the prevailing research suggests that jobs in our sectors are likely to be primarily augmented rather than replaced, in a way that could free up workers to spend more time focussed on people and less on administrative tasks.³⁵ Any use of AI must be supported by clear guardrails and training to protect sensitive data, ensure appropriate use with human oversight, and help users feel confident that the tools are genuinely assisting their work.³⁶

Related to this is the growth in virtual care and telehealth models, which have shown potential to improve access to services for many people in regional and remote areas, and for people with mobility restrictions. However, the quality and accessibility of these services vary. The digital divide expands with distance from a capital city and for those experiencing poverty.³⁷ Some workers and service users also lack digital capability or confidence, or require additional inclusion supports.

Equally, care and support workforce planning should consider where there are opportunities for worker 'pipelines' (groups of workers that could be trained for and encouraged to enter care and support sector roles) from industries where jobs or underlying training are more exposed to AI and its many varied impacts.



Workforce safety

The care and support workforce in Australia faces work health and safety (WHS) challenges. According to Safe Work Australia, the health care and social assistance industry accounted for 19.1% of all serious worker compensation claims, with an incidence rate of 12.7 claims per 1,000 employees and a frequency rate of 8.9 claims per million hours worked.³⁸

Nursing, care, and support workforces experienced significantly higher rate of serious claims for musculoskeletal injuries – 2.3 times the national average.³⁹ Additionally, mental health conditions are an increasing concern, accounting for 10.55% of all serious claims in 2022–23 – a 97.3% increase over the previous decade.

The Sport and Recreation profile discusses staff experiencing increasing incidence of aggression and anti-social behaviour at public sporting facilities.

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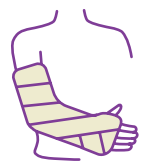
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A dynamic policy and regulatory context

At federal, state and territory, sector and occupation levels, 2024–2025 has been a period of significant changes to policy, law, training, and working conditions and pay.

Foremost among these changes is the National Skills Agreement (NSA). This five-year agreement between the Federal and state/territory governments commenced on 1 January 2024.⁴⁰ It seeks to transform the national VET system to ensure Australia has the skilled workforce it needs now and into the future to boost productivity and ensure well-paid, secure employment. It pursues this goal through additional funding and initiatives to deliver high quality, responsive and accessible training – initial and ongoing. This is achieved through a new stewardship model – aligning with the JSC approach – to support collaborative pursuit of agreed national priorities to address critical skills and workforce challenges.⁴¹

Complementing this at the national level is:

- **VET qualification reform** – a new, purpose-based approach to VET qualifications, agreed to by Skills Ministers on 6 December 2024. It aims to improve quality, clarity, and utility, and is an NSA action.
- **Tertiary Harmonisation** (boosted by 2024–25 Federal Budget measures) to enable better coordination across higher education and VET settings, and improved navigation and outcomes for learners.⁴²

- **The National Skills Taxonomy**, under development, to replace the Australian Skills Classification to better reflect and support workforce capabilities, industry needs and occupational mobility.⁴³
- **Investment in Fee-Free TAFE:** 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 priority sectors including the care sector.⁴⁴ The government has made Free TAFE an enduring feature of the national VET system, investing \$1.6 billion in Free TAFE to 2034–35 to support at least 100,000 places annually from 2027, increasing in line with population growth and underpinned by the Free TAFE Act 2025.⁴⁵

A number of sector-specific reforms are also in train, which are discussed in the next section.

The Commonwealth

committed
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vocational education**

and training (VET) places
from 2023 to 2026, focusing
on priority sectors including
the care sector.



Migration

The Australian Government Migration Strategy, released in 2023, and the earlier Review of the Migration System, recognised that workforce shortages exist in some lower-paid roles that the domestic workforce may not be able to solely fill.⁴⁶ It identified the need for future reform to better regulate migration for lower-paid roles with essential skills, and to ensure those workers are treated well.

Efforts to support migrants in Australia to work in roles commensurate with their qualifications, including through targeted policies and support with English language proficiency, can contribute to an increasingly skilled and sustainable workforce.

Forecasts for workforce shortages are not limited to Australia but are consistent globally. It is critical that Australia's overseas recruitment is not carried out to the detriment of health care or other care and support systems in other countries, especially in low- and middle-income countries.



The rising cost of housing and the lack of affordable housing close to available work – which is worse in rural, regional and remote areas – is forcing essential workers to live long distances from their employment, or to leave services that are unable to meet the needs of their workforce.

Housing and transport shortages and inequities

The rising cost of housing and the lack of affordable housing close to available work – which is worse in rural, regional and remote areas – is forcing essential workers to live long distances from their employment, or to leave services that are unable to meet the needs of their workforce.

Expensive or inadequate transport services compound workers' challenges or add to costs incurred by employers seeking to fill vacancies.

Several state and territory governments have essential worker housing initiatives underway (including build-to-rent and onsite housing initiatives⁴⁷). Commitments under the National Agreement on Social Housing and Homelessness will also help address this challenge.⁴⁸

Productivity

Three of the five pillars of the Australian Government's broad-based productivity agenda speak directly to the challenges and opportunities facing the care and support sectors.

- Delivering quality care more efficiently
- Harnessing data and digital technology
- Building a skilled, diverse and adaptable workforce.⁴⁹

Enacting these goals has the potential to boost productivity in ways that improve and streamline models of care through investment in skills, training and workforce development measures (like improved career pathways, scope of practice, and job design), and that offset wage increases above the Consumer Price Index (CPI).⁵⁰



Government reform and priorities – care and support

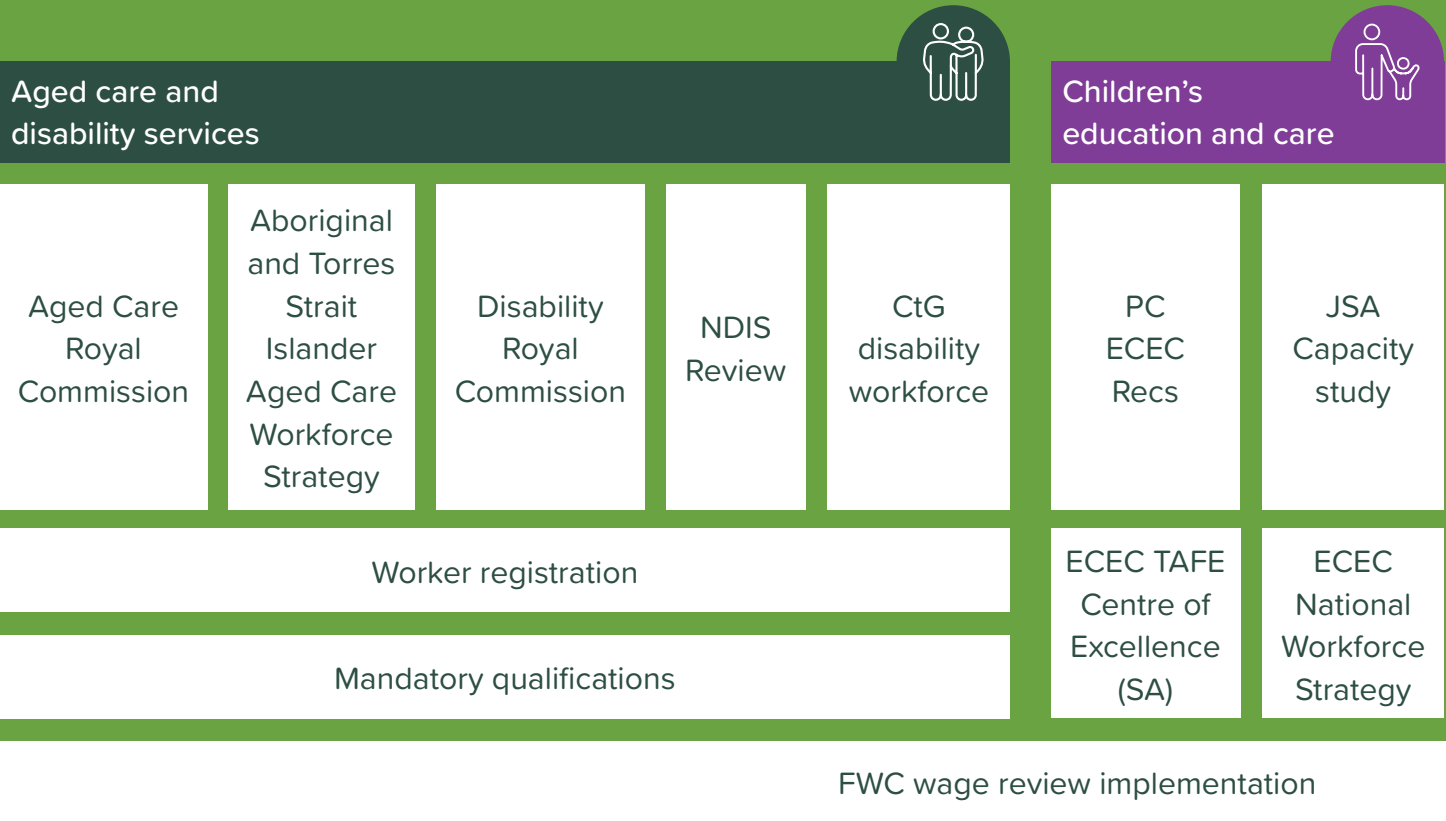
Care and support reform

National Agreement on Closing the Gap

Earn While You Learn

Reform priorities (state and territory)

Productivity Commission Inquiry into Quality Care



Care and support
TAFE Centre of Excellence (QLD)

Remote essential care services
TAFE Centre of Excellence (NT)

Human
(community) services



Health



Sport and
recreation



Mental
Health workforce
strategy

Nursing,
Health and
Allied Health
workforce
strategies

National
Sport
Strategy

2032
Olympic
and
Paralympic
Games

Aboriginal and Torres Strait
Islander health workforce
strategic framework

At the Federal Government level alone, there are over 30 strategies with goals and/or recommendations aiming to develop a skilled and thriving workforce within and across the sectors that make up 'care and support'.

Along with responsibility for the implementation of several recommendations or initiatives, HumanAbility continues to monitor emerging inquiries, policy initiatives and priorities that affect our sectors and the workforce.

Reform priorities in care and support framing our work in 2025

HumanAbility is uniquely positioned because of our line of sight across Federal, state, and territory jurisdictions, and our tripartite model of engagement (with union, government, and industry stakeholders). Together with our partners and stakeholders, HumanAbility is working to achieve a skilled, sustainable workforce with the capacity to meaningfully contribute to the myriad reform discussions occurring across our sectors.

Some of the most significant Federal reforms, strategies, and initiatives that will affect HumanAbility sectors in the next 12 months to three years include:



There will be a strong focus this year within government and the care and support sectors, on worker registration schemes.

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. 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.

Registration and mandatory qualifications

There will be a strong focus this year within government and the care and support sectors, on worker registration schemes. The Government is currently consulting on the qualification and training experiences of personal care workers in the aged care sector. Information gathered will complement recent consultation activity and design considerations for a national registration scheme to support personal care workers employed in aged care.

The Government is also considering the recommendations of worker registration in disability. HumanAbility's role as an industry steward will see us contribute to understanding the key success factors for worker registration schemes including examining experiences internationally and in other Australian industries and sectors. Alignment between the aged care and disability qualifications HumanAbility develops and minimum or mandatory worker registration schemes is vital.



Worker screening

With registration schemes (for providers and workers) under consideration or being progressed in both the aged care and disability sectors, the requirement for workers to undergo a worker screening check is a related priority area of reform.

Currently, all providers in aged care must ensure their workers have had a worker screening check; however, unregistered NDIS providers are not required to screen workers. In late 2024, (then) Minister for the NDIS, the Hon. Bill Shorten MP, announced the registration of all platform providers, supported independent living (SIL) and support coordinator providers.

Under this requirement – introduced to strengthen quality and safety – it is anticipated a significant number of previously unregistered providers will need to register with the NDIS Commission, and their workers will be required to obtain a NDIS Worker Screening Check.

HumanAbility will be engaging closely with the Department of Social Services (DSS) and the NDIS Quality and Safeguards Commission to support reform that achieves its purpose of strengthening quality and safety, whilst supporting workers and providers to meet these requirements in a phased and proportionate way.

It is also important to ensure reforms do not have unintended consequences, such as increasing difficulties for people without access to required forms of identification or compounding the experience of systemic racism for those at a disproportionate risk of interactions with the criminal justice system.⁵¹



Better pay and conditions

Recent workplace relation reforms, and numerous industrial cases and decisions by the Fair Work Commission, are leading to a significant shift in the pay and conditions of people who work across the care and support sectors.

In sectors where attraction and retention are a significant problem, HumanAbility has consistently heard that low pay and uncertain working conditions have been causing people to choose other careers or leave the sector. Wage cases and decisions leading to improved pay and conditions are a recognition of the value of care and support workers. They will contribute to the professionalisation of the workforce.

It is important that employers are supported to meet these changes, particularly where there are substantial changes in rates of pay.

Current or recent industrial cases include:

Gender Undervaluation Review of Priority Awards

On 16 April 2025, the Fair Work Commission Care and Community Sector Expert Panel released an initial decision in its review of five priority female-dominated Awards. This initial decision found that workers under these priority Awards have had their pay historically undervalued based on gender.

Awards examined cover workers across Aboriginal Health, children's services, and health, social, community, home care and disability sectors. HumanAbility notes that not all the care and support sectors within our remit fall into this review.

The Expert Panel also made a final determination for the Pharmacy Award. Its initial decision contemplates significant pay increases across many of these Awards. We note some concerns have been raised about the impact on the community sector, which is already covered by an Equal Remuneration Order. The Expert Panel will engage in further conferences to seek feedback on its initial decision and implementation before making a final determination.

Amendments to the Fair Work Act 2009

Known as the 'Secure Jobs, Better Pay' and 'Closing Loopholes' Amendment Acts, these amendments include a range of changes to improve worker conditions. Of relevance across HumanAbility sectors are a series of changes to labour hire and casual employment conditions, including an amended definition of 'casual employee' and changes to casual conversion rights, increased emphasis on addressing gender undervaluation in female-dominated sectors, and the availability of minimum standards for workers on digital labour platforms.

Aged care work value decisions and nurses and midwives work value case

The outcome of the Aged Care Work value case resulted in increased award wages for Registered Nurses and Enrolled Nurses in the aged care sector, direct care workers in residential and home care, and support and administrative staff. Wage increases commenced being phased in from 30 June 2023 and will be fully implemented by 1 August 2026.

The nurses and midwives work value case commenced in February 2024 and seeks to increase award rates for Registered Nurses, Enrolled Nurses and Assistant in Nursing in all health care settings outside of aged care.

New opportunities under Supported Bargaining Stream of the Fair Work Act

Recent amendments to the Fair Work Act support the capacity for multi-employer bargaining in the care and community services sectors. Some significant developments in this area include:

- **Children's education and care nationally**

The multi-employer agreement 2024–2026 has resulted in a 15% wage increase for many workers in the children's education and care sector, as well as a range of improved conditions.

- **Disability services in Victoria**

There are two cases, both seeking that the Fair Work Commission assist and facilitate bargaining between the parties (unions and providers). This would include facilitating the involvement of Government (National Disability Insurance Agency) as the funder of disability services, with a view to providing additional funding that allows bargaining for improved wages and conditions that are above the minimum entitlements contained in the Social, Community, Home Care and Disability Services Industry (SCHADS) Award.

- **Community services in the ACT**

A supported bargaining case is being heard in the ACT to provide parity in conditions such as parental leave and superannuation between community and public sector workers in Canberra. This case involves discussions and negotiations at the Fair Work Commission in Canberra between the ACT Government, as a major funder, providers, and the union.

Children's education and care reform

The current Australian Government is committed to building a universal early education and care system. Amongst several initiatives it has committed to and implemented are:

- a commitment of \$3.6 billion for the ECEC Worker Retention Payment, in line with a Fair Work Commission wage review recommendation, to support wage increases of 15% over two years for early childhood educators and workers across the country.
- a guarantee that all children are entitled to at least three days subsidised early childhood education and care per week from January 2026.

The Productivity Commission inquiry report released in 2024 *'A path to universal early childhood education and care'* found "the ECEC workforce is fundamental to reform."⁵²

HumanAbility will deliver several actions under the 'Shaping our Future – National Children's Education and Care Workforce Strategy', a 10-year strategy ACECQA coordinates on behalf of all Australian and state/territory governments.

National child safety reforms are also informing HumanAbility's role in workforce planning, training and skills development.

'The Future of the Early Childhood Education Profession' a capacity study of early children's education and care undertaken in a partnership between Jobs and Skills Australia and HumanAbility – is a comprehensive report focused on the ECEC workforce and skills issues, particularly attraction and retention.

Critical evidence, insights and recommendations (many of which HumanAbility has a direct or indirect role in implementing) from the capacity study will inform current and future workforce planning, including an understanding of the current and future needs of the sector's workforce to inform government strategy and vision in ECEC.

Progressing recommendations of the Independent Strategic Review of the Australian Apprenticeship Incentive System

The *Independent Strategic Review of the Australian Apprenticeship Incentive System* commissioned by the Australian Government was released in January 2025. It includes several recommendations for JSCs, including recommendation 2.13: *The Australian Government convenes a tripartite meeting to bring unions, employers, and the relevant agencies and ministers together to identify targeted strategies to address structural barriers to the use of apprenticeship pathways in the aged care and disability sectors.*

HumanAbility looks forward to playing a key role in discussions to deliver on this recommendation.

Following the Government's announcement of funding for apprenticeships in the electrical sector, and more recently in building and construction, unions have called for a similar investment for apprenticeship pathways in the aged care and disability care sectors.⁵³

Considerations in HumanAbility's *'Earn While You Learn'* research project will also respond to or draw on the findings of this report.



TAFE Centres of Excellence – care and support, and children’s education and care

The National Skills Agreement (NSA) and investment in the VET sector, including the establishment of TAFE Centres of Excellence, inform and support HumanAbility’s work.

HumanAbility holds a position in the governance structures of the two Centre’s of Excellence established in our remit - the ECEC Centre of Excellence based in South Australia and the Care and Support Centre of Excellence based in Queensland.

Our engagement with each Centre of Excellence will help to ensure delivery of various Federal and state government reform agendas, in a complementary, effective way, guided by learnings that can be scaled and applied nationally.

HumanAbility also looks forward to working closely with the recently announced TAFE Centre of Excellence for Remote Essential Care Services to be based in the Northern Territory.

Workforce for and beyond the 2032 Brisbane Olympic and Paralympic Games

The Olympic and Paralympic Games in Brisbane in 2032 will create a surge sports and recreation workforce of over 90,000 jobs in Queensland and 123,000 jobs in Australia.⁵⁴

This considerable workforce (and supporting volunteer base) will require significant training in the lead-up to the Olympic and Paralympic Games. The games also present an opportunity to leverage off the surge workforce and the increased interest in sport and recreation participation that the games will provide, long into the future.

State and territory reform priorities and skills plans

Under the National Skills Agreement, each state and territory is required to release a state Skills Plan. HumanAbility is reviewing those already made public, to map other priorities to our remit.

Progress snapshot

This section provides a snapshot of progress across our many projects and initiatives.



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways



Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

Project	Challenges addressed
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Career Pathways Project



- This project identifies current and emerging job roles and career pathways across aged care, disability, and veterans’ care, and considers how these are supported through current training offerings. It will also identify training gaps that will inform future reviews of the training packages. Launching mid-July 2025, the project will deliver:
- A Good Practice Guide – containing research into enablers and blockers around formal and informal career pathways and progression in the sector, and examples of employers’ approaches to developing their workforce.
 - A career pathways framework, which will provide guidance for agencies, industry bodies, sectors, organisations and individuals on how to strengthen career development and progression opportunities for workers in the care and support sectors at the various career stages.
 - A careers map of the variety of job roles within and across these sectors, supported by a series of video clips highlighting workers’ career journeys.

Through these activities, the project aims to attract more workers to the sectors, increase worker retention and reduce attrition rates, and support increased participation rates in training and employment, particularly among underrepresented groups such as First Nations people, people with a disability, young people and men.



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways



Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

Implementation Review Project



At the request of Skills Ministers, HumanAbility completed a review of delivery of two key qualifications released in 2022 that provide workers with the skills and knowledge required to provide quality care and support services to individuals – the *CHC33021 Certificate III in Individual Support* and *CHC43121 Certificate IV in Disability Support*.

The review, completed in December 2024, found implementation of the new qualifications has brought both challenges and opportunities. The *CHC33021 Certificate III in Individual Support* has addressed many of the Aged Care Royal Commission findings and provides learners with the skills and knowledge for most needs in the disability and aged care sectors.

However, the Certificate III knowledge content and performance evidence are widely oriented toward residential settings and are not suited to home or community-based settings. The success of the aged care reforms relies on workers being appropriately trained to deliver care in home environments, making this gap in the qualification's focus a concern, as is the persistently high non-completion rates in these qualifications. The review found there are opportunities to strengthen the uptake and delivery of these key qualifications with a focus on advocacy, resource development, and further targeted research.

Next steps: HumanAbility will undertake research into the causes of non-completion in these and other key qualifications, and factors that positively impact completions. This project will design strategies to improve completion rates, student outcomes and employer satisfaction.

The Department of Employment and Workplace Relations (DEWR) recently approved HumanAbility's submission to undertake a full review of the disability and aged care related training products. Commencing 2025, the timing of the review aligns with design of the Government's aged care worker registration scheme. The review will incorporate the qualifications reform design principles and consider supports and guidance required by RTOs to improve delivery of the new qualifications and support learners, such as Recognised Prior Learning (RPL) processes, tools, and advice contained in the Companion Volume Implementation Guides.



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways



Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

VET Care and Support Workforce Research Project



HumanAbility, along with all other JSCs, is undertaking a research project into the VET workforce as part of the follow-up actions to the national blueprint for the VET workforce. This blueprint – developed by the Federal, state and territory governments in consultation with stakeholders – provides a roadmap to grow, support and sustain the VET workforce. It is intended to support a continuous improvement cycle that ensures actions remain responsive to changes in the VET sector and wider economy, by knowing more, practicing what works, and then connecting to wider reform.⁵⁵

The first stage of this research project sought to understand the profile of the VET workforce in our sectors, including pathways into and out of the workforce.

Surveys, interviews and workshops involving more than 1,000 participants helped build a clearer picture of the workforce profile. A strong gender imbalance was evidence, with 82% of respondents identifying as women – much higher than the VET workforce average of 57%.⁵⁶ This varied across subsectors: 90% of those working in the VET workforce for aged care and disability were women, compared to just 28% in the VET workforce for sports and recreation.

Only 13% of respondents reported having a disability or long-term health condition, which is lower than both the wider VET workforce and wider Australian workforce (each at 36%). The majority (95%) spoke English as their first language, higher than the wider VET workforce (80%) and the Australian workforce (77%). Just over half of respondents reported working across multiple roles or employment settings. Around 49% of respondents work in Teach, Train and Assess roles, closely aligning with the 48.5% reported in the national survey across all sectors.

Initial findings were shared with stakeholders in April, with full findings, including what attracted people to work in VET, to be shared later in 2025.

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.



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways



Lack of diversity and inclusion



Data deficiencies





Policy and regulatory settings



Progress on opportunities and challenges for workforce planning

HumanAbility’s 2024 Workforce Plan identified five priority areas for action that respond to the sector’s challenges. These priorities were identified through HumanAbility data analysis, research and extensive stakeholder engagement. Key updates on these priorities are set out below. We note that HumanAbility is one of multiple actors driving change in each area.

Priority Areas for Action	Challenges addressed
Training and qualifications that meet student and industry needs Since June 2024, HumanAbility has commenced 12 Training Package reviews with a further three recently approved, and three projects. Each training package review considers the ability to recognise priority experience to enable existing workers to have their skills and experience recognised. Unique to HumanAbility, each Qualification Review project has commenced with a ‘functional analysis’.	 

What is a functional analysis?

A functional analysis is a different way of developing our understanding of what skills and training requirements workers need. An analysis of position descriptions, job titles and job roles, followed by targeted interviews with a diverse mix of key stakeholders, informs the development of draft qualifications, skill sets and units of competency.



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways



Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

Build the data and evidence base



HumanAbility welcomed the outcome of the Australian Bureau of Statistics' (ABS) comprehensive review of the Australian and New Zealand Standard Classification of Occupation (ANZSCO) and the subsequent introduction of the Occupation Standard Classification for Australia (OSCA) in late 2024, to which we provided input.

OSCA addresses several challenges our stakeholders have raised in consultations, especially around granularity to better understand nuances of the care and support sector workforces. For example, the disaggregation of 'Aged and Disabled Carers' will inform a better understanding of these key occupations and whole workforces. The improved disaggregation and granularity in female-dominated occupations is an important and overdue step in addressing the gender bias that is apparent in many classification systems.⁵⁷

It should be noted that OSCA has not addressed all data challenges facing the sector, including some confusion that remains within OSCA itself. For example, the main tasks listed under 422131 Disability Services Officer tend to better reflect the role that most workers identify themselves as, which is 422231 Disability Support Worker, which has different tasks listed.

Given the next national census is late 2026, we don't anticipate being able to reflect OSCA data in our workforce plan for at least another 12 months. Data dashboards available on the HumanAbility website aggregate data from a range of sources seeking to provide stakeholders with a real-time, interactive data source to inform their workforce planning and skills and training priorities. These still rely on ANZSCO.

Other data and evidence gaps remain for the care and support sectors, including where data is not yet consistently captured (including in the sports and recreation and health sectors).⁵⁸ HumanAbility's data and evidence gaps research project will commence in mid-2025, to better understand what gaps exist and to identify strategies to address them.



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways



Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings

Priority Areas for Action	Challenges addressed
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Ensure that policy and regulatory settings support the sector’s workforce



HumanAbility has engaged in consultations on the migration strategy, ANZSCO classification review, draft National Allied Health Workforce Strategy and draft National Nursing Workforce Strategy consultations, and a registration scheme for personal care workers in the aged care system. HumanAbility is also contributing to the Productivity Commission’s five pillars’ inquiry, including one inquiry into ‘quality care’ and another into ‘workforce’.



Labour force shortages



Skills gaps



Training and qualification issues



Limited career pathways



Lack of diversity and inclusion



Data deficiencies



Policy and regulatory settings








A Roadmap for 2025–2026

Engagement undertaken with stakeholders through National Forums, state and territory roadshows, qualification review consultations, research and sector engagement has provided extensive information on further workforce, skills or training work needed.

In this section of the report, we outline a range of initiatives we, or stakeholders, have or intend to commence since the 2024 Workforce plan. These are important initiatives in and of themselves and will also inform the content of the next Workforce Plan.

Timing for some pieces is still under consideration. Sector-specific initiatives are noted in the sector profile updates.

Table 1: Update on each HumanAbility initiative committed to in the 2024 Workforce Plan

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 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 NCVET 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: Completed. Launching 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>Improve access to an increasing range of microcredentials for educators and teachers in areas of identified need</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 EWYL models used in or suited to HumanAbility sectors, map these to the most critical skills and occupation gaps, and co-develop 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>	  
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 aren't meeting the diverse needs of the entire sector.</p> <p>Outcome: Recommended full review of the qualifications, which has been approved and is commencing 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
Children's Education and Care	<p>Review entry requirements for the Diploma in Early Childhood Education and Care</p> <p>Status: Underway</p> <p>Overview: Draft submissions are finalised and submitted to the Assurance body for consideration. The training products have been provided to Skills Ministers with an evaluation report and recommendations for endorsements.</p> <p>Timing: Due to be completed 2025.</p>	  
Children's Education and Care	<p>Review the CHC Out of School Hours Care qualifications</p> <p>Status: Underway</p> <p>Overview: Public consultation is completed. Feedback from the consultation surveys is being collated, analysed and added to the consultation log. Feedback will inform further review of drafts and next steps.</p> <p>Timing: Late 2024 – Nov 2025</p>	  
Human (community services)	<p>Review and update the CHC Community Services qualifications</p> <p>Status: Underway</p> <p>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.</p> <p>Timing: Late 2024 – Feb 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
Human (community services)	<p>Review CHC Mental Health and Alcohol and other Drugs qualifications</p> <p>Status: Underway</p> <p>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 was held from April to July 2025.</p> <p>Timing: Late 2024 – Feb 2026</p>	  
Health	<p>Review and update the HLT Health Services Assistance qualifications</p> <p>Status: Underway</p> <p>Overview: A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required in a number of job roles supported by the Health Services Assistance qualification. Public consultation on draft documents has commenced and will be completed mid-May 2025.</p> <p>Timing: Due for completion October 2025</p>	  
Health	<p>Review and update HLT Pathology qualifications</p> <p>Status: Underway</p> <p>Overview: A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required for pathology collectors and assistants. Public consultation was undertaken, with face-to-face workshops held in every state and territory, complemented with virtual workshops. Draft documents were finalised and have been submitted to Senior Responsible Officers for review and comment.</p> <p>Timing: Due for completion August 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
Health	<p>Review and update the <i>HLT Optical Dispensing</i> qualifications</p> <p>Status: Commenced</p> <p>Overview: A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required for optical dispensers.</p> <p>Public consultation was undertaken, with face-to-face workshops held in every state and territory, complemented with virtual workshops.</p> <p>Draft documents were finalised and have been submitted to Senior Responsible Officers for review and comment.</p> <p>Timing: Due for completion August 2025</p>	  
Health	<p>Review and update the <i>HLT Audiometry</i> qualifications</p> <p>Status: Underway</p> <p>Overview: A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required for audiometrists.</p> <p>Public consultation was undertaken, with face-to-face workshops held in every state and territory, complemented with virtual workshops.</p> <p>Draft documents were finalised and have been submitted to Senior Responsible Officers for review and comment.</p> <p>Timing: Due for completion August 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
Sport and recreation	<p>Review the <i>SIS Outdoor Recreation and Leadership</i> qualifications</p> <p>Status: Underway</p> <p>Overview: The functional analysis research stage has been completed and work has commenced on initial qualification drafts. HumanAbility will continue to work closely with the Technical Committee, industry and Subject Matter Experts during this process.</p> <p>Timing: September 2024 – May 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

Table 2: Initiatives proposed or commenced since the release of the 2024 Workforce Plan

This table sets out a range of initiatives that HumanAbility has committed to or begun since the release of our last Workforce Plan. It also includes proposed initiatives HumanAbility will undertake in the next 12 months, related initiatives of sector stakeholders, and recommended actions for Government.

Industry sector	Initiative	Challenges addressed
Cross-sectoral	<p>Rural and Remote sectoral analysis</p> <p>Analysis of regional and remote workforces in aged care, disability and health, identifying gaps and opportunities specific to these regions.</p> <p>Lead: TAFE Centre of Excellence Health Care and Support</p>	  
Cross-sectoral	<p>Response to the Australian Apprenticeship Review</p> <p>HumanAbility will work with stakeholders to respond to recommendation 2.13 of the <i>Strategic Review of the Australian Apprenticeship Incentive System – Skills for tomorrow: Shaping the future of Australian apprenticeships</i></p> <p>Responsibility: HumanAbility</p>	   
Cross-sectoral	<p>Productivity Commission 5 Pillars Inquiry</p> <p>Analysis of productivity gains in the care and support workforce. To contribute to the Productivity Commission Quality Care and five pillars inquiry.</p> <p>Responsibility: HumanAbility and the Productivity Commission</p>	
Cross-sectoral	<p>Migration strategy</p> <p>Encourage government to commence consultations on an Essential Skills Pathway (as per the Migration Strategy) to grow the workforce, whilst maintaining ethical recruitment standards.</p> <p>Responsibility: Australian Government, Department of Home Affairs</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>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 lived experience and peer group committee.</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
Aged care and disability	<p>Review Aged Care, Disability, and Leisure and Health qualifications</p> <p>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>	  
Children's education and care	<p>Identify and report children and young people at risk project</p> <p>This project will replace the superseded unit CHCPRT001 Identify and respond to children and young people at risk with the updated unit CHCPRT025 Identify and report children and young people at risk in all applicable CHC qualifications.</p> <p>Status: Commenced in February 2025</p> <p>Timing: To be completed in 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
Children's education and care	<p>Review Early Childhood Education and Care qualification</p> <p>To ensure responsiveness to current and emerging industry skills needs. The project will support responses to skills and training related issues identified in Jobs and Skills Australia's 'The Future of the Early Childhood Education Profession', the Productivity Commission's 'A path to universal early childhood care education and care: Inquiry report' and the Review of Child Safety Arrangements under the National Quality Framework.</p> <p>The project will also support HumanAbility to deliver on key priorities identified in The National Children's Education and Care Workforce Strategy (2022–2031).</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • CHC50121 Diploma of Early Childhood Education and Care • CHC30121 Certificate III in Early Childhood Education and Care. <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
Children's education and care	<p>Review Outside School Hours Care qualifications</p> <p>Status: not started</p> <p>The recent project to transition the 10983NAT Certificate III in Outside School Hours Care has highlighted several issues including variation on qualification level to support states or sectors' contexts, the specificity in assessment requirements do not facilitate cross sector application of the units by RTOs, and the need to examine pathways between early childhood and school aged education and care qualifications.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • CHC50221 Diploma of School Age Education and Care • Review and development of qualifications required at the lower AQF levels and the potential pathways/ skills sets, etc <p>Status: Activity submission to be developed</p> <p>Timing: Commencing February 2026 (subject to approval)</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
Children's education and care	<p>Review School Based Education Support Qualifications</p> <p>The project to transition the 10983NAT Certificate III in Outside School Hours Care also highlighted cross sectoral employment between Teaching Assistants and workers in Outside School Hours Care. The current units and assessment requirements however restrict cross sectoral application.</p> <p>Reviewing these qualifications at the same time as the ECEC review would facilitate a process to examine unit application across sectors and opportunities to increase pathways.</p> <p>The National Standards for Teaching Assistants were also released in 2021. A review presents the opportunity to examine alignment with the standards and emerging practice and research to ensure workforce readiness of graduates.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • CHC30221 Certificate III in School Based Education Support • CHC40221 Certificate IV in School Based Education Support <p>Status: Activity submission to be developed</p> <p>Timing: Commencing February 2026 (subject to approval)</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
Health	<p>Review HLT Sterilisation Services qualifications</p> <p>To ensure they reflect new sterilisation standards, reflect the use of new and complex technology and meet the skill needs of a variety of industry sectors that require sterilisation services.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • HLT37015 Certificate III in Sterilisation Services • HLT47015 Certificate IV in Sterilisation Services <p>Status: Commenced July 2025</p> <p>Timing: To be completed in May 2026.</p>	  
Health	<p>Nationally consistent approach to data in the allied health sector</p> <p>An ongoing challenge in understanding the allied health workforce, is the lack of workforce data on Allied Health Assistants.</p> <p>Without steps to collect and aggregate this data, it will remain difficult to support effective workforce planning – including identifying trends, developing career pathways, addressing retention challenges, and understanding the full contribution of joint service delivery models between Allied Health Professionals and Allied Health Assistants.</p> <p>We continue to highlight the importance of a nationally coordinated approach to improving visibility of this workforce segment, noting that addressing data gaps may require collaboration across jurisdictions, sectors and systems.</p> <p>Responsibility: Department of Health, Disability and Ageing</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
Health	<p>Allied Health Assistant workforce</p> <p>There is an opportunity to build a stronger understanding of the full the scope of the Allied Health workforce – including Allied Health Assistants – an area not in scope in the Draft National Allied Health Workforce strategy (June 2025)</p> <p>HumanAbility will explore, in collaboration with the Department of Health, Disability and Ageing (DHDA), the potential for further research into the role, contribution, and future needs for AHAs. This includes building the case for improved data collection and examining their contribution to implementing national priorities such as the NDIS and Aged Care reforms.</p> <p>Responsibility: HumanAbility and Department of Health, Disability and Ageing</p>	  
Health (cross-sectoral)	<p>Creation of training package product to support nationally endorsed training of mental health “first aid”.</p> <p>Demand for this type of training has been identified across many sectors.</p> <p>Status: Activity submission to be developed</p> <p>Timing: Commencing September 2025 (subject to approval)</p> <p>Responsibility: HumanAbility will lead a cross-JSC project partnering with other JSCs</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
Health	<p>Review of Dental qualifications</p> <p>To ensure the qualifications are aligned with current industry needs, regulatory requirements and evolving patient-care methodologies, and create clear and sustainable career pathways to support existing and future growth in the dental industry.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • HLT35021 Certificate III in Dental Assisting • HLT35115 Certificate III in Dental Laboratory Assisting • HLT45021 Certificate IV in Dental Assisting • HLT55118 Diploma of Dental Technology • HLT65015 Advanced Diploma of Dental Prosthetics <p>Status: Activity Submission to be submitted</p> <p>Timing: To be completed in December 2026 (subject to approval)</p>	  
Health	<p>Diploma of Nursing</p> <p>Reviews of the Enrolled Nurse Standards for Practice (NMBA), Enrolled Nurse Accreditation Policy (ANMAC), and National Nursing Workforce Strategy are underway.</p> <p>A review of nursing qualifications will be required following the outcomes of these initiatives (likely to be in 2026–27).</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
Health	<p>Review of Medical Practice and Health Administration qualifications</p> <p>This review will ensure the qualifications are aligned with current industry needs, regulatory requirements and evolving patient-care models. It also aims to create clear and sustainable career pathways to support existing and future growth in the industry.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • HLT47715 Certificate IV in Medical Practice Assisting • HLT57715 Diploma of Practice Management • HLT37315 Certificate III in Health Administration • HLT47321 Certificate IV in Health Administration <p>Status: Activity Submission to be submitted</p> <p>Timing: To be completed in December 2026 (subject to approval)</p>	  
Human (community services)	<p>Review of the CHCCSM013 Facilitate and review case management unit of competency</p> <p>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.</p> <p>This project reviewed whether the unit should be moved to the elective banks for:</p> <ul style="list-style-type: none"> • CHC50321 Diploma of Child, Youth and Family Intervention • CHC52021 Diploma of Community Services • CHC50421 Diploma of Youth Work <p>Status: Underway</p> <p>Timing: Completed June 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
Human (community services)	<p>Engage with peer and lived experience experts and the sector</p> <p>To strengthen the lived experience workforce considering skills and training needs of the sector's broader workforce.</p> <ul style="list-style-type: none"> • Related to supervision roles more specifically. • To manage and prevent burnout of lived experience experts. <p>Establishment of a lived experience and peer group committee.</p> <p>Responsibility: HumanAbility</p>	  
Human (community services)	<p>Understanding retention issues</p> <p>Engagement with industry to understand barriers and opportunities to support the existing workforce and their retention in the sector.</p> <p>Responsibility: HumanAbility</p>	 
Human (community services)	<p>Understanding job roles</p> <p>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.</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
Human (community services)	<p>Review CHC Career Development and Employment Services Qualifications</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • CHC41215 Certificate IV in Career Development • CHC81315 Graduate Certificate in Career Development Practice • CHC41115 Certificate IV in Employment Services <p>Status: Activity Submission to be developed</p> <p>Timing: 15-month duration (subject to approval)</p>	  
Human (community services)	<p>Active Volunteering Qualifications</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • 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 <p>Status: Activity Submission to be developed (November 2025)</p> <p>Timing: 12-month duration, to commence January 2026 (subject to approval)</p>	  
Sport and recreation	<p>Workforce Data</p> <p>Work with stakeholders to capture more comprehensive workforce data. This will enable the sport and recreation industry workforce to be accurately reflected in broader policy settings, to plan for future workforce needs and accurately assess workforce trends, economic impact, and training needs.</p> <p>Responsibility: HumanAbility, Industry Peaks</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
Sport and recreation	<p>Achieving the priorities of the National Sport Strategy</p> <p>Engage directly with government and the sport and recreation industry to assist in achieving the priorities of the National Sport Strategy – ensuring the sport and recreation workforce is developed in line with an evidence-based approach, has access to the required training opportunities, and is supported by a strong VET workforce.</p> <p>Responsibility: HumanAbility</p>	      
Sport and recreation	<p>Volunteer and workforce training</p> <p>Consult with industry stakeholders to scope opportunities for volunteer and workforce training in the lead-up to the Olympic and Paralympic Games and strategies for leveraging off the surge workforce that the games will provide.</p> <p>Responsibility: HumanAbility</p>	    
Sport and recreation	<p>Linking sport and recreation with health, care and support industries</p> <p>Consult with industry stakeholders to scope opportunities for further exploratory work in linking the sport and recreation workforce with the health, care and support industries, given the emerging research regarding the role that sport and recreation plays in preventative health (physical and mental).</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



SECTOR
PROFILE

Aged care and disability services



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:⁵⁹

- 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.’⁶⁰

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.⁶¹ This reflects substantial growth, up from 237,088 in February 2021,⁶² 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.⁶³

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 Nations⁶⁴ (compared to 3.2% of Australians who identified as First Nations in the 2021 census).⁶⁵

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%.⁶⁶ 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 Services⁶⁷

227,802
employed



80%
are female

50%
are part-time



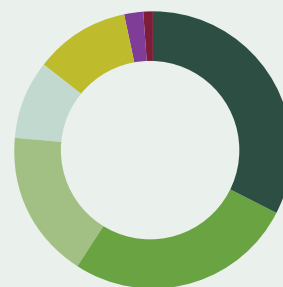
2%
identify as
First Nations

36%
work outside
the capital city



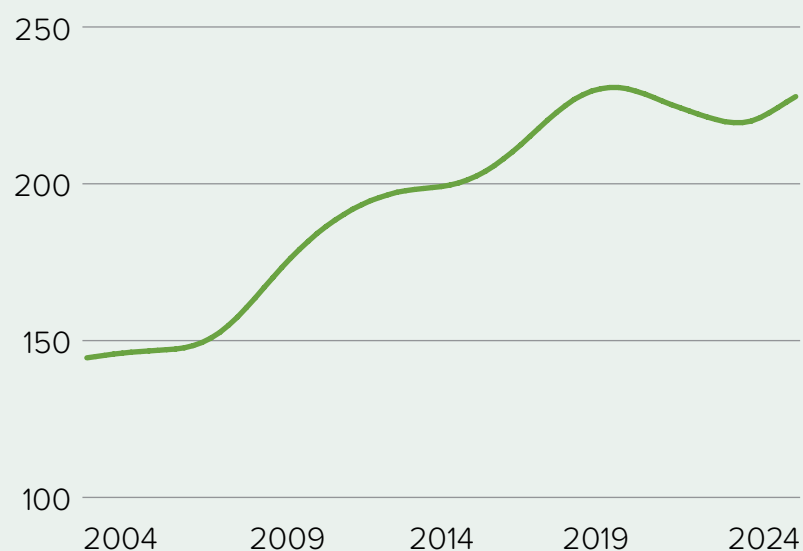
Employment by state

- 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 Services⁶⁸

21,587
employed



80%
are female

47%
are part-time



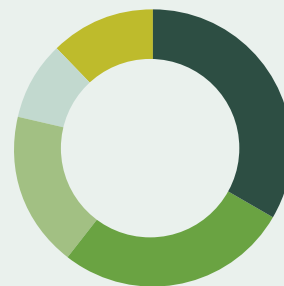
4%
identify as
First Nations

37%
work outside
the capital city



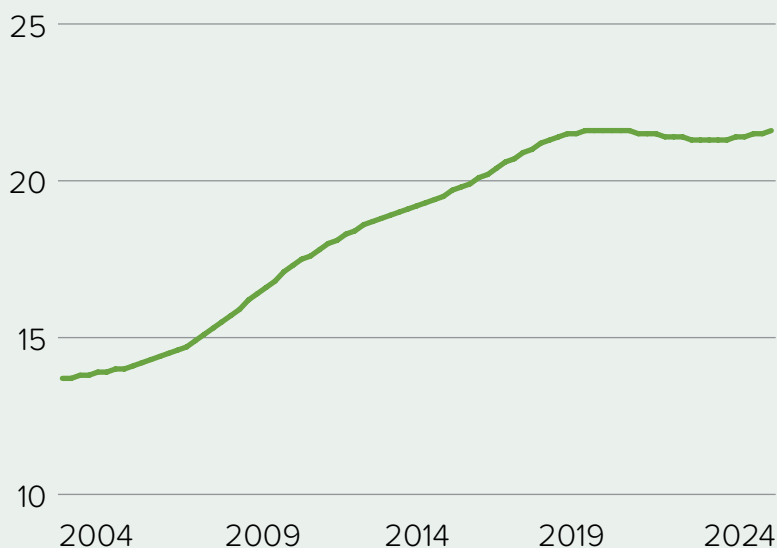
Employment by state

- 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



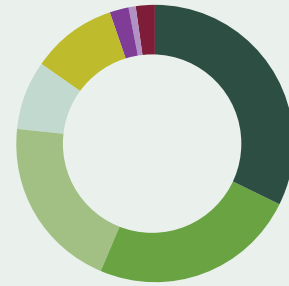
4%
identify as
First Nations

38%
work outside
the capital city



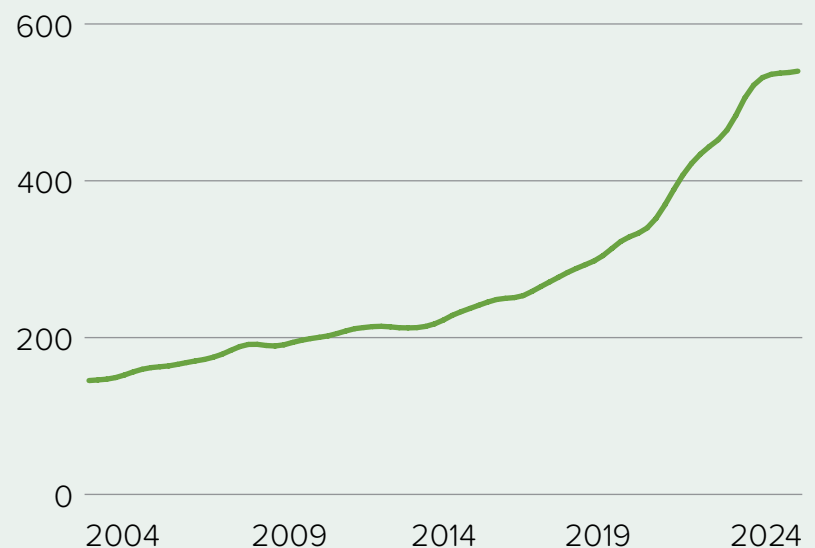
Employment by state

- 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

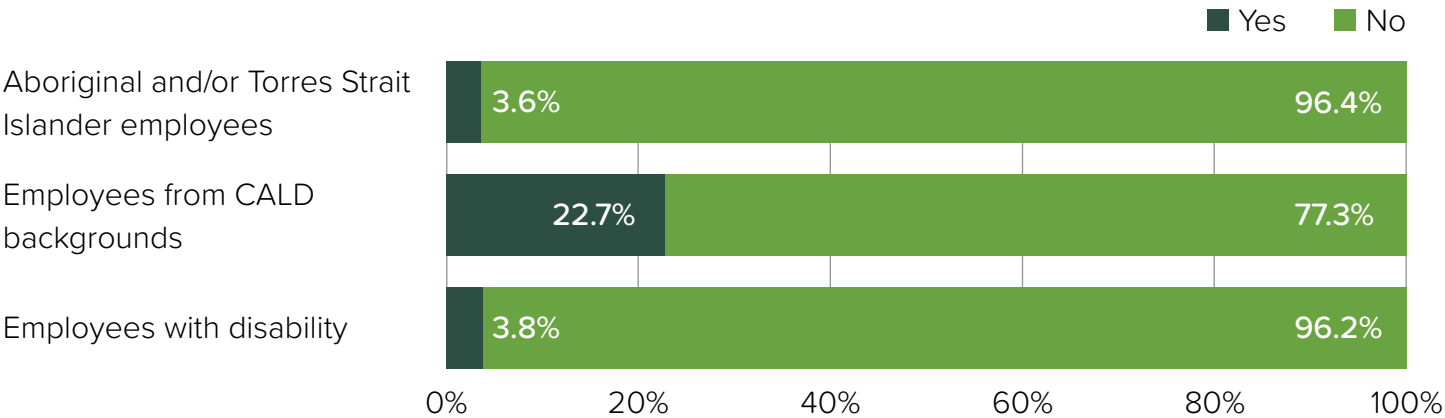


The other prominent occupational groupings in residential aged care are Nursing Support and Personal Care (ANZSCO #4233), Registered Nurses (ANZSCO #2544), and Enrolled Nurses⁶⁹ (ANZSCO #4144).

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, 2024⁷⁰



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 remit⁷¹

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 <i>(See also Education Aide #4221 in CEC profile)</i>	30,000	83%	\$2153	36%	42
Human/community services, and disability services	Disability Services Officers #411712 (part of Welfare Support Workers #4117)	15,600 ⁷²	78%	NA ⁷³	33%	42 ^{**74}

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)⁷⁵

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 completions⁷⁶

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.⁷⁷

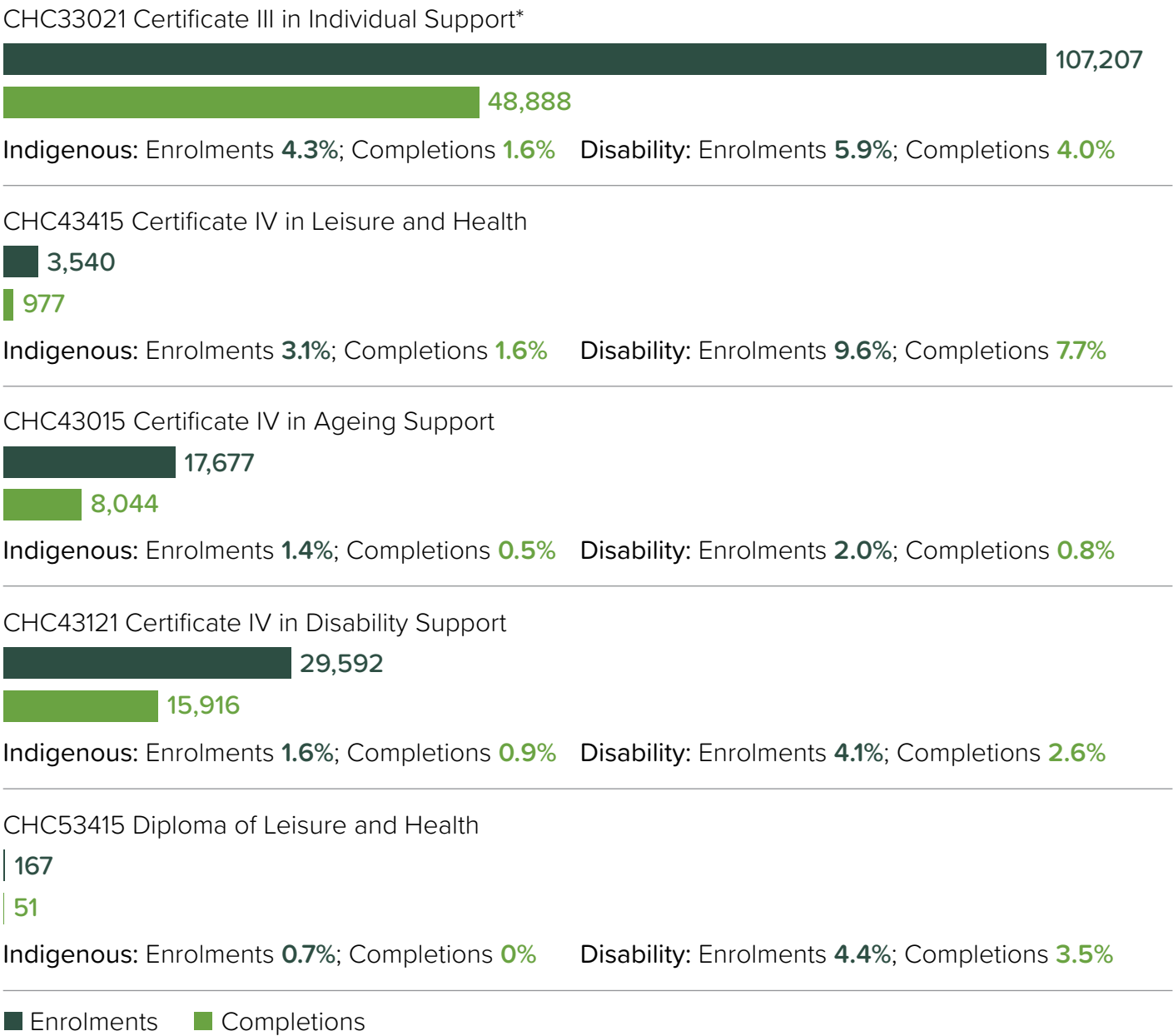
Between 2022 and 2023, enrolments in the VET sector qualifications for these sub-sectors have increased by a modest 4.1%, but completions recorded a 29.6% increase over the same period. This growth is encouraging and largely driven by increases in the Certificate III of Individual Support – which is 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, NCVER⁷⁸

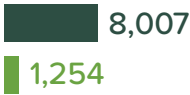
For qualifications marked with *, please note that enrolments and completions totals include figures for corresponding (preceding) versions of the qualification where the data source indicated activity occurring in 2023.



Enrolments and completions by HLT qualifications held by individuals working in aged care and disability services in 2023 (detailed in health sector profile), NCVER⁷⁹

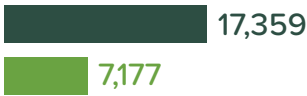
For qualifications marked with *, please note that enrolments and completions totals include figures for corresponding (preceding) versions of the qualification where the data source indicated activity occurring in 2023.

HLT33021 Certificate III in Allied Health Assistance*



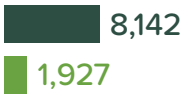
Indigenous: Enrolments 4.8%; Completions 8.0% Disability: Enrolments 5.4%; Completions 8.4%

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*



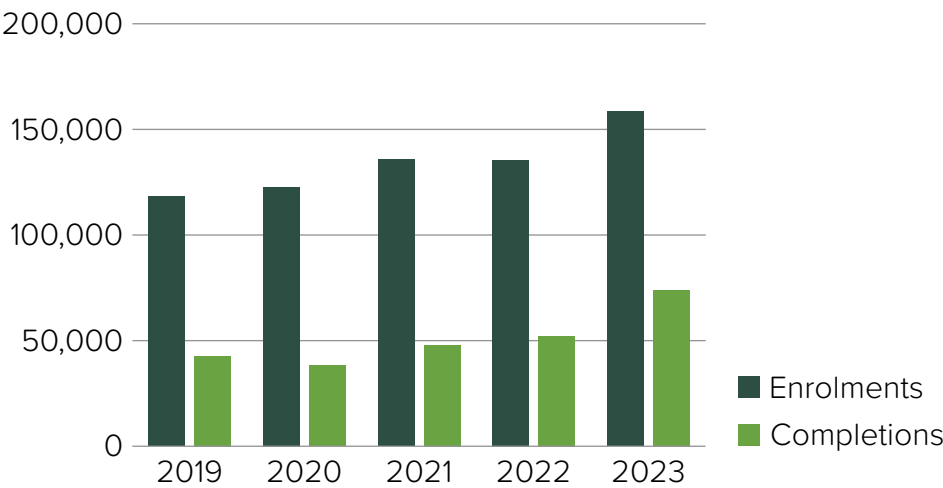
Indigenous: Enrolments 0%; Completions n/a as below 10

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), 2019–2023⁸⁰



	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, 2023⁸¹

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

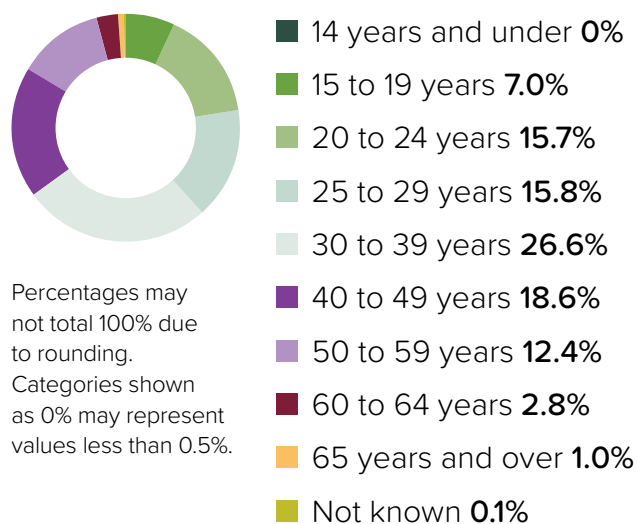
Not known:
Enrolments 1.6%;
Completions 2.3%



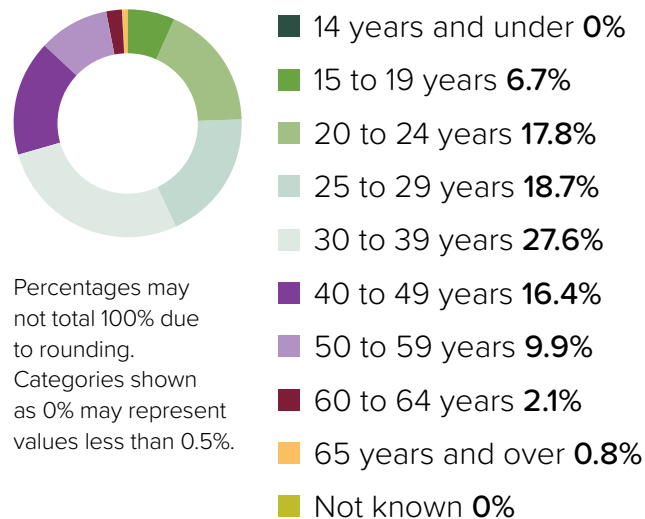
Women comprise around 70% of both enrolments and completions across these qualifications. Improvement in participation rates by males in these sectors will require active consideration of issues that have presented barriers or disincentives to their participation in the past – such as the historic undervaluation 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, 2023⁸²



Completions for aged care and disability services qualifications (under the CHC training package) by age, 2023⁸³



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,⁸⁴ 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.

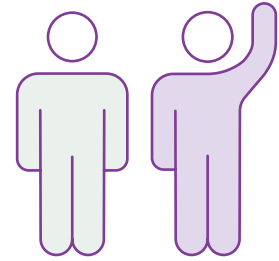
First Nations

Enrolments and completions for aged care and disability services qualifications (under the CHC training package) by Indigenous identity, 2023⁸⁵

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, 2023⁸⁶

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

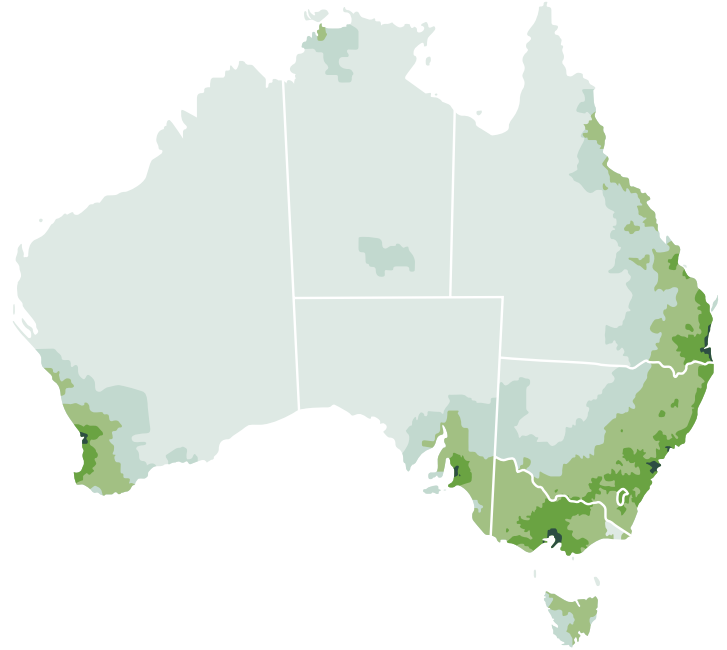
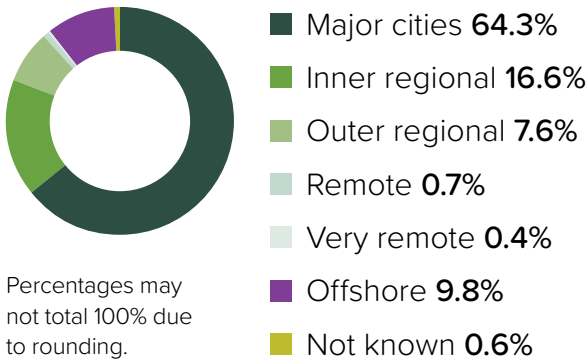


While aged care and disability sector trends in enrolments and completions for learners with disabilities align with trends across the broader VET system, there is a much higher rate of 'Not known' for completions than in other sectors, at 31.5%. Data gaps such as these will be investigated in future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

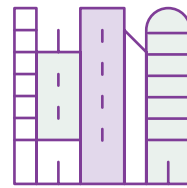
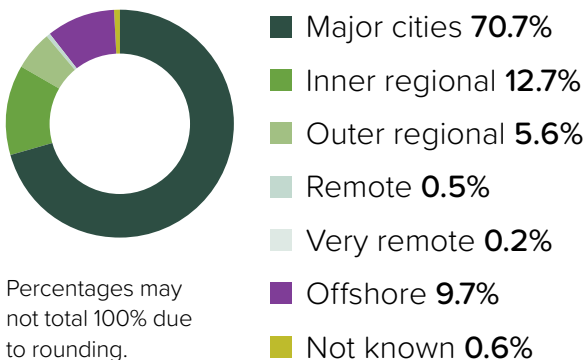
Geographic location

Remoteness⁸⁷

Enrolments for key aged care and disability services qualifications (under the CHC training package) by remoteness⁸⁸

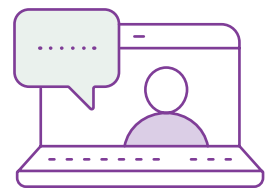


Completions for key aged care and disability services qualifications (under the CHC training package) by remoteness⁸⁹



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

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

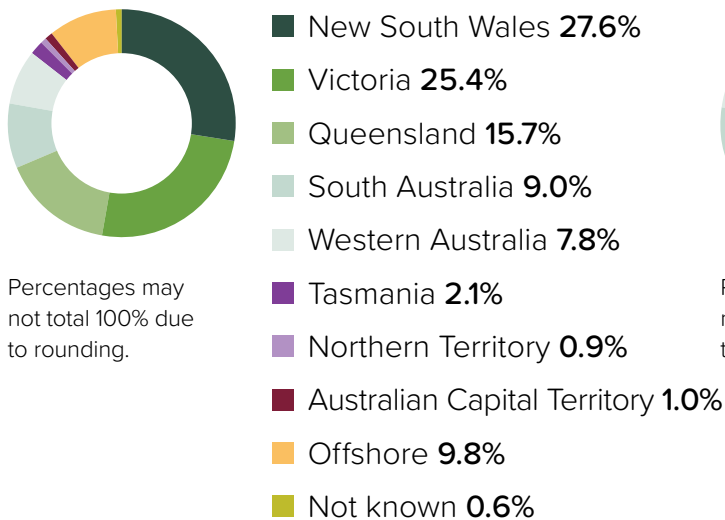


In contrast to the broader VET sector, major cities account for a larger proportion of enrolments and completions in aged care and disability services qualifications, while remote and very remote areas see significantly lower levels of participation and completion.

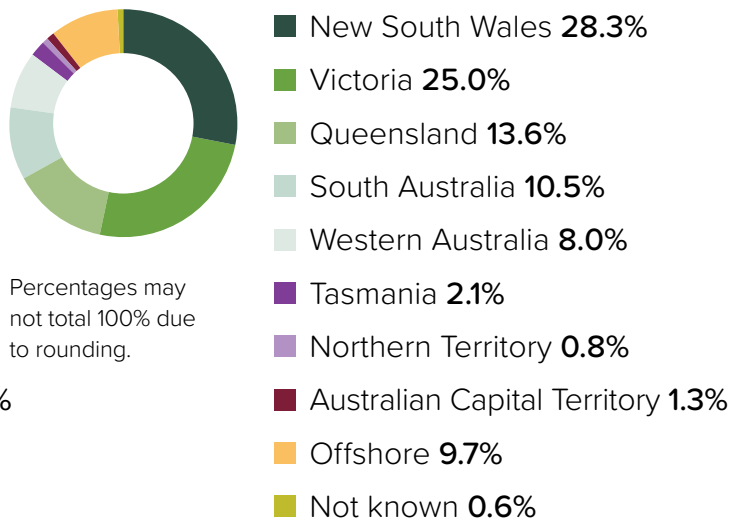
Geographic location

State/territory

Enrolments for key aged care and disability services qualifications (under the CHC training package) by state⁹⁰



Completions for key aged care and disability services qualifications (under the CHC training package) by state⁹¹



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.

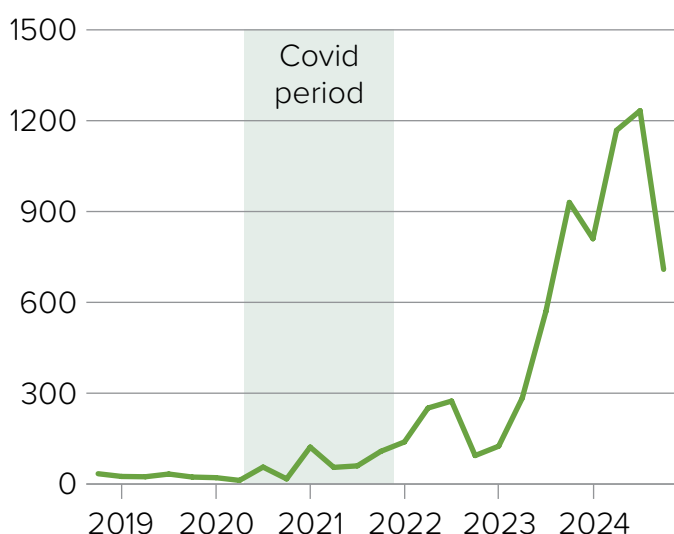
Traineeship completions are highest amongst people in their 30s and 40s, and among women (85% of completions). Similar to qualification pathway courses, traineeship completion numbers lag far below enrolment numbers.

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.

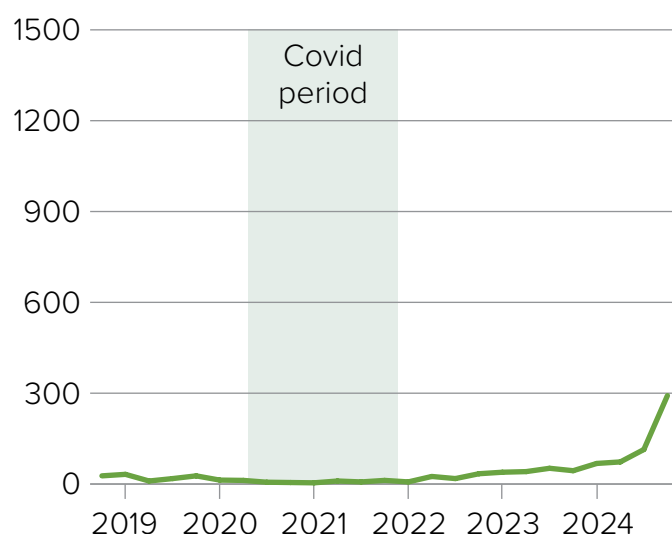
The number of workers undertaking qualifications through formal traineeship programs remains low as a proportion of total enrolments and completions.

Figure 4: Traineeship commencement and completion numbers over time for aged care and disability service occupations⁹²

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.⁹³ The NDIS Review recognised the potential of paid, in-service training,⁹⁴ 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 2022.⁹⁵ 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**



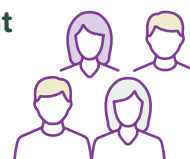
Top five reasons people choose to work in aged care are:



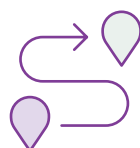
1. making a positive change in older people's lives
2. an interest in working with older people
3. location of jobs close to home
4. alignment with personal values and availability
5. security of employment.

In disability services:

Turnover of casual and permanent staff increased by 24% and 16% respectively between December 2022 and December 2023.⁹⁶



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

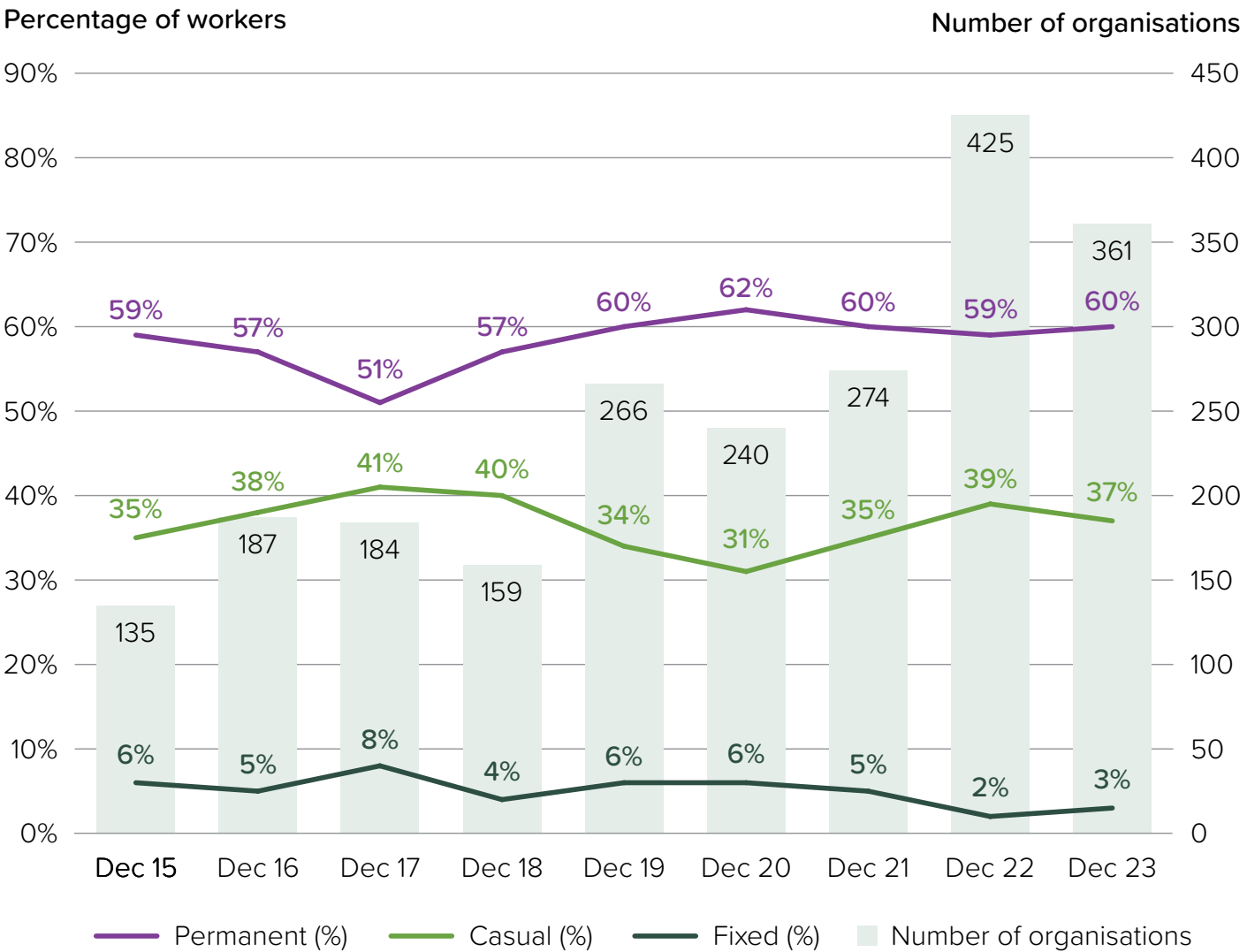


and that **turnover rates are not only substantially higher than the 14% reported for the overall Australian workforce,⁹⁷ but also the highest for this sector since this NDS survey began.⁹⁸**



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)⁹⁹



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”.¹⁰⁰ 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 2024.¹⁰¹ 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.¹⁰²

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.¹⁰³

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.¹⁰⁴ 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 services¹⁰⁵

Sub-sector	Occupations (per ANZSCO)	Annual outflows ¹⁰⁶	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 ¹⁰⁶	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.¹⁰⁷ 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 initiatives¹⁰⁸



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.¹⁰⁹ 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.¹¹⁰ 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,¹¹¹ 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.¹¹² 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.¹¹³ 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.¹¹⁴

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.¹¹⁵ 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.¹¹⁶ 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.¹¹⁷

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.¹¹⁸ 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

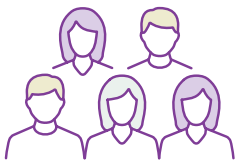
The NDIS Quality and Safeguard Commission's Own Motion Inquiry into Aspects of Supported Accommodation identified an urgent need to lift workforce quality, best fit, choice and control for supports delivered in group homes, primarily by introducing regulations specific for those settings. The Commission 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.¹¹⁹ 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.¹²⁰ 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,¹²¹ 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 Strategy¹²²
Northern Territory	<ul style="list-style-type: none"> • Northern Territory Disability Strategy Action Plan (2022–2025)¹²³
New South Wales	<ul style="list-style-type: none"> • NSW Skilling for Recovery Initiative¹²⁴
Queensland	<ul style="list-style-type: none"> • Queensland Workforce Strategy (2022–2032)¹²⁵ • Aged Care Workforce Plan¹²⁶
South Australia	<ul style="list-style-type: none"> • TAFE SA Training Programs¹²⁷
Tasmania	<ul style="list-style-type: none"> • Tasmania Industry Skills Compact¹²⁸
Victoria	<ul style="list-style-type: none"> • Victoria fee-free TAFE Courses in Aged Care and Disability¹²⁹
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.¹³⁰

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 workers¹³¹ – and in aged care, of personal care assistants and nurses.¹³² 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.¹³³

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.^{134 135}

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.

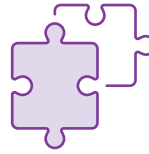
HumanAbility plays a critical part in fostering these positive sector conditions for a skilled, adaptable workforce that embeds professional growth and advancement. A key example of this is demonstrated through our Good Practice Guide for the care and support sector (the Guide), produced under HumanAbility’s 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.¹³⁶

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^{137 138 139}
-



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.^{140 141}

In disability services, gaps include providing employment support, working with people with particular types of disability, active supports,¹⁴² systems advocacy and navigating overlapping systems (criminal justice, housing, allied health support, guardians), and frontline leadership skills.^{143 144}

Initiatives such as the Aged Care and NDIS Quality and Safeguards Commission's free eLearning modules,^{145 146} AbilityFirst's Diploma of Frontline Practice Leadership, and the NDIS Workforce Fundamentals microcredential¹⁴⁷ 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.¹⁴⁸ 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.¹⁴⁹

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 making¹⁵⁰

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.¹⁵¹ 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 products¹⁵²
- 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.¹⁵³ 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.¹⁵⁴



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.¹⁵⁵ 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 students¹⁵⁶ 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.¹⁵⁷

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.¹⁵⁸ 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.¹⁵⁹ 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





SECTOR
PROFILE

Children's education and care



1. Sector profile

The children's education and care (CEC) sector provides education, care and development services to children from birth to end-of-school age. HumanAbility's remit covers the early childhood education and care (ECEC) workforce employed in services under and outside of the National Quality Framework (NQF), and education support roles serving children in their early years and school years.¹⁶⁰

Within these sectors, subsectors and frameworks, there are important distinctions. For example: Long Day Care (LDC) services cater to children from infancy to before schooling years; preschools (also known as kindergartens) serve children in the year or two before full-time schooling, family day care (FDC) serves infants through to end of primary school, and Outside of School Hours Care (OSHC) serves children in primary school (and, following recent policy changes, preschool), and has a larger emphasis on leisure and recreation, as opposed to care and development.



The CEC sector plays a vital role in children's learning, care and development across a range of domains – cognitive, language, physical, emotional, cultural and social.

The CEC occupations under HumanAbility's remit are:



- early childhood educators (including room leaders, and educators working in pre-school, FDC, OSHC, and nannies)
- children's education and care service directors (including OSHC coordinators and preschool directors)
- Aboriginal and Torres Strait Islander Education Officers, Community Education Officers, Community Education Counsellors
- Inclusion support assistant
- early childhood teachers, and
- education professionals not elsewhere defined at skill level 1, including Aboriginal and Torres Strait Islander Education Teacher.¹⁶¹

The CEC sector plays a vital role in children's learning, care and development across a range of domains – cognitive, language, physical, emotional, cultural¹⁶² and social. High-quality services provide numerous developmental benefits for children, supporting lifelong learning, development and wellbeing.¹⁶³

Available, accessible, quality CEC also promotes social equity and financial security for families and communities, by enabling parents and carers – and children themselves once older – to work, study, and volunteer. This in turn promotes gender equity and community cohesion, contributes to local, state, and national economies, and promotes higher productivity, innovation and community connectedness.¹⁶⁴



1.1 Size and demographic profile

In November 2024, there were 920,400 individuals employed within School and Children's Education and Care sectors, including school teaching and leadership roles (which are beyond HumanAbility's remit).¹⁶⁵ This is projected to grow to 963,000 by 2034.¹⁶⁶ 81% are women, 34% work outside capital cities, and just 2% are First Nations.¹⁶⁷



Profile of the children's education and care sector¹⁶⁸

920,351
employed



81%
are female

42%
are part-time



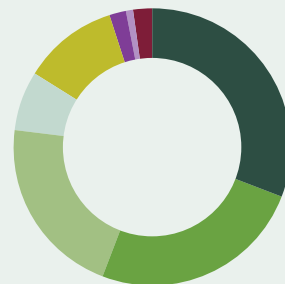
2%
identify as
First Nations

34%
work outside
the capital city



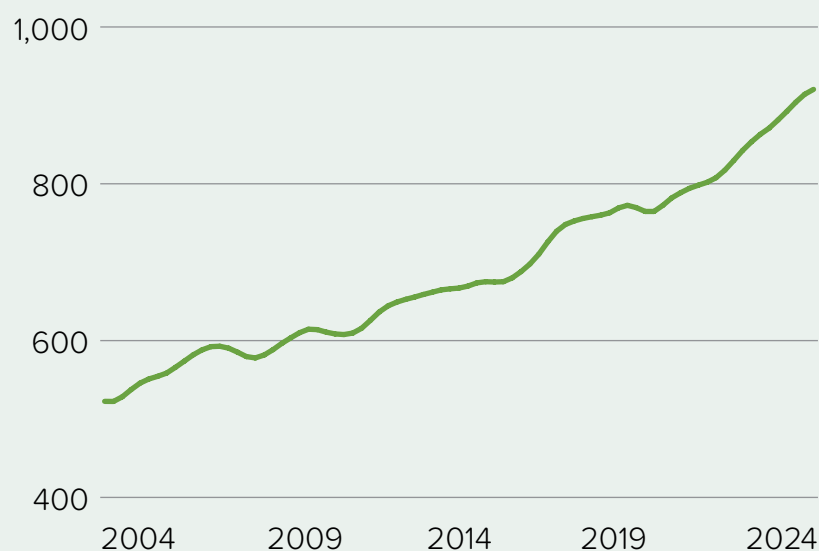
Employment by state

- New South Wales **31%**
- Victoria **25%**
- 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 **918,600** employees



2034 **963,000** employees



Relative to all Australian occupations, staff holding roles in the ECEC workforce:

Are much more likely to be female (93.3% vs 48.6%)



Are more likely to hold a qualification at the level of Certificate III or above (78.7% vs 66.1%)



Earn less than similarly qualified occupations

Are slightly more likely to be born overseas and speak a language other than English at home (30.5% and 23.6% vs 28.5% and 21.4%)



Are more likely to have a long-term health condition (33% vs 28.6%)¹⁶⁹

The median age of workers differs between service types and by gender. For example, occupations falling under the “education aide” grouping have a median age of 43¹⁷⁰ and educators in family day care (FDC) and preschools have a median age of 45–46, followed by educators in long day care (LDC) at 35 for women and 32 for men, while outside school hours care (OSHC) and vacation care workers have a median age of 23 for men and 25–26 for women.¹⁷¹

The proportion of First Nations people is much higher in ECEC occupations (3.8%) than the average for the broader education and training sector (2%), and the average for all occupations (1.7%); however, First Nations people remain over-represented in the lower-paid roles.¹⁷² There is a pronounced geographic dimension to this cohort, with First Nations workers in ECEC settings comprising 2.4% of the workforce in major cities, 6.8% in regional Australia, and 25% in remote Australia.¹⁷³



Occupations

The five largest occupation groups under HumanAbility’s remit are Early Childhood Educators, “education aides” (multiple roles; see footnote),¹⁷⁴ Early Childhood Teachers (ECTs), and Children’s Education and Care Centre Directors.

These key occupations work in LDC services,¹⁷⁵ FDC services, standalone preschools¹⁷⁶ (including preschool programs within LDC services), schools (especially education aides, OSHC and vacation care (VAC) workers), occasional care (also known as limited hours care) services, the In Home Care program, mobile services, and ECE or integrated services offered through Aboriginal Community Controlled Organisations (ACCOs). These last three services are overwhelmingly utilised by children and families in remote areas and with additional or complex needs.

Other core roles in the sector covered in this profile but not well captured by ANZSCO are pedagogical/educational leaders, room leaders, and FDC coordinators.¹⁷⁷ The replacement of ANZSCO with OSCA will provide greater granularity and accuracy for CEC occupations. This change has commenced but will fully come into effect with the 2026 census, with key data sets used for occupational planning still using ANZSCO.

Table 1: Key occupations in CEC and Education sectors¹⁷⁸

Occupations (per ANZSCO)	Number employed Feb 2025	Female share	Median weekly earnings	Part-time share	Median age
4211 – Educator (“Child carer”) including: <ul style="list-style-type: none"> • 42111 Child care worker • 42112 1 – family day care worker • 42113 Nanny • 42114 Out of school hours care worker 	176,300	94%	\$1146	55%	32, of which: 45–46 in FDC ¹⁷⁹ 35 in LDC 23–26 in OSHC & VAC ¹⁸⁰
“Child Care Centre Manager” #1341	20,100	94%	\$1412	24%	41
Early Childhood Teacher #2411	73,700	97%	\$1660	50%	39
“Education Aide” #4221 including: <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander Education Worker 42211 • Integration Aide 42212 • Preschool Aide 42215 • Teachers’ Aide 42216 	134,800	86%	\$1098	69%	43
Primary School Teacher #2412	164,300	85%	\$2000	35%	39
Secondary School Teacher #2414	146,400	62%	\$2166	22%	42

Table 1 (above) shows that in occupations where the children are younger, the proportion of women is higher, and their earnings are lower. This links to two issues HumanAbility is working on: increasing gender diversity in the sector, and increasing the valuation of the care and support workforces, which remain heavily female dominated.

The 2024 ECEC National Workforce Census (NWC) has very similar estimates for key ECEC roles, despite differing methodologies. The NWC counted a total of 240,041 people working in services eligible to receive the Child Care Subsidy (an increase of 23,422 since the 2021 NWC) in May and April 2024, of which 217,420 were ‘paid contact staff’ directly providing care or education to children.¹⁸¹

Of the ECEC workforce, the NWC found the vast majority – almost 80% – worked at an LDC. Of the remaining workers, 30,486 worked in OSHC, 31,686 in vacation care, 9,688 in FDC, 743 in IHC and 28,009 in standalone preschools.¹⁸²

Numerous education and training qualifications and pathways provide entry to these vital occupations. The most common of these are:

- Certificate III in Early Childhood Education and Care (CHC 30121)
- Diploma of Early Childhood Education and Care (CHC0121)
- Certificate III in Outside School Hours Care
- Diploma of School Age Education and Care (CHC50221)
- Certificate III in School Based Education Support (CHC30221)
- Certificate IV in School Based Education Support (CHC40221)
- Bachelor and Master of Education (in Early Childhood or Early Childhood and Primary)

These courses and qualifications are offered by a mix of TAFE institutes, universities, dual-sector providers, community education providers including ACCOs, enterprise providers, and private training providers.

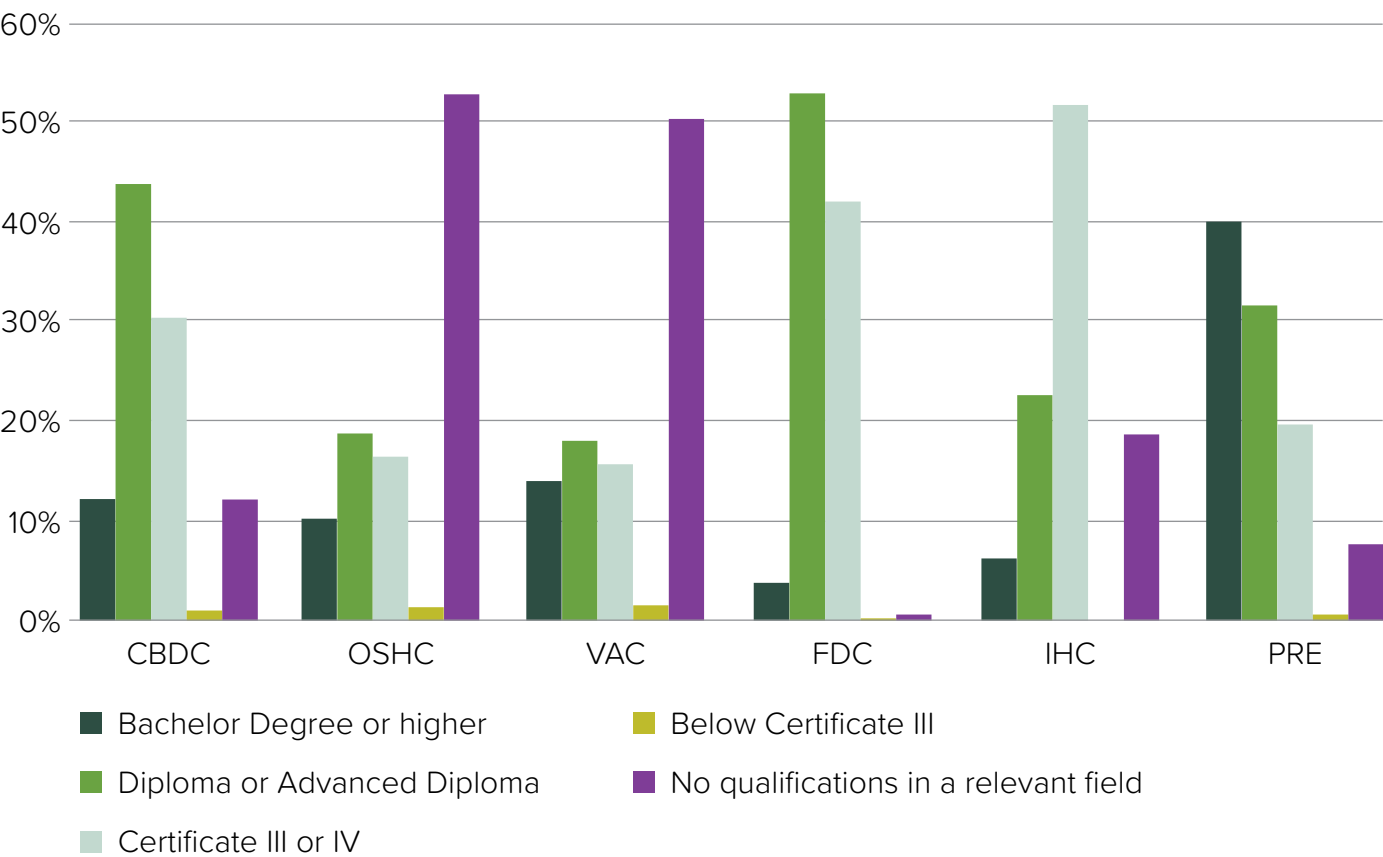
Additionally, Earn While You Learn (EWYL) models, such as traineeships, and Grow-Your-Own programs (including On Country programs for First Nations people, typically in regional and remote settings) provide different and often more flexible pathways (see case study on RATEP below).

Employers are also accessing microcredentials to meet specific technical or bespoke professional learning and development needs in areas as diverse as supporting children with developmental delays or disabilities, frontline management and educational leadership. HumanAbility is researching the potential for quality, shorter forms of training to meet the sectors’ desire for more flexible training options to support the ongoing professional development and upskilling of existing workers (see sections 2 and 4).

Qualification types and levels

The qualification types and levels vary across occupations and across service settings, (see Figure 1, below) reflecting not only different services, age cohorts and contexts, but also regulations at state and federal levels to support quality.¹⁸³ Within ECEC, 81.3% of workers working directly with children had an ECEC-related qualification. Additionally, 27.9% of LDC educators were currently studying for a qualification, an increase from 23.7% in 2021.¹⁸⁴

Figure 1: Qualification types and proportions across ECEC settings¹⁸⁵



Over half of all OSHC and vacation care educators hold no qualifications in a relevant field,¹⁸⁶ reflecting (among other factors) the lack of nationally consistent qualifications for these subsectors. This is an area of current focus for HumanAbility (see sections 3 and 4). However, 24.1% of OSHC educators and 26.5% of vacation care workers are undertaking a qualification in ECEC or a related field. The vast majority of these are Bachelor-degree qualifications or higher.¹⁸⁷ This fact – that so many OSHC and vacation care educators are younger and undertaking tertiary education in non-ECEC fields – is directly correlated to their high turnover, both with their current employer and the sector.¹⁸⁸ Once these educators finish their degree (or other qualification), they seek or commence work in those other fields.

1.2 Forecast growth

All occupations under HumanAbility's CEC remit have grown in workforce size in the last 12 months and are expected to further increase in coming years. However, this growth does not meet current demand and falls far short of meeting future demand under all modelling scenarios, especially when workforce attrition and policy reforms are considered. This is explored further in section 3.

Employment projections from Victoria's University's forecasting model show varying levels of growth across the four key CEC occupations within HumanAbility's remit, as well as overall growth for all CEC sub-sectors between May 2024 to May 2034 (see Table 2).

Table 2: Employment projections May 2024 to May 2034 for core CEC occupations under HumanAbility Remit¹⁸⁹

Occupations (per ANZSCO)	Projected employment May 2034	% change from 2024 to 2034
Educator ("Child carer") #4211: including Child care worker 42111; FDC worker 421112; Nanny 42113; OSHC worker 42114)	177,100	+ 2.3%
Child Care Centre Manager #1341	22,400	+ 13.2%
Early Childhood Teacher #2411	66,700	+ 8.6%
Education Aide #4221 including Aboriginal and Torres Strait Islander Education Worker 422111; Integration Aide 422112; Preschool Aide 422115; Teachers' Aide 422116	142,452	+ 11.1%
All children's education and care subsector	963,000	+ 7.4%



All occupations under HumanAbility's CEC remit have grown in workforce size in the last 12 months... However, this growth does not meet current demand and falls far short of meeting future demand.

1.3 Enrolments and completions in qualifications

Far more people enrol in the qualifying courses than complete them. While some learners discontinue for good reasons – for example, switching to a course that better meets their needs and interests – high non-completion rates among other students raise possible questions around course content and delivery, including whether all students’ needs are being met as effectively as possible. Further, very low rates of enrolment and especially of completion among learners identifying as First Nations and learners disclosing a disability (relative to the proportion of these cohorts in Australian population) highlight the need for these courses to be more physically and culturally inclusive and responsive to learner needs. These issues are discussed further in section 3 on challenges and opportunities, and section 4: roadmap.

Table 3: 2023 Enrolments and completions in CEC qualifications (NCVER, 2024)¹⁹⁰

For qualifications marked with *, please note qualification has been superseded.

First Nations and disability enrolments are based on the numbers of learners that disclose this status. For each of these, between 2% and 12% of learners did not disclose their identity in the survey.

+ There are no national qualification requirements for educators at OSHC services, however, state and territory-specific qualification requirements apply in the ACT, Queensland, South Australia, Victoria, Western Australia and the Northern Territory.

CHC30121 Certificate III in Early Childhood Education and Care	82,119	18,046	Indigenous: Enrolments 5.9%; Completions 2.4% Disability: Enrolments 7.2%; Completions 3.6%
CHC30113 Certificate III in Early Childhood Education and Care*	5,190	921	Indigenous: Enrolments 4.6%; Completions 2.9% Disability: Enrolments 5.1%; Completions 5.2%
CHC50121 Diploma of Early Childhood Education and Care	21,798	4,473	Indigenous: Enrolments 4.3%; Completions 2.0% Disability: Enrolments 4.9%; Completions 1.9%
CHC50113 Diploma of Early Childhood Education and Care*	2,604	1,508	Indigenous: Enrolments 2.1%; Completions 1.1% Disability: Enrolments 3.5%; Completions 2.5%
■ Enrolments ■ Completions			

CHC40113 Certificate IV in School Aged Education and Care⁺

284

95

Indigenous: Enrolments 3.6%; Completions 6.0% Disability: Enrolments 7.9%; Completions 6.5%

CHC50213 Diploma of School Age Education and Care*

1420

209

Indigenous: Enrolments 4.3%; Completions 11.5% Disability: Enrolments 7.0%; Completions 2.8%

CHC50221 Diploma of School Age Education and Care

73

16

Indigenous: Enrolments 2.1%; Completions 1.1% Disability: Enrolments 3.5%; Completions 2.5%

CHC40213 Certificate IV in Education Support

588

216

Indigenous: Enrolments 3.4%; Completions 1.4% Disability: Enrolments 3.8%; Completions 1.0%

CHC30213 Certificate III in Education Support

413

228

Indigenous: Enrolments 6.0%; Completions 4.0% Disability: Enrolments 12.9%; Completions 15.8%

CHC40221 Certificate IV in School Based Education Support

18,118

4,045

Indigenous: Enrolments 3.5%; Completions 1.4% Disability: Enrolments 6.4%; Completions 4.5%

CHC30221 Certificate III in School Based Education Support

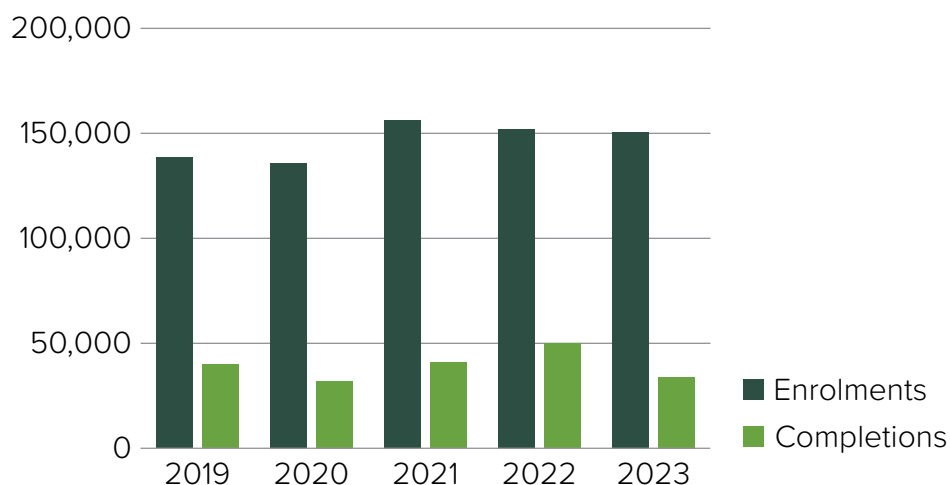
17,886

4,123

Indigenous: Enrolments 7.0%; Completions 4.1% Disability: Enrolments 8.4%; Completions 6.8%

Enrolments Completions

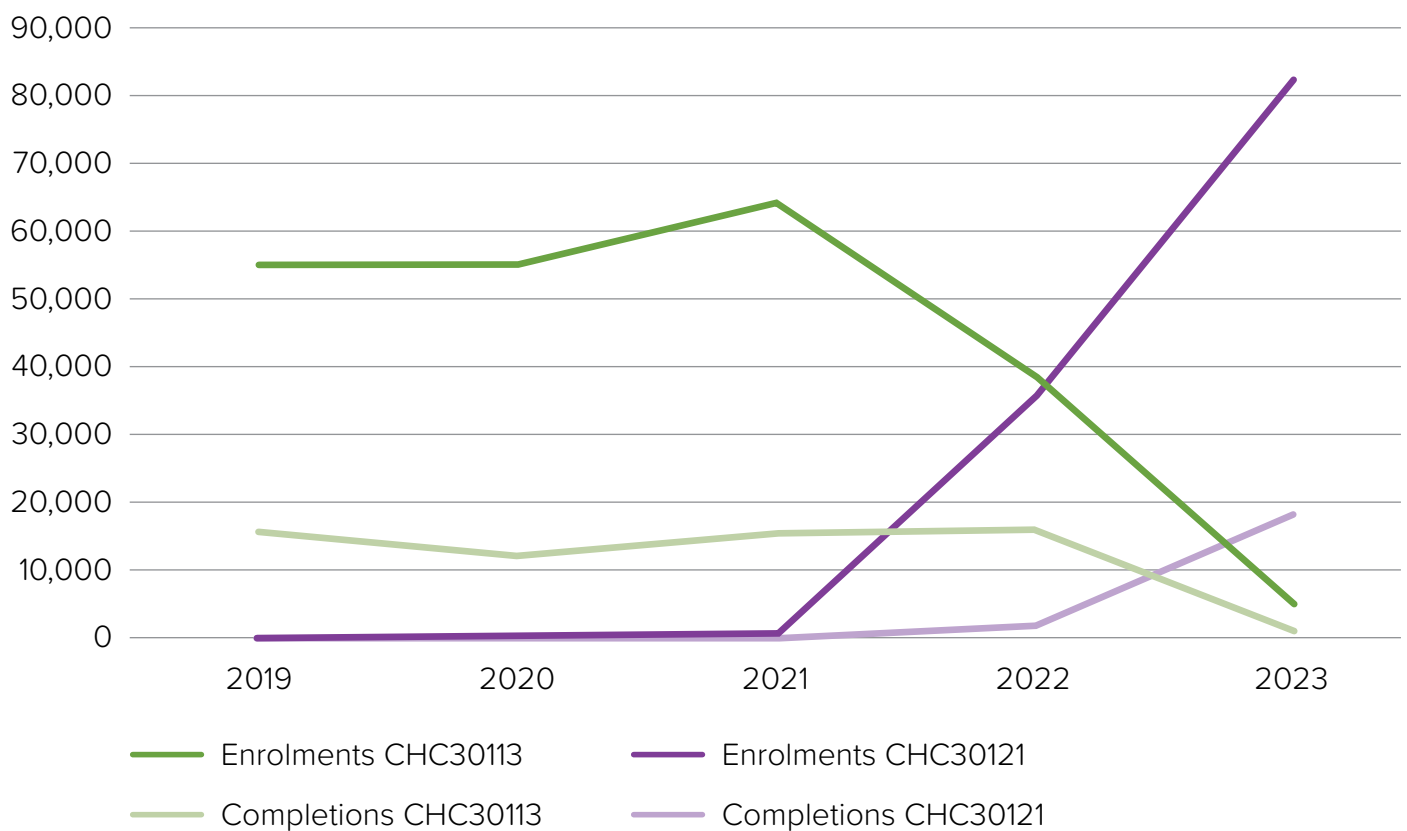
Table 4: Enrolments and completions in CEC qualifications, 2019–2023¹⁹¹



	2019	2020	2021	2022	2023
Enrolments	138,440	135,865	156,390	152,150	150,510
Completions	39,870	32,025	40,850	49,885	33,860

Table 4, above, shows that while enrolments across all CEC qualifications have risen since 2019, completion numbers per year over this period have fluctuated. While there may be several reasons for this, examination of completions at the level of specific qualifications provides some potential insights.

Figure 2: Trends in enrolment numbers, and in completion numbers, for Certificate III in ECEC¹⁹²



This figure illustrates the enrolment and completion trends for Certificate III in Early Childhood Education and Care from 2019 to 2023, showing a clear transition between the superseded CHC30113 qualification and the new CHC30121 qualification. It highlights a successful transition between qualifications, with a significant uptake of CHC30121. However, the slower rise in completions compared to enrolments suggests challenges in course retention and completion rates, which may require further investigation.

Figure 3: Trends in enrolment numbers, and in completion numbers, for Diploma of ECEC¹⁹³

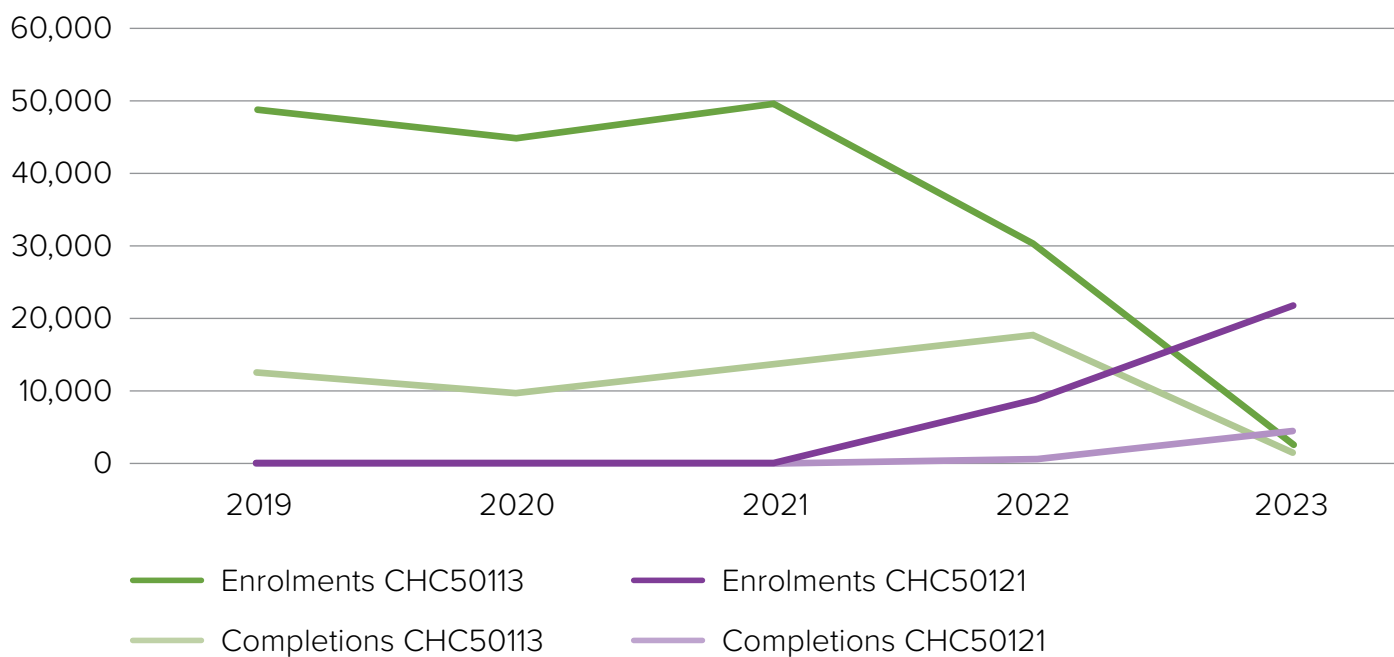


Figure 3 shows the transition from CHC50113 to the new CHC50121 qualification. This trend indicates a successful transition between qualifications, with increasing uptake of CHC50121. However, the slower rise in completions compared to enrolments suggests course retention challenges, similar to those seen in the Certificate III transition. Ensuring adequate support for students to complete their qualifications will be essential in meeting workforce demands in the early childhood education sector.



Gender

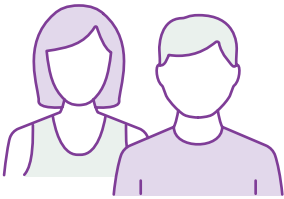
Enrolments and completions for CEC qualifications (under the CHC training package) by gender, 2023¹⁹⁴

Females
accounted for
93.8%
of enrolments and
94.2%
of completions

Males
represented
5.6%
of enrolments and
5.3%
of completions

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

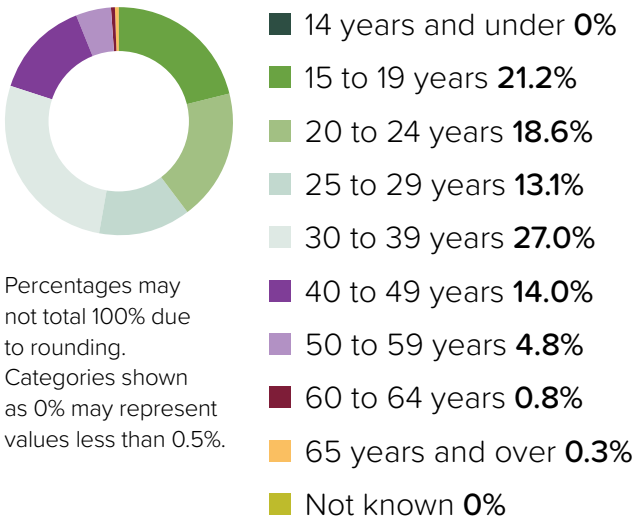
Not known:
Enrolments 0.4%;
Completions 0.4%



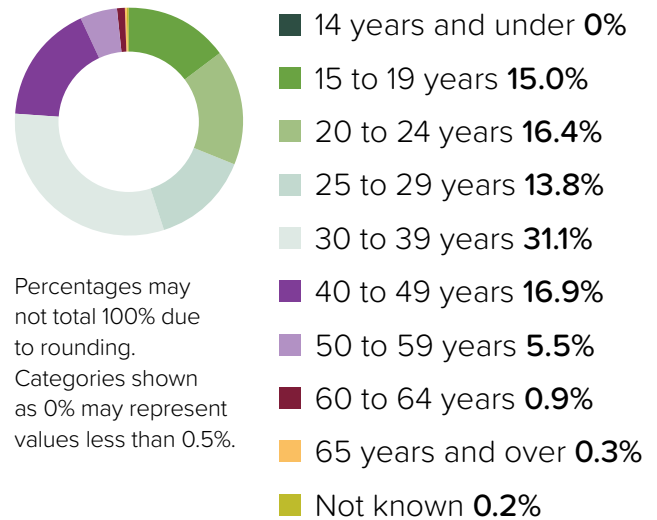
Analysis of the student cohort engaging with CEC qualifications in 2023 highlights a vast majority of students are female, with women comprising approximately 94% of both completions and enrolments.

Age

Enrolments for CEC qualifications (under the CHC training package) by age, 2023¹⁹⁵



Completions for CEC qualifications (under the CHC training package) by age, 2023¹⁹⁶



Students aged 30–39 make up the cohort with the highest proportion of both completions and enrolments, though there is a fairly even spread among other age groups, tapering off in the 50–59 bracket.

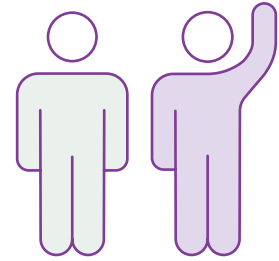
First Nations

Enrolments and completions for CEC qualifications (under the CHC training package) by Indigenous identity, 2023¹⁹⁷

Aboriginal and Torres Strait Islander learners represented **5.3%** of enrolments and **2.4%** of completions

Non-indigenous learners accounted for **86.4%** of enrolments and **76.2%** of completions

Not known status comprised **8.3%** of enrolments and **21.5%** of completions



Reflecting the relatively low rate of First Nations representation within the CEC sector itself, First Nations students continue to be underrepresented among CEC qualification completions. It should be noted, however, that a relatively high proportion of completions have a 'not known' categorisation for First Nations status, potentially indicating a slight undercounting.

Disability

Enrolments and completions for CEC qualifications (under the CHC training package) by students living with disability, 2023¹⁹⁸

Learners with a disability made up **6.8%** of enrolments and **4.1%** of completions

Learners without a disability represented **84.1%** of enrolments and **77.9%** of completions

Not known status comprised **9.1%** of enrolments and **18.0%** of completions

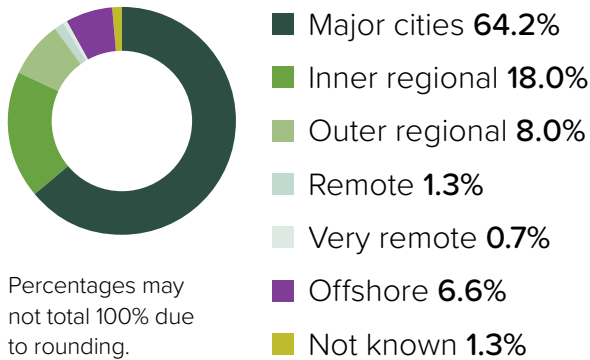


While, as with First Nations status, a significant proportion of CEC students did not record whether or not they live with a disability or other long-term condition, students who did identify as in this cohort made up 6.8% of enrolments and 4.1% of completions in 2023.

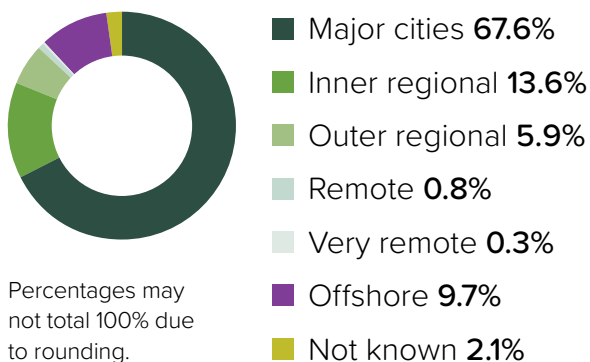
Geographic location

Remoteness¹⁹⁹

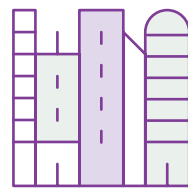
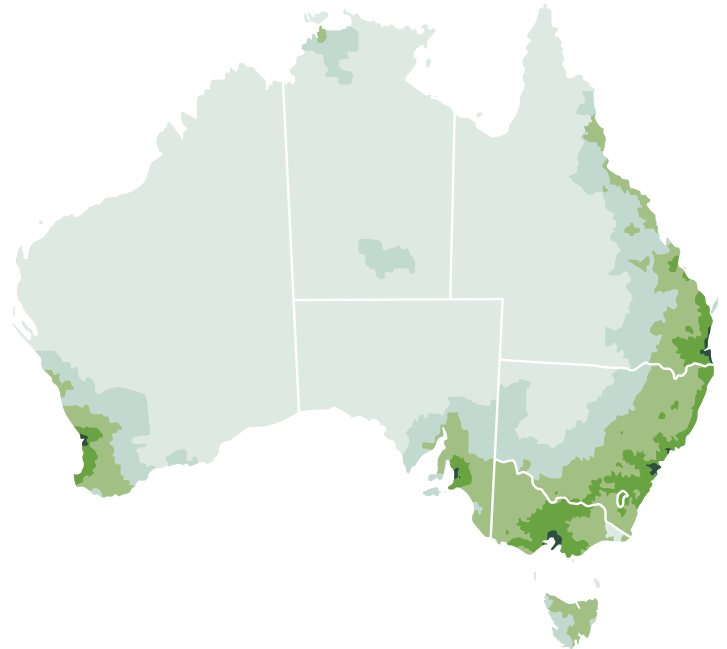
Enrolments for CEC qualifications (under the CHC training package) by remoteness, 2023²⁰⁰



Completions for CEC qualifications (under the CHC training package) by remoteness, 2023²⁰¹

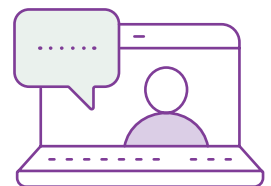


Students living in major cities account for around two-thirds of both enrolment and completions, joined by those living in inner regional and outer regional communities, as well as offshore (predominantly international-based) students to make up the vast majority of both student cohorts.



Major cities had the highest enrolments (64.2%) and completions (67.6%)

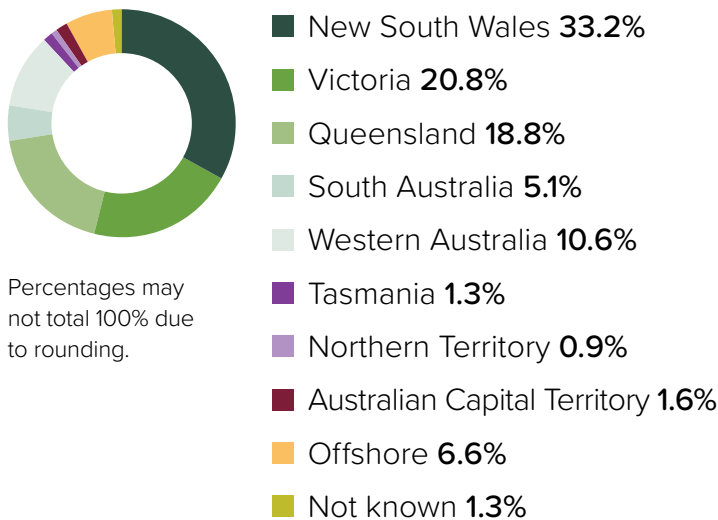
Students in **Very remote** and **Remote** areas comprise approximately **2% of overall enrolments** and **1.1% completions**



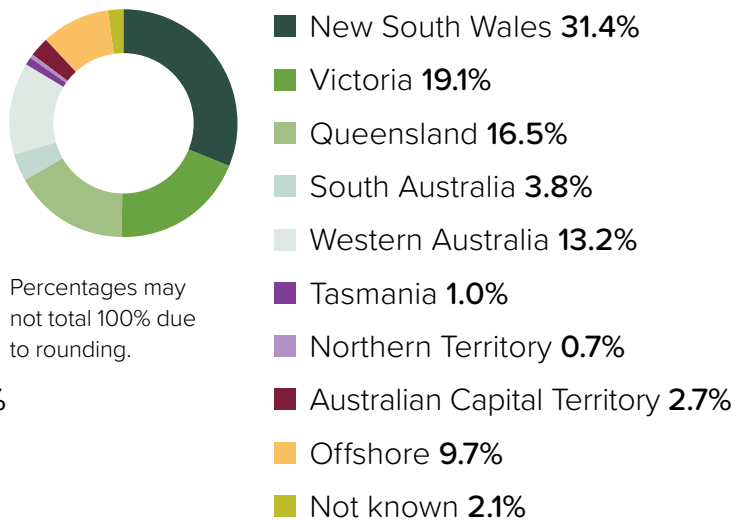
Geographic location

State/territory

Enrolments for CEC qualifications (under the CHC training package) by state, 2023²⁰²



Completions for CEC qualifications (under the CHC training package) by state, 2023²⁰³



New South Wales leads in both enrolments (33.2%) and completions (31.4%), closely followed by Victoria and Queensland. Western Australia accounted for 13.2% of completions and offshore students comprised almost 10%, with all other states and territories recording between 0.7% and 3.8%.



Victoria and New South Wales led enrolments and completions in children's education and care qualifications.

1.4 Traineeships

In September 2024, 22,271 educators were in training, nearly 1,000 more than a year earlier. One third (33.9%) of trainees were aged 15 to 19, with a further 30.1% aged 20 to 24 years.





Case study

RATEP ECEC

Since 1990, TAFE Queensland and James Cook University have delivered the Bachelor of Education and Teacher Aide qualifications to Aboriginal and Torres Strait Islander people in their home communities with support of the Queensland Government through the Remote Area Teacher Education Program (RATEP).

In 2018, the RATEP was expanded to include early childhood education and care (RATEP ECEC) which provides a culturally aware and supportive pathway for Aboriginal and Torres Strait Islander students to pursue a career in the sector.

Lead RATEP ECEC teacher at TAFE Queensland, Stacy Walters, oversees the delivery of the Certificate III and Diploma ECEC across six remote communities, spending three weeks each term delivering face-to-face training in the Torres Strait.

As an Aboriginal woman from the Goomeri Nation in Gunnedah, New South Wales, Stacy is an outstanding role model for her students. Her strong cultural connections and ability to adapt teaching methods to meet the unique needs of her students and their communities is breaking down barriers for remote students, enabling them to successfully complete their qualification.

“Seeing First Nations students shine – that’s my passion and hopefully my legacy. I live for it. I love it,” said Stacy.

The RATEP ECEC program achieves a remarkable 95% completion rate.

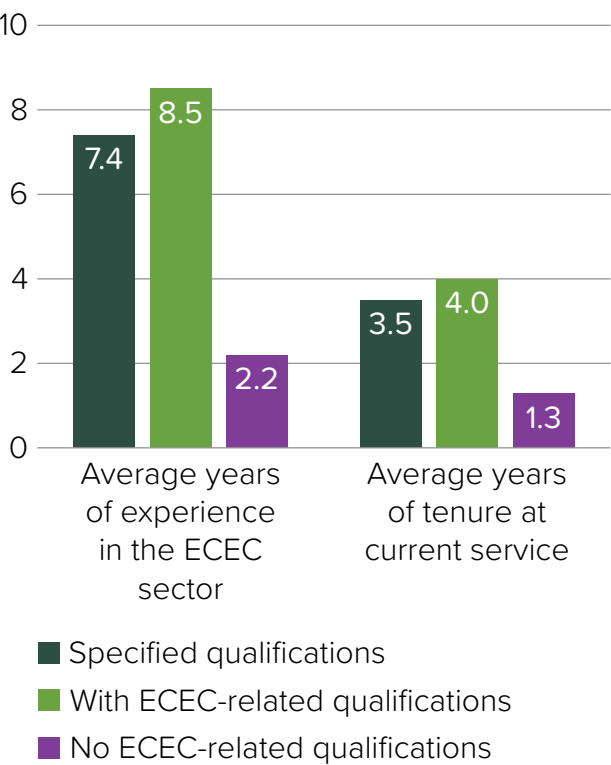
Under Stacy’s stewardship the RATEP ECEC program is hailed as a proven solution to attracting and supporting Aboriginal and Torres Strait Islander students in remote areas to enter the ECEC workforce.

1.5 Workforce mobility, retention and attrition

Accurate, timely and granular data for CEC of priority focus is not available. However, in-sights on the occupational mobility, experience and tenure within ECEC roles are provided via the NWC.

Workers holding a relevant qualification were much more likely to remain in the sector, and with their current service, than those without. Employees in standalone preschools had the highest average years of experience. Tenure in the ECEC sector, and within a worker’s current service, is 3–4 times greater among workers with an ECEC-related qualification, and between 2.5 and 3 times greater with the specified qualification (See Figure 4, reproduced from the NWC).

Figure 4: Average years of experience in the ECEC sector and tenure at the current service for paid contact staff with and without ECEC-related qualifications²⁰⁴



Workers holding a relevant qualification were much more likely to remain in the sector, and with their current service, than those without.

Occupational mobility varies by occupation. Mobility data suggests notable movement between key occupations under HumanAbility's remit – with educators moving into centre manager, ECT and education roles; and vice versa. This indicates workers upskilling and also workers – such as ECTs – shifting into related roles with less responsibility or administrative demands.

Table 5: Mobility rates, sources and destinations among key occupations, 2020–2021²⁰⁵

Occupation (per ANZSCO)	Annual turnover	Top 3 prior occupations (People moving from, and numbers)	Top 3 subsequent occupations (People moving to)
Educators ("Child Carers") #4211	7.2%	Sales Assistants (1,230), Checkout Operators and Cashiers (1000), Waiters (905)	Primary School Teachers (1,840), Welfare Support Workers (785), Education Aides (685) 0), Welfare Support Workers (785), Education Aides (685)
"Child Care Centre Managers" #1341	7.5%	"Child Carers" (555), Early Childhood Teachers (75), Primary School Teachers (45)	"Child Carers" (325), Primary School Teachers (50), Early Childhood Teachers (45)
Early Childhood Teachers #2411	6.1%	"Child Carers" (620), Primary School Teachers (295), Education Aides (165)	Primary School Teachers (490), "Child Carers" (255), Education Aides (85)
"Education aides" #4221	5.6%	"Child Carers" (685), Sales Assistants (570), General Clerks (330)	Primary school teachers (790), secondary school teachers (400), welfare support workers (370)

Updated data on mobility has been collected and will be brought into HumanAbility's dashboard once available.

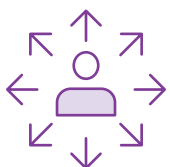


Shortage drivers

For educators, the leading driver behind workforce shortages is a retention gap.²⁰⁶ This is where there are below average rates of retention of employees by employers, as existing workers exit the sector. This issue is heightened by low numbers of new applicants per vacancy – in this case, the average number of suitably qualified applicants per vacancy is only 1.6.²⁰⁷ To help address retention gaps, increasing the number of skilled workers is only part of the solution. The occupations themselves need to be made more attractive to retain workers, such as through improved pay, conditions, professional learning, growth, recognition and respect. It is likely that recent reforms and (provisional) FWC decisions could improve attraction and retention.

For ECTs, the shortage driver is a long training gap, indicating “few qualified applicants per vacancy and a long training pathway.”²⁰⁸

According to the national shortage lists, there is no national shortage of education aides (ANZSCO 4221). However, analysis at the 6-digit occupational level reveals shortages in some jurisdictions for integration aides (in NSW), preschool aides (in NSW), Aboriginal and Torres Strait Islander Aides (in South Australia), and Teachers’ Aides (in the NT).²⁰⁹



The leading driver behind workforce shortages is a retention gap... where there are below average rates of retention of employees by employers, as existing workers exit the sector.



A thriving CEC workforce can drive social and economic benefits for the community, and enable other care and support sectors to thrive

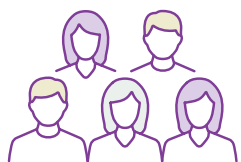
Appropriately qualified and supported staff are better equipped to provide high-quality early education and care, which in turn produces better short and long-term learning and developmental benefits for children, and economic and social benefits for families and communities.²¹⁰ For example, developmental issues can be identified and referred to appropriate specialists earlier for greater likelihood of effective early intervention, reducing the demands on other parts of the workforce; and the availability of quality care enables parents working in the care and support sectors to resume or increase their vital work.

Appropriately qualified and supported staff are better equipped to provide high-quality early education and care, which in turn produces better short and long-term learning and developmental benefits for children.



2. Government and reform initiatives

2.1 National initiatives (strategies and agreements)



Sector-wide

Shaping Our Future – National Children’s ECEC Workforce Strategy

This 10-year strategy (2022–2031) seeks to increase and ensure a sustainable, high-quality children’s education and care workforce by supporting the recruitment, retention, sustainability and quality of the sector’s workforce. HumanAbility is delivering Workforce Strategy Action FA3-2 under the leadership and ability focus area related to microcredentials via a targeted research project in 2025–2026.²¹¹

HumanAbility is also reviewing training qualifications to ensure they are contemporary and meeting industry, government and community expectations, and contributing to a skilled workforce delivery quality early childhood education services. This includes reviewing entry pathways to higher qualifications to encourage upskilling. This work contributes to the Strategy’s Action FA5-3 “Continue the ongoing focus on the quality of vocational education and training”.

Further to this, HumanAbility’s core functions and activities, workforce planning, research projects and training packages reviews underway and planned, contribute to four of the other six focus areas of ECEC Workforce Strategy.

Preschool Reform Agreement (PRA)

A four-year, \$2 billion agreement between the Australian Government and all states and territories to collaborate to improve preschool participation and outcomes.²¹² Key reforms include:

- a requirement for jurisdictions to pass on the Australian Government’s per-child funding contribution for 15 hrs/preschool in the year before school to non-government early learning centres/long day care centres if this is where a child accesses preschool
- the development of a Preschool Outcomes Measure (POM) that will include foundational skills such as executive function and oral language and literacy²¹³
- initiatives to strengthen participation and outcomes for children from vulnerable and marginalised cohorts, including First Nations children.

This initiative, among work being done at state and territory levels, reinforces the importance of growing the workforce, ensuring quality qualifications that appropriately equip graduates, and elevating the status of the professions (occupations) delivering preschool and developing children’s foundational skills and knowledge.

National School Reform Agreement

This landmark 10-year agreement between the Australian Government, all states and territories, and non-government school sectors, sets out the eight national policy initiatives, reform directions and school funding between January 2025 and December 2034. It directly influences the work and working conditions of school teachers, principals, education aides, and other CEC occupations.

National Skills Agreement (NSA) and VET sector investment

The NSA seeks to transform the VET sector to improve outcomes for learners, industry, the economy and nation. Initiatives that are relevant to CEC include Fee-Free TAFE courses, including short courses, Certificate III, IV and Diploma level,²¹⁴ and the Centre of Excellence in Early Childhood Education and Care at TAFE SA – which, along with the work of HumanAbility and others, will support capability uplift “through the sharing of high-quality training products, research, and industry demonstrations of innovative practice.”²¹⁵ This centre is guided also by the recommendations of South Australia’s Royal Commission into ECEC.²¹⁶

HumanAbility’s core work as sector steward means it is actively engaged in the identification, prioritisation and review of training packages and research towards these national goals (see sections 3 and 4), through ongoing engagement with government, industry, and training providers. HumanAbility is also actively involved with the work of the TAFE SA Centre of Excellence, including its Steering Committee.

Safe and Supported: National Framework for Protecting Australia’s Children 2021–2031²¹⁷

A joint initiative of the Commonwealth and states and territories, the National Framework was developed to reduce child abuse and neglect, and its impact across generations. One of four key focus areas relates to strengthening the child and family sector through the building of workforce capability. This includes an additional focus on developing the First Nations workforce in key sectors.

Actions in the current Framework’s Action Plan (2023–2026) align with and reinforce HumanAbility’s ongoing work to build sustainable, skilled and supported children and family services workforces. Specifically, it identifies the importance of trauma-informed practice and the value of this being included in training products and professional learning, which HumanAbility will explore in its microcredentials for professional learning research project, and its review of ECEC qualifications.



New and revised industrial agreements

A majority of employees in early childhood occupations remain reliant on award pay rates.²¹⁸ These rates are shifting in what early analysis suggests is a positive direction, with developments including:

- **The Fair Work Commission’s provisional decision in its review of five priority awards**, including the Children’s Services Award 2010, which finds that these workers have had their pay historically undervalued based on gender.²¹⁹
- **Expansion of the ECEC Multi-Employer Agreement 2024–2026**, to bring in 169 more employers since January 2025,²²⁰ covering an estimated 38,000 employees across 229 employers.²²¹ The objective of this agreement is to facilitate access to the Commonwealth’s ECEC Worker Retention Payment. While it is national in coverage, it excludes workers in standalone preschool services and some other CEC types, although there is potential scope for separate agreements for these subsectors in future. At the time of writing, a further 61 employers have applied to join the agreement.²²²

- **Goodstart Early Learning** – a new, approved enterprise agreement covering 15,521 employees across 650 services across Australia.²²³ Staff will receive a 10% pay increase over 12 months, with the first increase of 5% having occurred in December 2024, in line with the Australian Government’s Worker Retention Payment of 15%.

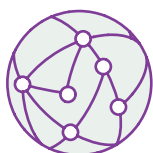
2.2 Commonwealth and jurisdictional initiatives

Extensive work is also underway by individual governments at Federal, state and local levels. Some of these pre-date the intergovernmental strategies, while some respond to or reinforce them. Government initiatives include:

- **Major inquiries** to better understand the challenges and solutions using different lenses or with different areas of focus (e.g. JSA's workforce capacity study versus the South Australian Royal Commission focussed on child and community needs).
- **Wage boosts, scholarships, and other funding incentives** seeking to attract and retain workers by removing or reducing financial barriers to joining or remaining in the workforce.
- **Strengthening the quality of ECEC programs and services**, especially by:
 - increasing the number of services meeting and exceeding the NQF
 - improving educational quality and developmental outcomes by using evidence-based early childhood pedagogy and practices and evidence around children's growth, learning and development
 - improving safety and accountability.

- **Improving accessibility**, both in terms of the availability of preschool, OSHC and LDC services (and reduction or removal of “child care deserts”) for children, and also the ability of services to meet the needs of children and their families – especially those living with a disability or developmental delay, or experiencing financial insecurity or trauma – and to do this in a way that is culturally responsive. This includes expanding access.

These initiatives are mutually reinforcing and have the potential to significantly improve outcomes for children and communities. They are often nested in one or more strategies, notably: ECEC workforce strategies; broader skills strategies; child development, wellbeing or education strategies; regional and remote strategies; and strategies to Close the Gap between First Nations and non-First Nations Australians.



These initiatives are mutually reinforcing and have the potential to significantly improve outcomes for children and communities.

Table 6: Government initiatives affecting the ECEC workforce²²⁴

Government	Government initiatives
Australian	<ul style="list-style-type: none"> • The 3-day Guarantee to subsidised ECEC and removal of activity test, from January 2026, building on earlier reforms aimed to improve access to ECEC. • The Worker Retention Payment, which supports a 15% wage increase for ECEC workforce over two years from December 2024. • Paid placements – the Workforce Paid Practicum Subsidy, and Commonwealth Prac Payment. • Responses to the PC, ACCC inquiries and JSA/HumanAbility ECEC Workforce capacity study, which reported 2023–2024 – recommendations being jointly considered or implemented to varying degrees.²²⁵ • Rollout of the <u>Early Years Strategy’s first Action Plan (2024–2027)</u>,²²⁶ including the expansion of foundational supports for children with complex or additional learning and development needs, a worker retention program, building a universal system including more services in regional and remote areas and more place-based services, and stronger accountability and coordination. • Current PC inquiry into Delivering Quality Care more efficiently (in ECEC and other HumanAbility sectors). • ECEC Workforce census – results from 2024 census, recently released, may sharpen or change focus of government initiatives.
ACT	<ul style="list-style-type: none"> • Early Childhood Strategy 2020–2025, includes workforce initiatives focussing on professional learning and development to ensure quality workforce.
Northern Territory	<ul style="list-style-type: none"> • Early Childhood Care and Development Plan 2018–2028, emphasises building a skilled and stable workforce through training, PD and support initiatives. • Partnerships with VET, university and dual sector providers to provide On-Country and ‘stepping stone’ pathways to EC careers for First Nations people.
New South Wales	<ul style="list-style-type: none"> • Childcare and Economic Opportunity Fund, including the Flexible Initiatives Trial, to empower ECEC providers to better meet local needs. • Start Strong – expanding access to funded preschool for all children, with additional initiatives for children experiencing vulnerability and disadvantage. • First Steps – the NSW Aboriginal Children’s Early Childhood Education Strategy. • <u>Parliamentary inquiry into ECEC service quality and safety.</u>

Government	Government initiatives
Queensland	<ul style="list-style-type: none"> • Thriving Queensland Kids and LinQ. • Queensland EC Workforce Strategy 2023–27, including additional funding for upskilling initiatives including in ECEC to <u>train 450 educators in child safety, supervision, and regulatory compliance.</u>
South Australia	<ul style="list-style-type: none"> • Implementing Royal Commission recommendations, including: <ul style="list-style-type: none"> – Early Childhood Workforce Strategy, released June 2024, a comprehensive plan to grow and support the EC workforce including PD pathways and an Aboriginal Workforce Strategy – 3-year-old preschool for all – Raising quality standards in all services.
Tasmania	<ul style="list-style-type: none"> • Early Years and School Aged Care Workforce Strategy (2021 & Beyond) with Early Childhood Australia – Tasmanian Branch, including a new scholarship program from mid 2025.
Victoria	<ul style="list-style-type: none"> • ‘Best Start, Best Life Workforce Strategy’, to support the expansion of funded preschool hours (1,200 hours of 4-year-old preschool (pre-prep), and 600 hours of 3-year-old preschool), beginning in 2026 for priority cohorts and in regional and rural areas; and multiple initiatives to grow and uplift the workforce, including through partnerships with universities and RTOs for accelerated courses and scholarships. • Koorie Kids Shine, promoting Aboriginal and Torres Strait Islander children’s participation in preschool.
Western Australia	<ul style="list-style-type: none"> • ECEC Workforce Action Plan, the regional ECEC workforce Action Plan, and the ECEC Job Ready Program.

Also, potential reforms, strategies and inquiries in adjacent sectors and by non-government actors – such as SNAICC and Early Childhood Australia – could impact on the CEC workforce, **especially where workers work across multiple settings or services, and where they work with First Nations people, those in regional and remote areas, and children (or their families) with disabilities or chronic health issues.**



3. Opportunities and challenges

The Australian CEC workforce figures, reforms and initiatives indicate a highly dynamic and busy policy and training landscape where the pieces are not only shifting but also interacting with each other and broader political and economic forces. However, despite the volume of activity, the workforce challenges identified by HumanAbility in its 2024 Workforce Plan remain, and present opportunities for HumanAbility and the sector. Each of these challenges is discussed below.

Figure 5: The seven workforce challenges identified for the care and support sectors





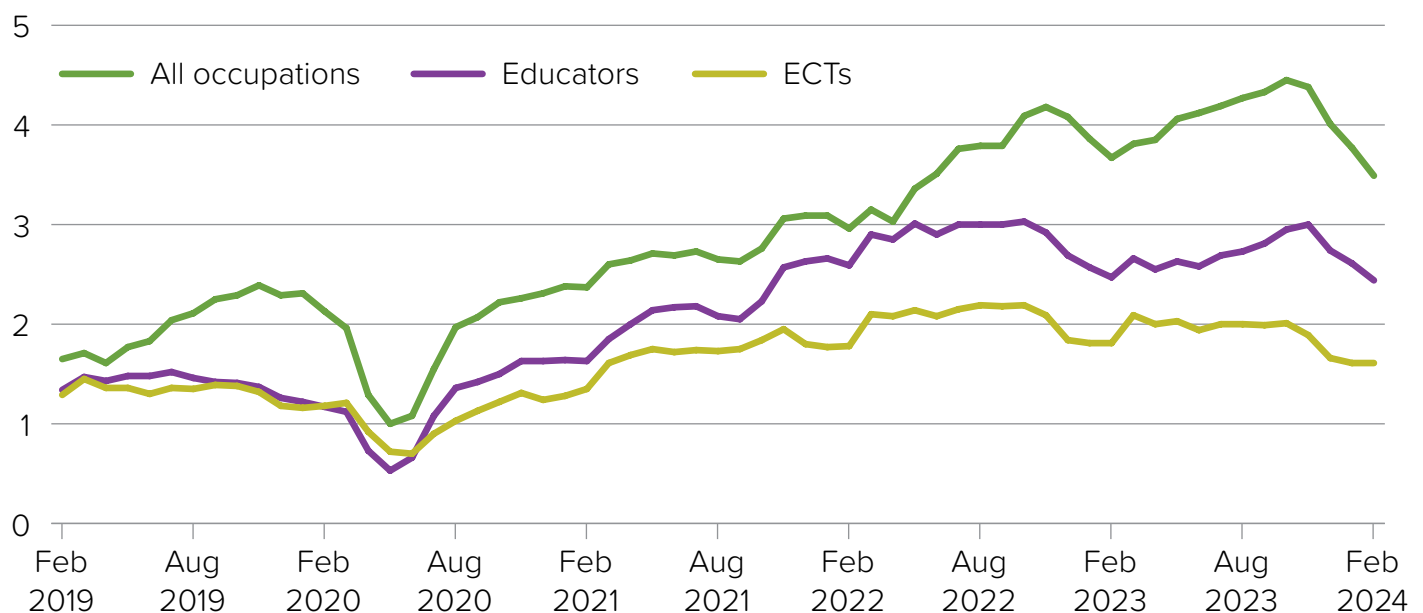
3.1 Labour force shortages

While the ECEC workforce has more than doubled over the last decade,²²⁷ demand for all roles and especially educators and ECTs is high, growing and vastly outpacing the supply of graduates. The gap is expected to grow in response to:

- policy reforms to significantly expand access to early learning
- population growth
- lower numbers of course completions than enrolments two to four years earlier.

HumanAbility analysis of CEC occupations at the 6-digit level found that 22 of the 27 occupations had shortages in one or more jurisdictions, and 11 have national shortages. The shortages are most pronounced for educator and ECT roles, although the severity of the shortages, as evidenced by vacancy rates and waiver requests, has eased since October 2024.²²⁸

Figure 6: Vacancy rates for ECTs and educators compared to all occupations, Feb 2019 – Feb 2024²²⁹

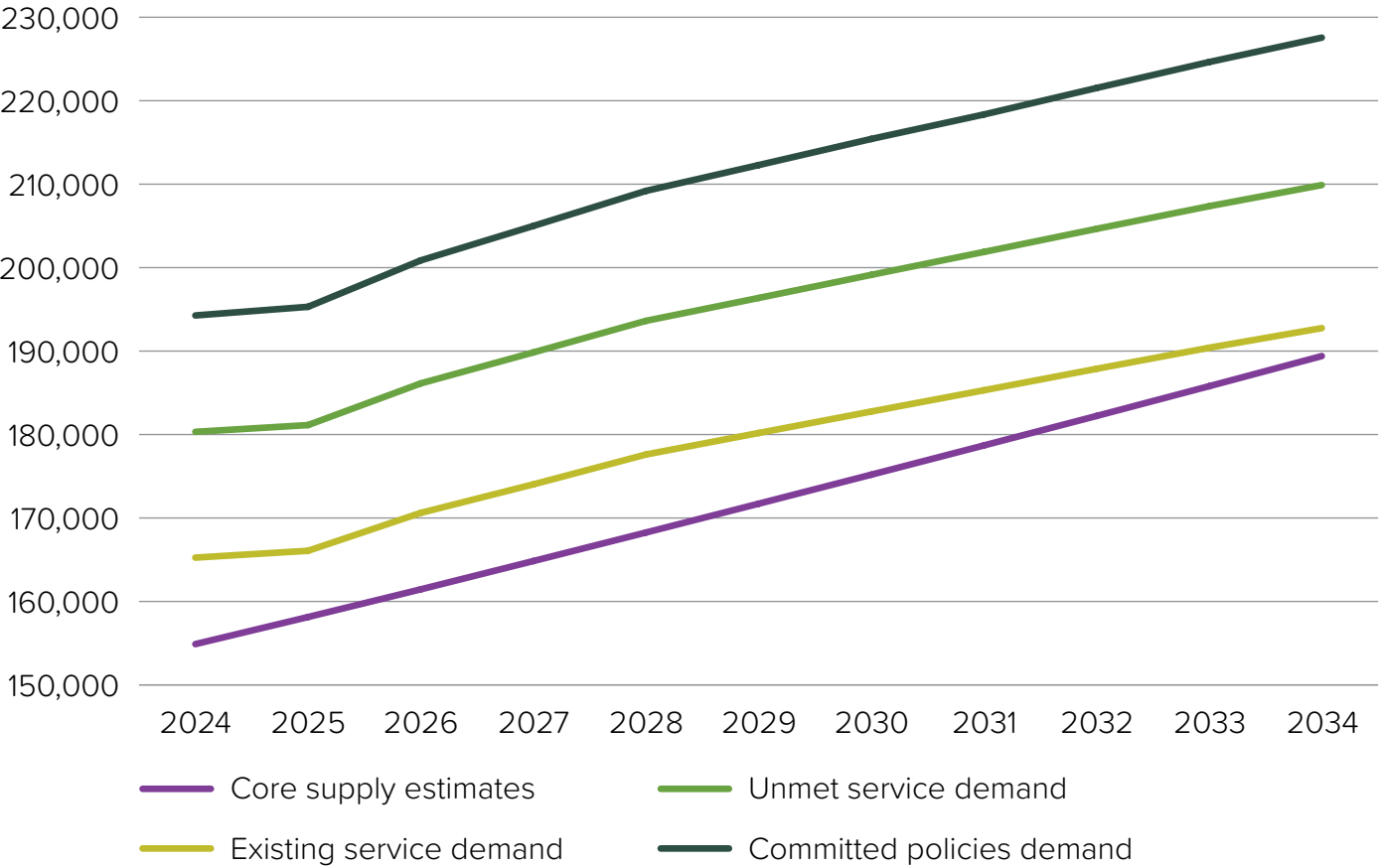


While aggregate supply is expected to increase by 2% a year over the next decade, this is woefully inadequate to meet forecast workforce demand. Modelling undertaken by Deloitte Access Economics for Jobs and Skills Australia's 2024 ECEC Workforce Capacity Study indicates that meeting current unmet demand at sustainable staffing levels would require the ECEC workforce to grow by an extra 16%. Implementing universal access to ECEC to up to 30 hours over three days, and implementing universal preschool for 3-year olds and 4-year olds, will mean staffing levels will likely need to grow by 3% per year.²³⁰ All shortages are more pronounced in outer regional areas and especially remote and very remote areas. This directly impacts on service quality and availability for children.

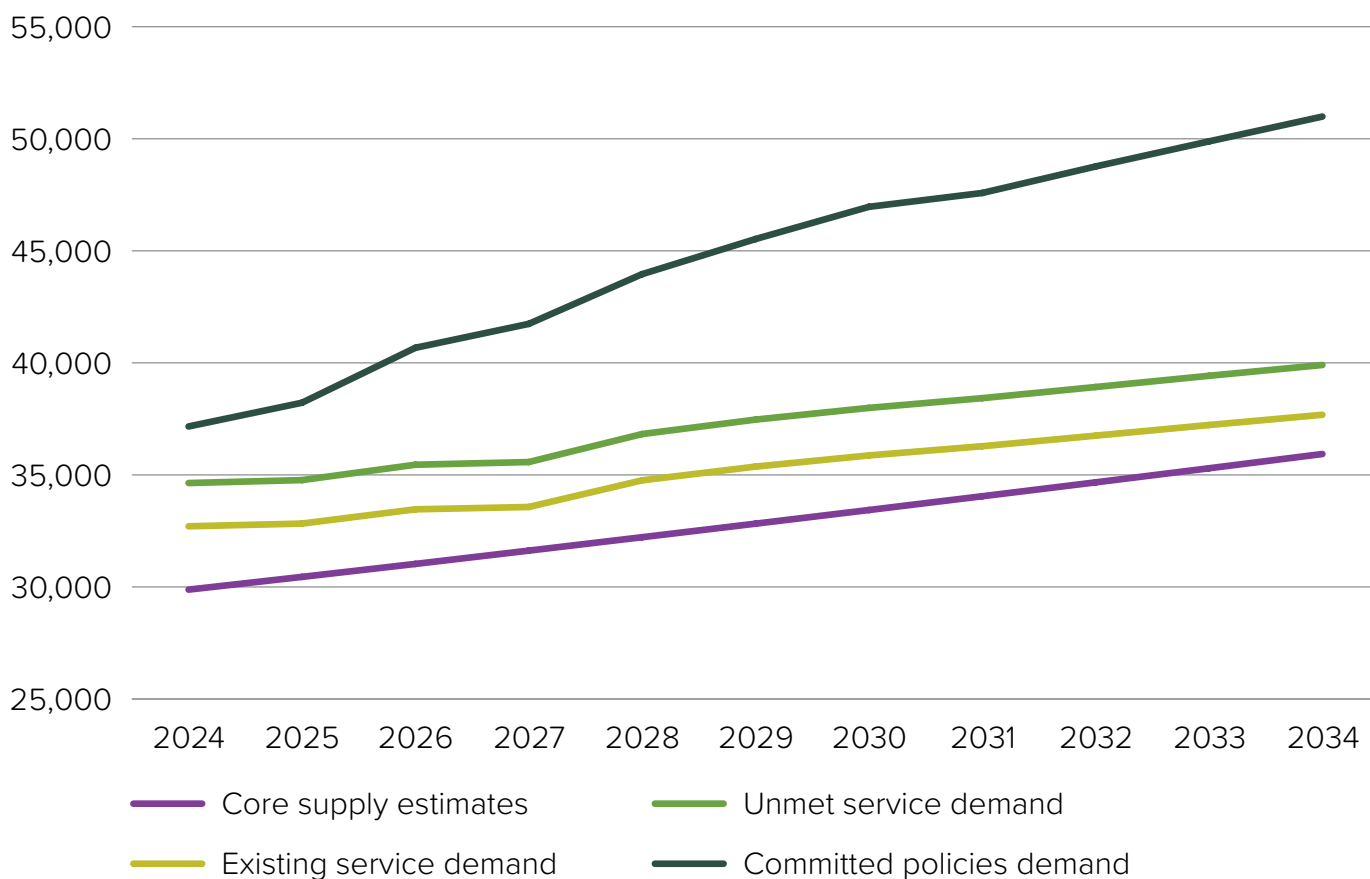
Figure 7 (below) breaks down, by key ECEC occupations, the widening gaps between supply and demand shown by this modelling. The modelling warns of stark, and increasing, shortfalls among all parts of the workforce over the decade to 2034, with the largest gap between core supply estimate and projected demand under a ‘committed policies’ scenario occurring in the Early Childhood Teacher occupation.

Figure 7: The growing gap between supply and demand for key ECEC occupations²³¹

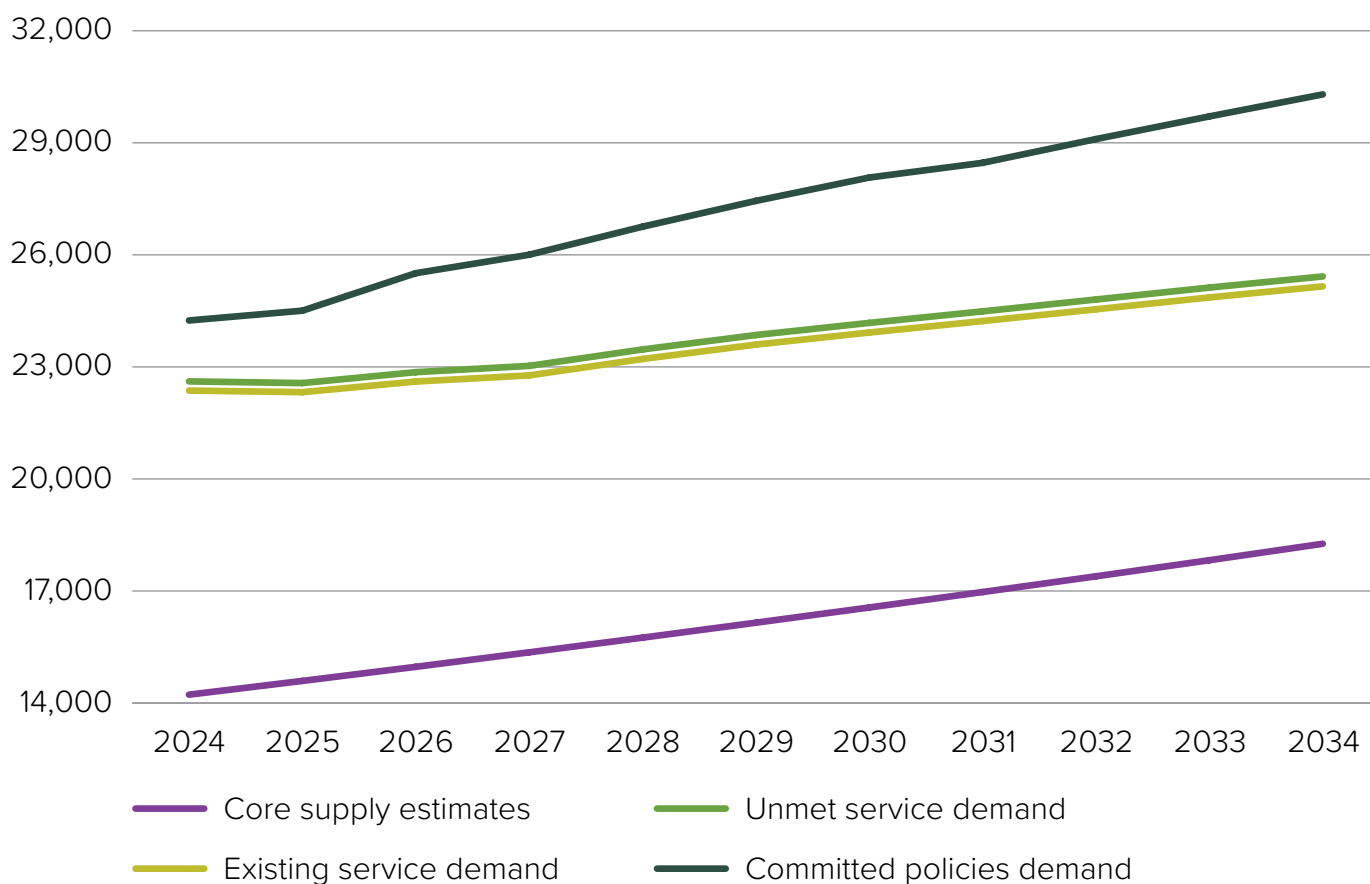
Child Carers: Supply vs demand scenarios



Early Childhood Teacher: Supply vs demand scenarios



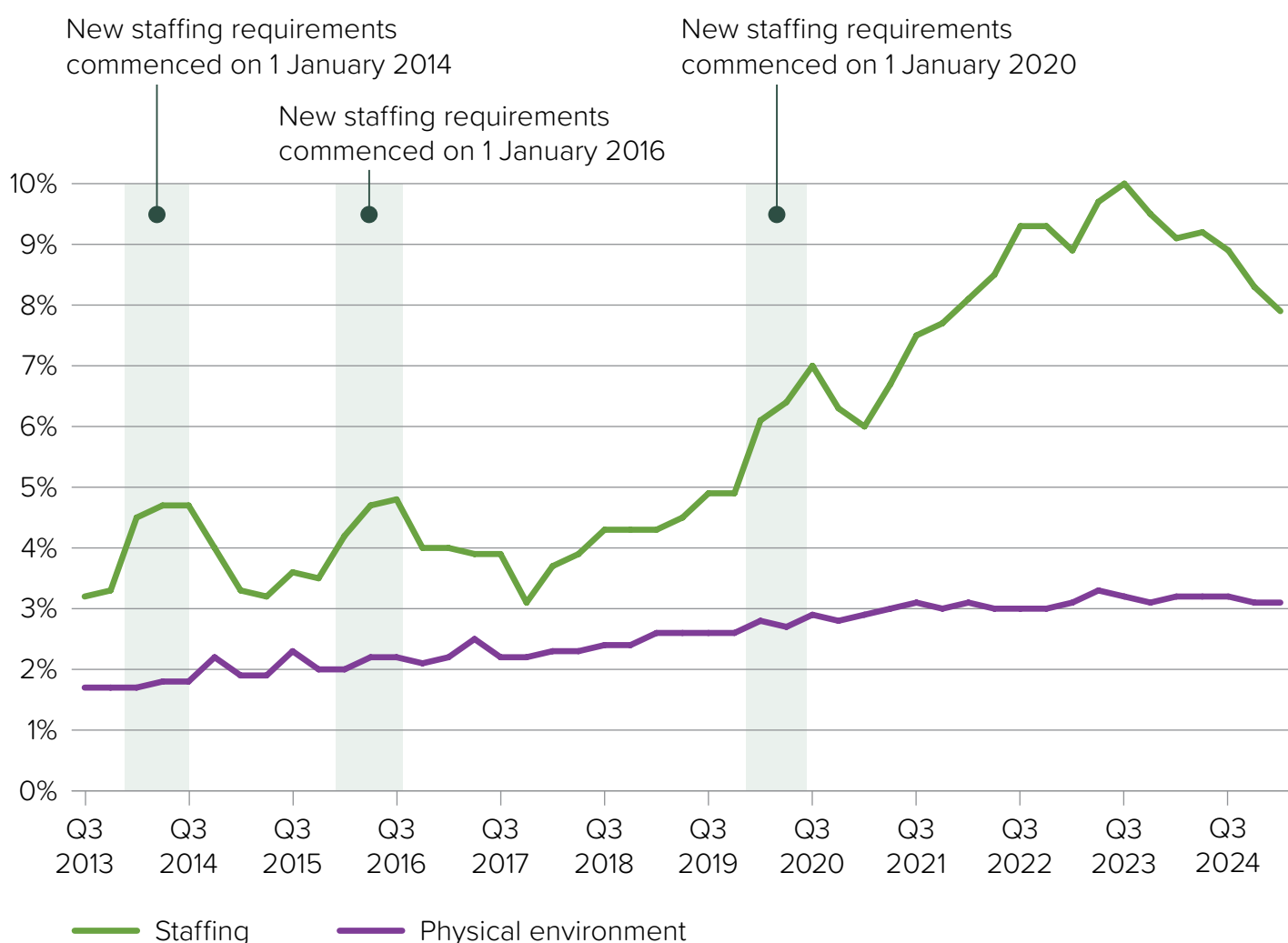
Child Care Centre Manager: Supply vs demand scenarios



Labour shortages have led to an increasing reliance on trainees and people ‘working towards’ their qualifications, a rise in staff working overtime (not always paid), and sustained levels of providers using staffing ‘waivers’ based on educator-to-child ratios. For example, traineeships have more than doubled from 6,785 in 2019 to 14,570 in 2023, but the number of completions has not increased at the same rate, moving from 4,745 to 6,840.²³²

Nationally, 8.3% of services operating under the NQS held a staffing waiver in quarter 4, 2024, although this ranged from 16.1% in South Australia to 1% in Victoria. Very remote, outer regional, and remote areas had higher rates of staffing waivers. The majority of these waivers relate to services’ inability to meet the requirement (in some cases) of having a minimum of two early childhood teachers (ECTs),²³³ with for-profit services three times more likely to hold waivers than not-for-profit community managed services or school and government provided services.²³⁴ This indicates that, although shortages exist across the board, persistent difficulties remain in attracting and retaining staff with higher (generally four-year Bachelor’s degree) qualifications into the sector.

Figure 8: Proportion of ECEC services under the NQS with a waiver by quarter and waiver category²³⁵

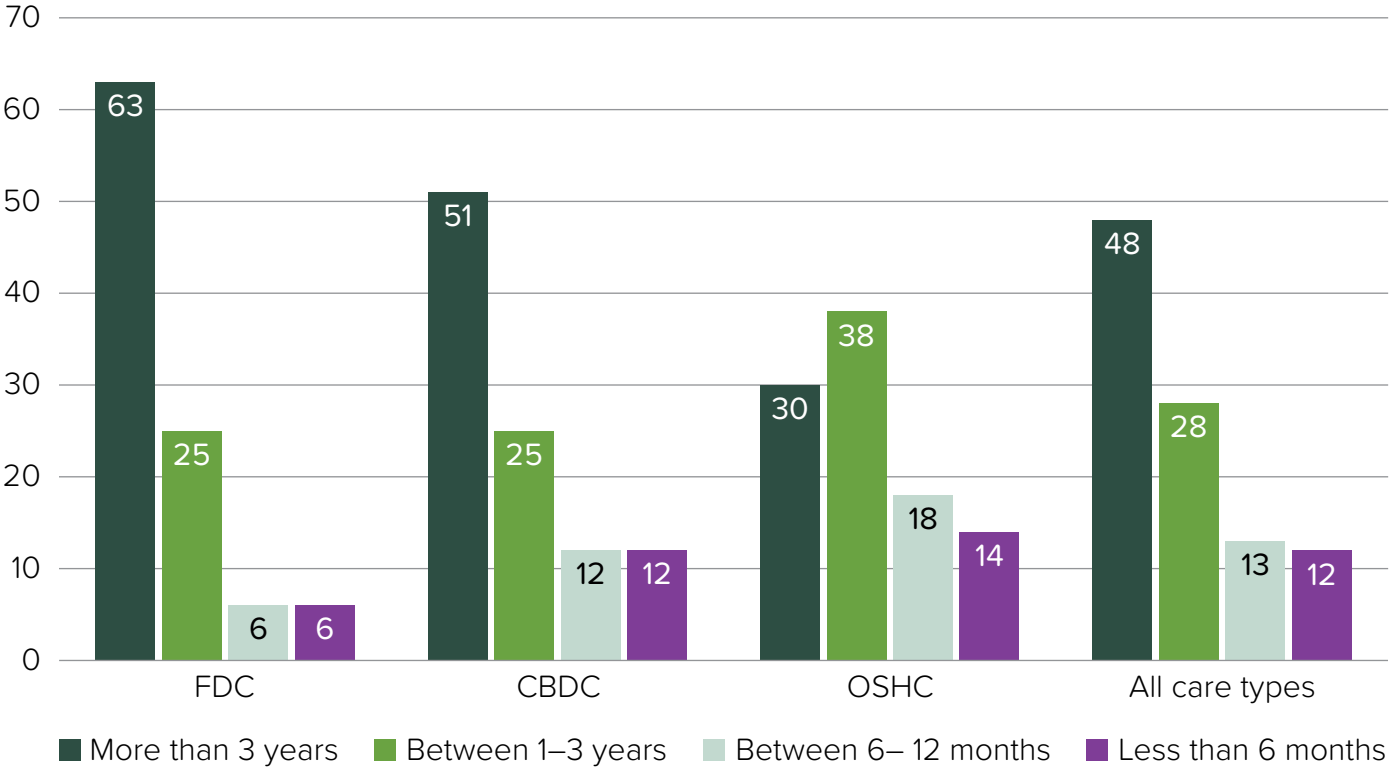


Waivers and staff shortages in services put pressure on current employees and directly contribute to burnout, absenteeism, attrition and higher incidence of safety incidents and other quality concerns. The rate of breaches has been rising, as has the rate of serious incidents.²³⁶ These are more likely in for-profit services.²³⁷ While quality ratings have improved since 2013, quality varies by service type, provider type, and with distance from major cities.²³⁸

Exacerbating these issues, there are relatively low rates of intention among the current workforce to remain in the sector. Almost half of all staff members across ECEC service types report they are likely to leave the sector within the next three years, with figures highest in FDC, followed by LDC settings.²³⁹ While OSHC educators also have lowish retention, this is largely explained by the high proportion of university students who work in this role during their degree, before leaving to take up a position in their field.

“There’s an exodus of OSHC workers in each year as staff move in, or out, of uni courses. Constant recruitment needed.”
Stakeholder

Figure 9: Educator intentions to remain in the sector by service type²⁴⁰



Trade union research supports these findings: a 2021 United Workers Union poll of over 4,000 educators, for instance, found that 46% of staff thought about leaving the sector ‘all the time’ or ‘most of the time’; that 82% of current educators felt rushed when performing key caring and educational tasks; and that over 75% of educators strongly agreed that turn-over negatively impacts on children’s learning, developmental and emotional wellbeing.²⁴¹

Multiple factors contribute to this, including salary/pay, career progression opportunities, and professional learning opportunities (see Figure 10). This indicates that – while improvements to the award pay rate (on which 45% of the workforce are paid, with a further 42% paid above award) are welcome, especially in a cost-of-living crisis – pay is not the only major consideration for workers.

“In 2025, employers will need to be both innovative and [adaptable] to attract and retain the top talent in the ECEC sector, demonstrating to their current and future employees that professional growth, wellbeing and diversity are all priorities.”²⁴²

“Employers that offer development opportunities recognise and value their workforce are more successful in retaining staff.”
Stakeholder

“Centres are losing staff to opportunities offering better pay and conditions, including teacher aides.”
Stakeholder

Figure 10: Educator ratings of various aspects of their jobs (2024)²⁴³

Salary/pay



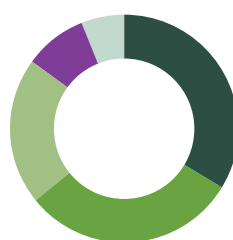
Very good **9%**
 Good **23%**
 Moderate **29%**
 Poor **22%**
 Very poor **17%**

Employment conditions, including leave and flexible arrangements



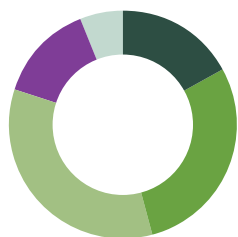
Very good **29%**
 Good **31%**
 Moderate **24%**
 Poor **10%**
 Very poor **6%**

Recognition from manager/supervisor



Very good **34%**
 Good **31%**
 Moderate **21%**
 Poor **9%**
 Very poor **6%**

Career progression opportunities



Very good **17%**
 Good **29%**
 Moderate **34%**
 Poor **14%**
 Very poor **6%**

Opportunities for professional development and learning



Very good **28%**
 Good **32%**
 Moderate **27%**
 Poor **9%**
 Very poor **5%**

Percentages may not total 100% due to rounding.



While enrolments in ECEC occupation qualifications have increased significantly, completions have not increased at the same rate. In 2023 (the most recent year of data available), as in previous years, the proportion of learners completing these qualifications who identify as First Nations, and those who disclose living with a disability, is roughly half the proportion of these same cohorts that enrol.²⁴⁴ This indicates a huge loss of potential talent and diversity due to various barriers, potentially including inadequate cultural responsiveness and safety, and inadequate adjustments. This is of concern given the need for up-skilling in these areas to support inclusive practice for all children.

Together, these challenges reinforce the vital importance of:

- Attracting more workers to all parts of the workforce pipeline;
- Improving completion rates for all courses – total time in the sector is more than four times higher for workers with ECEC qualifications than no qualifications;²⁴⁵ and
- Retaining existing workers, including through better conditions (ratios, professional support, professional learning and wellbeing initiatives) and improved wages (notwithstanding the recent wage increase, ECEC workers are still paid less than people in other occupations with similar qualification levels, which is particularly tough in a cost-of-living crisis).



3.2 Skills shortages and gaps

The proportion of workers categorised as educators, child care centre managers, ECTs and education aides holding a qualification, or undertaking professional development, has significantly increased since 2010 and continues to rise. For example, in ECEC, the proportion of staff (working with children) who undertook professional development (PD) in the last 12 months increased from 74.9% in 2021 to 88.7% in 2024. For these workers, the most common type of PD was in child safety (71.3%), followed by supporting complex behaviours (32.8%), and pedagogy or practice (28.9%).²⁴⁶

Despite this, skills gaps remain across these occupations. HumanAbility's stakeholder engagements and desktop research indicate the most pressing gaps and issues include:

- **Inclusion and support** for children with additional needs (notably children with complex behaviours, and children living with neurodiversity or disability).

“Specialist skills are needed in behaviour support, trauma informed education support, and supporting children with complex needs.”
Stakeholder

- **Evidence-based pedagogies and practice tailored to the ages and stages of the children**, including understanding how children learn and develop across all developmental domains, and how to apply evidence-based learning frameworks such as the Early Years Learning Framework or Early Years Learning Trajectories.
- **Cultural safety and responsiveness for First Nations** workers, learners, children, families and communities. For example, the Capacity study in ECEC found “There is not sufficient First Nations curriculum coverage in either Certificate III or Diploma ECEC and higher education qualifications, including relating to cultural safety. The current unit (CHCECE054) offered within the ECEC Training Package is not sufficient for Aboriginal and Torres Strait Islander learners to engage with culture within an early learning education context.”²⁴⁷ There are already many promising models in place across Australia, such as the Boori Milumba model, which demonstrates the multiple, reinforcing ways cultural safety and responsiveness can be developed, and the ways that cultural frameworks, professional learning, staffing (including cultural leader roles), and ways of engaging with children, families and the community can meet “the cultural, learning and development, strengths and needs” of First Nations infants and toddlers and their families.²⁴⁸



- **Leadership** (as a room leader, service leader, pedagogical leader or subject matter expert), especially as it relates to NQS quality areas. For example, the JSA Capacity Study found: “ECEC staff report a lack of leadership structure and capacity with the sector which often results in administrative overload – including complying with regulation and managing parent expectations – which is a psychosocial hazard that detracts from job satisfaction and drives attrition.”
- **Educators and ECTs who speak a language other than English (LOTE)**, with new workforce census data showing one in five children attending CCS services have a LOTE background, rising to almost 40% in FDC services, and the PC finding (2.3) that “a range of supports can support the inclusion of children from diverse backgrounds.” This reinforces analysis of likely trends affecting recruitment published by the Sector.²⁵⁰

“ECEC staff report a lack of leadership structure and capacity with the sector which often results in administrative overload – including complying with regulation and managing parent expectations – which is a psychosocial hazard that detracts from job satisfaction and drives attrition.”²⁴⁹



Case study

OSHC Services for Children with Disabilities in Regional Areas

Lifely is a disability service provider with 40 years' experience supporting regional Australians with a disability and their families. Lifely is part of a pilot funded by the Victorian Department of Education to provide free, high intensity Outside of School Hours Care (OSHC).

This unique model provides after school care and school holiday programs for children with complex disability and high support needs. Unlike typical OSHC services, Lifely's program caters for children from five to eighteen years old.

Bobbi Cox is the Children's Services Manager at Lifely. Bobbi manages a team of 180 staff across Lifely's four high-intensity OSHC sites located in Bendigo, Sunbury and Melton.

Bobbi said that even though the prescribed minimum staffing ratios are the same for all OSHC services, the OSHC Coordinator at each Lifely site has a large multidisciplinary team to deliver the high-intensity OSHC service. While the combination of skills and experience from the various professionals is necessary to deliver a high quality and inclusive service that meets the individual needs of each child, it has the added benefit for staff learning and development. "Our staff bring and share skills, expertise and professional practice from their various disciplines which has been incredibly valuable for staff development and provides opportunity for them in terms of career pathways".

One of the challenges with any OSHC service is the limited number of work hours available per week. With the learning and development opportunities at Lifely's high-intensity OSHC staff can pick up additional paid shifts across any of the organisation's seven departments, reducing burn out and supporting career longevity.





3.3 Training, qualifications and pathways

The content of the foundational qualifications – Certificate III in Early Childhood Education and Care and the Diploma of Early Childhood Education and Care – may not be fit for purpose, with major concerns raised by the Productivity Commission, the JSA and HumanAbility’s stakeholders, including industry, around graduates’ preparedness and completion rates.²⁵¹ Concerns include:

- **Inadequate content on how infants and children learn and develop, how to teach them in evidence-based and appropriate ways, and how to use the planning and assessment cycle.** This includes quality content on early literacy, numeracy, music and other core knowledge and capabilities for staff to support early learning in a way that achieves positive outcomes for children (i.e. intentional play, how to read a book, or playing with blocks).
- **Qualifications being overly compliance-focussed and complex in some areas** (especially for the Certificate III in ECEC) but too broad in others.
- **Delivery mechanisms which can make success more difficult** (for example, for some cohorts, block-mode is difficult to balance with work and family responsibilities, while delivery in schools and in services without infants or younger toddlers can make it difficult or impossible to meet core requirements with different age levels). Furthermore, staff shortages influence the ability of services to release staff for course classes and study.

Together, these issues result in some workers feeling that their needs are not met by their courses and discontinuing their studies, or exiting the profession, which exacerbates low completion rates and workforce shortages.

“The Certificate III and Diploma of ECEC need to be reviewed in partnership.”
Stakeholder

“Certificate III in ECEC and the Cert IV school-based education support qualifications don’t meet the needs of the industry.”
Stakeholder

“Foundation skills need to be embedded across Training Packages”
Stakeholder

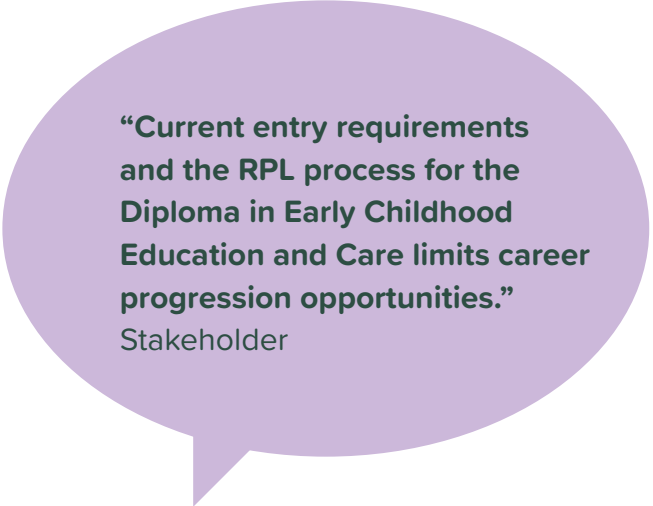
Additional concerns include:

- **Low interest or ability among workers holding a Certificate III to progress to a Diploma.**

The pay differential may not be high enough to incentivise this, given the additional responsibilities the progression entails; or the three-month time period to transition from a Certificate III traineeship to a Diploma (retaining all incentives) may not be feasible for a learner or for their employer, who may not have the necessary position vacant at the right time. Additionally, HumanAbility heard that the complexity of the Certificate III in Early Childhood dissuades some learners from further study, and that educators with a Certificate III prior to the CHC30113 could not get entry to the Diploma. A HumanAbility project recently examined this issue.

- **Movement of workers who upskill to a Bachelor's degree into school teaching roles with better wages, pay progression, conditions, and career development opportunities.**
- **Course completion numbers that continue to lag far below enrolment numbers in any year.**

A mix of factors is known to contribute to this, with factors varying across courses, jurisdictions, RTO types, individual RTOs and individual learners. These factors include: inadequate support from some employers of workers undertaking these qualifications; course content; and lack of cultural safety and responsiveness (for First Nations people) and reasonable adjustments (for people with disabilities and chronic health conditions).



“Current entry requirements and the RPL process for the Diploma in Early Childhood Education and Care limits career progression opportunities.”

Stakeholder

- **The role and effects of truncated/accelerated courses** for ECEC have grown in popularity and are now offered by institutions across Australia, sometimes with scholarships and other financial incentives. They were also recommended by the Productivity Commission.²⁵² But some stakeholders are concerned that these do not properly prepare workers and could result in higher rates of course non-completion, burnout, and workforce attrition, ultimately being counterproductive. At this stage it is too early to have solid evidence.
- **Appropriate career recognition and progression for the First Nations workforce.** Current systems to recognise prior learning and experience can be inflexible and pose barriers to qualification, especially for First Nations people providing care and education for children at services that don't operate under the NQF. SNAICC has recommended a number of mutually reinforcing actions to support these goals, consistent with the Shaping Our Future ECEC strategy, and the First Nations Teacher Strategy.²⁵³

- **Opportunities for improved, more accessible, more supported and more graduated pathways into educator roles**, such as through pre-employment programs, improved recognition of prior learning (RPL) (JSA Recommendation 23), and reassessing Skill Sets for different service types (e.g. JSA Capacity Study Recommendation 3), especially for First Nations people (e.g. Productivity Commission Recommendation 3.9).
- **Traineeships**, which are more common in early childhood than other HumanAbility sectors. These include 20% allocation of paid work time for off-the-job learning.²⁵⁴ Stakeholders have raised concerns around implementation – particularly whether, in the context of labour shortages and short-staffing, trainees receive the required study time as well as appropriate mentoring and support. There is also interest in ‘Grow Your Own’ models, in which communities (typically regional, remote or co-hort-based) identify or recruit trainees to work in community services. This promising model includes On Country approaches, which provide cultural responsiveness and safety for First Nations trainees.
- **Unpaid placements** and/or costs incurred during placements (including travel, foregone income, and cost of accommodation if placement is away from home).
- **Access to initial training and ongoing PD in regional and remote areas**, which would also help with provision of access/service availability in these areas.
- **Lack of leadership opportunities and incentives.** There is only a small financial boost to progress to room leader, to invest in getting a Diploma, or to become centre manager/director. The creation of more (new or additional) paraservice roles could help – such as educational leaders to share and strengthen evidence-based practices and address skills and capability gaps.²⁵⁵ Furthermore, although the sector requires staff who are skilled in a wide range of specialisations, the ways careers are structured offer relatively few opportunities for specialisation or career progression when compared to other sectors. JSA and the PC, among others, have suggested specialised or bespoke training pathways, including traineeships, for some settings, such as In Home Care, OSHC, and FDC.
- **Access to funded training for international students.**
- **Overseas credentials** – which need to be examined.



Access to initial training and ongoing PD in regional and remote areas would help with provision of access/service availability in these areas.



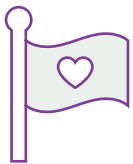


3.4 Diversity and inclusivity

Children's education and care remains heavily female dominated, with a higher proportion than average of people from diverse cultural and language backgrounds. While the cultural and language diversity is an asset appreciated by many families – especially those of the same backgrounds – and within family day care settings, continued vigilance is required to ensure these workers are fully valued, included and respected by and in the broader Australian community.

More can also be done to attract and retain men in this important sector that can positively impact the lives of children. This can include, and go beyond, improved wages and working conditions.

And more can and should be done to attract and retain First Nations people to CEC courses and roles through increased and sustained cultural safety and responsiveness in places of study, training and employment. This insight is reinforced by NCVER data showing low commencement rates and even lower completion rates, pointing to systemic issues in the training system. There are opportunities to leverage positive innovations and inclusive, supportive practices across many RTOs and universities to attract and support First Nations learners. These practices include providing training for all teachers, trainers, assessors, lecturers and tutors in how to be culturally responsive, and reviewing RPL systems. Lessons can also be learnt from remote and On Country traineeship models, particularly those (co) developed with First Nations people and communities, which research and consultations with First Nation stakeholders indicate have had success across diverse settings. Scaling these models requires resolving a few issues, including around undertaking of traineeships with services that aren't regulated under the NWF, and continued funding uncertainty for many ACCOS, including around the retention package.



More can and should be done to attract and retain First Nations people to CEC courses and roles through increased and sustained cultural safety and responsiveness in places of study, training and employment.



3.5 Data and evidence gaps

The children's education and care sector benefits from many rich data sets to support workforce planning, skills development and industry strategy. These include the National Workforce Census, the quarterly and other reports of ACECQA on the National Quality Standard, the Early Childhood Development Census, and the Australian Teacher Workforce Data, which provides information on initial teacher education and the teacher workforce through an interactive portal. These complement the information available through JSA (such as the Vocational Education and Training National Data Asset (VNDA), the Nowcast of Employment by Region and Occupation (NERO), and employment projections); the ABS (notably Census data and the Labour Force Survey); and NCVER (VET students and courses, apprentices and trainees, and student outcomes data).

However, data gaps and inconsistencies remain.

Many of these will be alleviated by the implementation of OSCA, with greater granularity and modernisation around roles, and the continued maturation and growing participation rates in the highly-valued NWC, including from preschool services not within LDCs. More information is also needed around the First Nations workforce at all points of the pipeline – before accredited training, accredited training in vocational and university settings, in the workforce (NQS, school and other settings), and outside the workforce.

Data gaps and inconsistencies make workforce planning and research difficult.²⁵⁶ This includes inconsistencies between ABS Labour Force Survey data, the National Workforce Census, the NWC and NCVER's collections, and insufficient data on the First Nations workforce – which should align with First Nations data sovereignty principles, including First Nations input and control around collection, storage and use.



Data gaps and inconsistencies make workforce planning and research difficult. This includes inconsistencies between ABS Labour Force Survey data, the National Workforce Census, the NWC and NCVER's collections, and insufficient data on the First Nations workforce



3.6 Policy settings

Children's education and care is a highly dynamic space, with many welcome reforms for the workforce (and children and families) following state and national level inquiries – including wage boost; paid placements; replacement of ANZSCO with OSCA to provide greater granularity and more accurate language around roles; the three-day early learning guarantee; and workforce strategies at national, jurisdictional and service levels.

More work remains, however, including continued and stronger focus on ensuring quality, most notably in child learning (effective education pedagogy and practice) **and child safety**. This comes amidst rapid growth in for-profit services, which can be driven by a profit motive with negative implications for workers and children, and which casts a pall over the quality and professionalism of the whole sector.

Private for-profit services are far less likely to be meeting or exceeding the NQS.²⁵⁷ Conversely, not-for-profit services and state/territory or local government managed services are nearly four times as likely to exceed the NQS.²⁵⁸ It is also concerning that quality of care (as measured against the NQS) falls with distance from major cities.²⁵⁹ This reflects:

- the greater difficulties that services in regional, rural and remote areas experience in attracting and retaining suitably qualified workers
- the higher cost of delivering services in remote locations
- the resulting inappropriateness of demand-side funding models in 'persistently thin markets', as established by the Productivity Commission and Australian Competition and Consumer Commission in their major inquiries from 2023–2024.²⁶⁰

Policy and regulatory changes have been suggested in and to these inquiries, including by HumanAbility stakeholders, with implications for the workforce. These include:

- Moving from a supply-side funding approach (which encourages profit-driven providers and was identified as the major contributor of ECEC 'deserts' in outer regional and remote areas) to a supply-side approach with funding conditional on providing high quality services, and supports to achieve it, including to attract and retain qualified staff.
- Capping the amount of profit allowed.
- More frequent checks for all services – especially those assed as Not Yet Meeting the National Quality Standard and those that have had serious incidents and breaches – with real consequences for not improving, to ensure safe spaces for children and those caring for them.







Regulations vary in every jurisdiction (e.g. ratios of educator to child) and across service types (LDC, FDC, OSHC, preschool).²⁶¹ While these can reflect different operational environments and provide a natural policy laboratory to learn which settings work best where, for whom, and in which circumstances, they can also create barriers for research, sharing of good practices, and resources. These regulatory differences could also unhelpfully inhibit staff mobility, such as for workers seeking to move interstate and/or to regional and remote services offering incentives to attract vital staff.



Systems can be better aligned, both within government (i.e. across government programs and departments) and also across levels of government (through national strategies), to improve coordination, effectiveness and efficiency in meeting the needs of the sector and the workforce to provide quality care and education.

HumanAbility's policy work, current training package development work, activity submissions (for future training package development work), and research plans directly respond to these challenges and opportunities raised by industry, other stakeholders, government and research evidence. How and when HumanAbility responds is set out in the next section.

4. Roadmap

Industry sector	Initiative	Challenges addressed
Children's education and care	<p>Review entry requirements for the Diploma in Early Childhood Education and Care</p> <p>Status: Underway</p> <p>Overview: Draft submissions are finalised and submitted to the Assurance body for consideration. The training products have been provided to Skills Ministers with an evaluation report and recommendations for endorsements.</p> <p>Timing: Due to be completed by July 2025.</p>	  
Children's education and care	<p>Review the CHC Out of School Hours Care qualifications</p> <p>Status: Underway</p> <p>Overview: Public consultation is completed. Feedback from the consultation surveys is being collated, analysed and added to the consultation log. Feedback will inform further review of drafts and next steps.</p> <p>Timing: Late 2024 – Nov 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
Children's education and care	<p>Review School Age Education and Care Qualifications</p> <p>Overview: The recent project to transition the 10983NAT Certificate III in Outside School Hours Care has highlighted several issues including variation on qualification level to support states or sectors' contexts, the specificity in assessment requirements do not facilitate cross sector application of the units by RTOs, and the need to examine pathways between early childhood and school aged education and care qualifications.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • CHC50221 Diploma of School Age Education and Care • Review and development of qualifications required at the lower AQF levels and the potential pathways/ skills sets, etc <p>Status: Activity submission to be developed</p> <p>Timing: Commencing February 2026 (subject to approval)</p>	  
Children's education and care	<p>Identify and report children and young people at risk project</p> <p>This project will replace the superseded unit CHCPRT001 <i>Identify and respond to children and young people at risk</i> with the updated unit CHCPRT025 <i>Identify and report children and young people at risk</i> in all applicable CHC qualifications.</p> <p>Responsibility: HumanAbility</p> <p>Status: commenced February 2025</p> <p>Timing: to be completed August 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
Children's education and care	<p>Review Early Childhood Education and Care qualification</p> <p>Status: Commenced June 2025</p> <p>To ensure responsiveness to current and emerging industry skills needs. The project will support responses to skills and training related issues identified in Jobs and Skills Australia's 'The Future of the Early Childhood Education Profession', the Productivity Commission's 'A path to universal early childhood care education and care: Inquiry report' and the Review of Child Safety Arrangements under the National Quality Framework.</p> <p>The project will also support HumanAbility to deliver on key priorities identified in The National Children's Education and Care Workforce Strategy (2022–2031).</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • CHC50121 Diploma of Early Childhood Education and Care • CHC30121 Certificate III in Early Childhood Education and Care. <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
Children's education and care	<p>Review of the School Based Education Support Qualifications</p> <p>Status: Activity submission to be developed</p> <p>The project to transition the 10983NAT Certificate III in Outside School Hours Care also highlighted cross sectoral employment between Teaching Assistants and workers in Outside School Hours Care. The current units and assessment requirements however restrict cross sectoral application.</p> <p>Reviewing these qualifications at the same time as the ECEC review would facilitate a process to examine unit application across sectors and opportunities to increase pathways.</p> <p>The National Standards for Teaching Assistants were also released in 2021. A review presents the opportunity to examine alignment with the standards and emerging practice and research to ensure workforce readiness of graduates.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • CHC30221 Certificate III in School Based Education Support • CHC40221 Certificate IV in School Based Education Support <p>Timing: Commencing February 2026 (subject to approval)</p>	  
Cross-sectoral	<p>Rural and Remote sectoral analysis</p> <p>Analysis of regional and remote workforces in aged care, disability and health, identifying gaps and opportunities specific to these regions.</p> <p>Lead: TAFE Centre of Excellence Health Care and Support</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>Response to the Australian Apprenticeship Review</p> <p>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</p> <p>Responsibility: HumanAbility</p>	   
Cross-sectoral	<p>Productivity Commission 5 Pillars Inquiry</p> <p>Analysis of productivity gains in the care and support workforce. To contribute to the Productivity Commission Quality Care and five pillars inquiry.</p> <p>Responsibility: HumanAbility and the Productivity Commission</p>	
Cross-sectoral	<p>Migration strategy</p> <p>Encourage government to commence consultations on an Essential Skills Pathway (as per the Migration Strategy) to grow the workforce, whilst maintaining ethical recruitment standards.</p> <p>Responsibility: Australian Government, Department of Home Affairs</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>	 



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>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>	  
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 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.</p> <p>Timing: 2025–2026</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>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>Improve access to an increasing range of microcredentials for educators and teachers in areas of identified need</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 micro-credential 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





SECTOR
PROFILE

Health



1. Sector profile

1.1 Scope

Australia's health care system provides a wide range of services and support geared towards helping Australians to maintain their health and wellbeing. The health care system encompasses primary, secondary and tertiary health care. Primary health care is the most frequently used, and typically an individual's first point of contact with the health care system (for example, through their general practitioner, allied health professional or with a nurse). Specialised care, typically made by referral, is provided as secondary care after an initial assessment. Tertiary care is a more advanced level of specialised care.

The health care sector is one of the country's largest and fastest growing economic sectors and, consistent with global trends, experiencing workforce pressures caused by unprecedented growth in demand for services. This is compounded by current and forecast workforce shortages exacerbated by population growth and an increased demand for health care, an ageing population,²⁶² staff retention issues, inadequate funding arrangements, and the changing skills needed as health care digitises and care models shift.²⁶³

While Australians are living longer, the prevalence of chronic diseases, disability, and age-related conditions such as cancer, cardiovascular disease and diabetes is rising, along with increasing occurrences of mental illness.²⁶⁴

This is requiring greater and more specialised care, placing additional strain on health care resources, workforce capacity, and infrastructure.²⁶⁵



The health care sector is one of the country's largest and fastest growing economic sectors and, consistent with global trends, experiencing workforce pressures caused by unprecedented growth in demand for services.

Table 1: Health and Human Services occupations in HumanAbility's scope

Aged care and disability services	Human (community) services	Primary health*	Secondary and tertiary health**
<p>Aged care and disability services occupation are present across both clinical and non-clinical settings, in home and residential care.</p> <p>Some related roles that work directly in aged or disability care services are classified under broader community or health services codes.*</p>	<ul style="list-style-type: none"> • Community services • Celebrancy and pastoral care • Counselling • Employment services & career development • Family and relationship services (family dispute resolution) • Family violence • Housing • Mental health and alcohol and other drugs • Residential care • Volunteering • Youth (youth services, child protection and youth justice) 	<ul style="list-style-type: none"> • 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 	<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 and disability care but are currently grouped under broader occupation codes. These distinctions will become more transparent under the new Occupation Standard Classification for Australia (OSCA), replacing the Australian and New Zealand Standard Classification of Occupations (ANZSCO). Aged and disability services are discussed in detail in the **aged and disability support sector profile**.

** the human (community) services occupations and relevant sectors are discussed in detail in the **community sector profile**. Current data limitations mean that it is not possible to separate out some duplication between the community services profile and the other sub-sectors.

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.

Health workforce planning requires a comprehensive view of the entire workforce, including clear pathways from VET trained roles to tertiary qualified professions. While HumanAbility recognises the importance of this continuum, our primary focus is on VET trained and unqualified roles within the health sector.

The sections below outline the key areas of the health workforce within HumanAbility's scope.

Aboriginal and/or Torres Strait Islander Health

Aboriginal and Torres Strait Islander Health workers and practitioners play an important role in supporting the experience, rapport, and connectivity that First Nations patients have with the health system. Their role in delivering health care, that is culturally safe and responds to community needs, ultimately delivers better outcomes for First Nations' people and significantly contributes to improving accessing treatment that is appropriate to the needs of First Nations' people.²⁶⁶

Allied health

Allied health care involves a wide range of diagnostic, technical, therapeutic, and direct health services aimed at improving the health and wellbeing of individuals and communities. It involves trained professionals with university qualifications, as well as a large VET trained or unqualified assistant workforce. Workers often work as part of multidisciplinary health teams to provide specialised support.²⁶⁷ Allied health professionals are typically considered as separate to the medical, dental or nursing professions, and include physiotherapists, occupational therapists, speech pathologists, dietitians, psychologists, social workers, pharmacists, and podiatrists.²⁶⁸ Allied health assistants work under the delegation, instructions and supervision of allied health professionals, and perform a range of clinical and non-clinical duties to support their work.²⁶⁹

Ambulance – patient transport and out-of-hospital care

In addition to paramedics, who must be qualified at an AQF Level 7 or higher, there are also job roles supported with vocational training programs such as non-emergency patient transport (NEPT) officers. NEPT is for patients who require clinical monitoring or supervision during transport, but do not require a time critical ambulance response.²⁷⁰

Patients may need access to specialised supervision and medical equipment contained within the vehicle.²⁷¹ Services are not exclusive to on-road transport. They can also include air services, which require additional training, while further specialisations also exist in the areas of driver safety and communication protocols.

Dental

The dental workforce includes dentists, dental hygienists, dental prosthetists, dental therapists and oral health therapists. There are also VET-qualified workforces, such as dental assistants and dental technicians. Together these professionals support oral health and the condition of the mouth, teeth and orofacial structures – which enables essential functions such as eating, breathing and speaking. Oral health also contributes to psychological wellbeing, self-confidence and the ability to function without pain or embarrassment.²⁷² To practise in Australia, most dental practitioners must be registered with the Australian Health Practitioner Regulation Agency (Ahpra). There are 13 approved dental specialisations in Australia,²⁷³ which are most highly represented by orthodontists, periodontics, prosthodontics and oral and maxillofacial surgery.²⁷⁴

Nursing

The nursing workforce has a critical role in the health care system, providing essential care across diverse settings such as hospitals, aged care facilities, community health centres, and primary care settings. Registered and enrolled nurses are regulated professionals who must complete approved education and training pathways and register with the Nursing and Midwifery Board of Australia (NMBA) to practice. There are also nursing support roles, which complement registered and enrolled nurses while providing a training pathway into these positions.

“The impact of the Covid-19 pandemic has revealed links between population health, well-being and economic growth, and has also reinforced the need to take full account of the social determinants of health. This reflects the overall shift from health system delivery and health care employment being framed by a “cost-disease” model to one in which the contribution to economic and societal well-being is more fully recognised, and where primary care, and preventative health and health promotion is prioritised.”²⁷⁵





1.2 Occupations and demographic profile

As at November 2024, there were 1,290,300 people employed in the health and human service sector.²⁷⁶ This represents a significant portion of Australia's economy: 8% of all roles, and 40% of the roles under HumanAbility's VET system remit.²⁷⁷



Profile of the health and human services sector²⁷⁸

1,290,327
employed



74%
are female

40%
are part-time



2%
identify as
First Nations

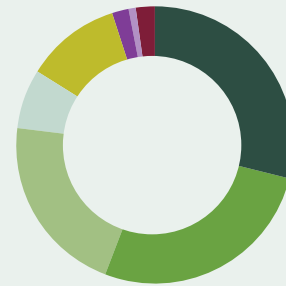
31%
work outside
the capital city



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.

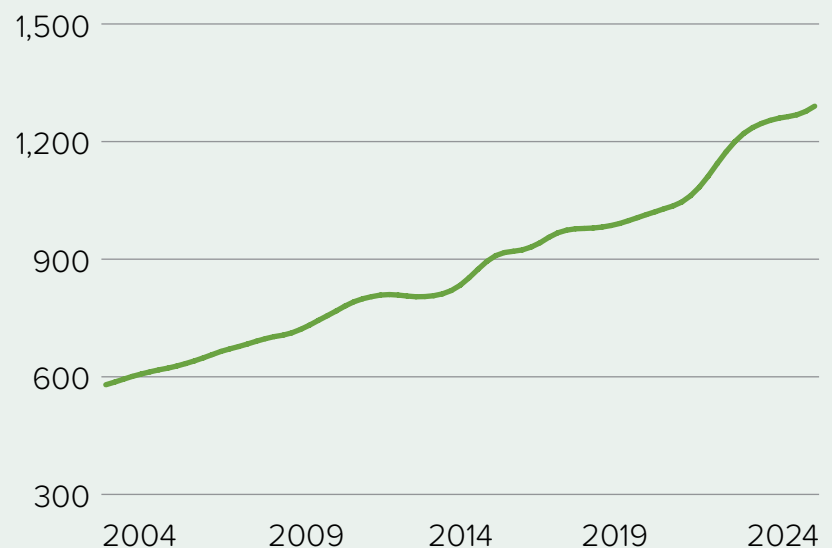
Employment by state

- 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



Occupations

Aboriginal and Torres Strait Islander health roles

The 2025 Labour Force survey showed that there were 1,100 Indigenous Health Workers (ANZSCO 4115) workers.²⁷⁹ The introduction of OSCA will see the Indigenous Health Worker role to be split into Aboriginal and Torres Strait Islander Health Practitioner and Aboriginal and Torres Strait Islander Health Worker; however, these roles still won't be grouped as "professionals" under the new OSCA.

It is critical that First Nations communities continue to have access to health services that are culturally safe meet their needs. The 2021 census data showed that 3.1% (16,659) of First Nations people aged 15 and over were employed in health-related occupations. Females accounted for 78%. Just over 30% (5,037) of these workers were nurses and midwives, 14% were personal care workers, and 10.4% were Aboriginal and Torres Strait Islander Health workers.²⁸⁰

Aboriginal and Torres Strait Islander health professionals have increased between 2011 and 2021, from 255 to 309 per 10,000 population. Relative to population size, First Nations people were employed in health-related occupations at about 60% the rate of non-Indigenous Australians (a rate ratio of 0.6%).²⁸¹

Allied Health

By ANZSCO role, the largest occupations in the Allied Health sub-sector as of February 2025 are:

- Physiotherapists (ANZSCO 2525) – 46,300
- Psychologists (ANZSCO 2723) – 49,700
- Occupational Therapists (ANZSCO 2524) – 29,400
- Social Workers (ANZSCO 2725) – 47,700
- Therapy Aides (ANZSCO 423314) – 7,800*
- Pharmacists (ANZSCO 2515) – 42,000.²⁸²

The allied health workforce encompasses a broad range of occupations, and can be broadly divided into:

- Allied health professionals – including in therapy roles (ANZSCO 252) such as chiropractors, osteopaths, podiatrists, audiologists, and speech pathologists; and diagnostic and health promotion roles (ANZSCO 251) such as nutrition, medical imaging, health promotion officers, pharmacy, optometry and orthoptics. In addition, there are counselling-related roles, psychologists, psychotherapists and social workers (under ANZSCO 272), which span both the health and community services sectors – these are covered in our community services profile.
- Allied health assistant roles, currently classified as therapy aides (ANZSCO 423314), as well as a limited number of medical technician roles such as audiometrists and perfusionists (ANZSCO 311299).

With the introduction of the Occupational Standard Classification for Australia (OSCA), new groupings will provide greater clarity and visibility across the health workforce, including Counselling and Social Work (OSCA 2611 and 2613) and Allied Health Physical and Sensory Therapy Professionals (OSCA 2629).



Roles that have previously lacked visibility in ANZSCO – but are at times included in the allied health workforce – will also be more clearly identified under OSCA. These include health support roles that involve direct patient care and clinical support and that typically operate under the supervision of allied health professionals. For example, Audiometrists (OSCA 441933), Allied Health Assistants (OSCA 4421) and Dental Assistants (OSCA 4423).

While available data has identified a national shortage for some allied health professions, data on other allied health professionals is limited, with little or no data on allied health assistants. This will start to be addressed with the introduction of OSCA.

A full understanding of the allied health workforce is difficult to achieve, in part because some professionals may not identify or self-describe as part of the allied health workforce. Allied health roles are funded through multiple systems across the health sector, including hospitals, the NDIS, and mental health, as well as other specialist roles such as orthoptists.

Other resources could be used to at least partly pinpoint trends among parts of the allied health assistant workforce, most particularly within the aged care sector. The 2023 Aged Care Provider Workforce Survey found that the number of allied health professionals and assistants fell sharply between 2020 and 2023, from 11,200 to 6,400.²⁸³ While this is likely not indicative of the broader trajectory of the allied health workforce (which will be the focus of the upcoming National Allied Health Workforce Strategy), it does indicate a need to understand and acknowledge the influence of related sector funding and ratio settings on such workforces.

Ambulance: patient transport and out-of-hospital care

The largest ANZSCO occupation as of February 2025 working in the Paramedics and Ambulance workforce comprised Ambulance Officers and Paramedics (ANZSCO 4111) – 28,100.²⁸⁴

With the introduction of OSCA, these occupations will be divided into Paramedics and Patient Transport Officers, better reflecting the tasks, skills and training needed for each occupation, the professionalisation of paramedic work and its registration through Ahpra.

Between 2018 and 2023, the size of the paramedic workforce grew by 39.5%, to meet increasing community demand: per 100,000 people, the number of paramedics increased from 68.9 to 91.3. The workforce is also becoming younger and approaching an almost even split by gender. Whereas in 2018–19 43.5% of the workforce were aged under 35, by 2023 this proportion had risen to over half (50.3%). Likewise, female paramedics comprised almost half the workforce (49.1%) by 2023, compared to just 43% in 2018/19.²⁸⁵

A 2023–2024 workforce survey undertaken by Western Sydney University, Edith Cowan University, and the Auckland University of Technology found that, despite the trend towards gender parity, in Australia over three quarters (76%) of management roles in paramedicine are still occupied by men.²⁸⁶ Efforts to retain younger female professionals within the sector will be key to addressing this gender imbalance in the coming years.

State and territory reviews have also pointed to a critical shortage of patient transport and out-of-hospital care staff in the ambulance sub-sector, impacting on access to services, particularly in regional areas, and having flow-on impacts to other health services.²⁸⁷ The patient transport and out-of-hospital health care services sub-sector consists of large private and government providers linked closely to several health industry sub-sectors that use and depend on highly skilled patient transfer professionals. The essential nature of services delivered by the sub-sector means that future growth in demand will be strong, and it is expected that private enterprises will increasingly be contracted to provide NEPT services for the health sector.²⁸⁸

Optometry and eye health

The optometry and eye health workforce plays a critical role in preventing, diagnosing, and managing a wide range of vision and eye-related conditions – contributing significantly to public health, and to people's independence and quality of life. Early detection and correction of vision problems through regular eye care can prevent more serious health issues, reduce risk of falls for older people, and support educational and workplace participation. Key occupations include medical specialists like ophthalmologists and orthoptists; optometrists, who assess vision and prescribe corrective lenses or treatments; and optical dispensers, who interpret prescriptions and fit glasses or contact lenses. Under the new OSCA, Optical Dispensers will be recategorised under OSCA 4424, highlighting their health support function rather than retail alignment. This improved classification helps clarify the full spectrum of the vision care workforce – essential for responding to increasing demand due to an ageing population and growing rates of chronic eye conditions.

Dental

By ANZSCO role, the largest occupations working in the dental workforce as of February 2025 are:

- Dental Assistants (ANZSCO 4232) – 26,300
- Dental Practitioners (ANZSCO 2523) – 22,300
- Dental Hygienists, Technicians and Therapists (ANZSCO 4112) – 7,200.²⁸⁹

With the introduction of OSCA, those professionals will be divided into Dental Hygienists, Dental Prosthetists, and Therapists (OSCA 2691), Dentists and Dental Specialists (OSCA 2692) Dental Technicians (OSCA 311232) and Dental Assistants (OSCA 4423). Under the new categories, Oral Health Therapist (OSCA 269133) is introduced and, alongside Dental Prosthetists (OSCA 269132), recognised as a tertiary-qualified profession.

Approximately nine out of 10 registered dental practitioners were employed in their field in 2022. The proportion of dentists employed in their field has remained relatively stable between 2013 and 2022, from 89% in 2013 to 91% in 2022.²⁹⁰ In 2022, approximately one in five employed dentists were under 30 years old. Just under half (48%) worked part time and 46% were female. Just over one quarter (26%) of dentists obtained their initial qualification in countries other than Australia and New Zealand. Of all employed dentists in Australia in 2022, 84% work in private practice or solo private practices. Around one in 10 employed dentists are specialists. The largest group of specialists are orthodontists (24%).²⁹¹ Major cities had the highest number of full-time equivalent (FTE) dentists in Australia (69.5%), with in-ner regional areas at 5.4% and remote and very remote at 2.9%.²⁹²

The broad dental workforce is growing. However, roles within this sub-sector are generally not categorised as experiencing a shortage.²⁹³ Despite this, as raised in a Senate Committee report, there remain substantial maldistribution and capacity constraints within the work-force, particularly with the dental workforce skewed towards metropolitan areas and private practices.²⁹⁴ This speaks to a continued policy need to increase workforce growths in the public sector, and in regional and remote settings.

Dental technicians remain on the national shortage list across most jurisdictions, reflecting low training uptake and poor retention. This small, high-skill workforce relies on the HLT55118 Diploma of Dental Technology, with limited delivery nationally. Improving completion rates and access— particularly in regional areas – will be critical to meeting demand.



Despite projected growth, VET-qualified roles in the dental sector face ongoing workforce challenges. Dental assistant employment is projected to increase by 27.7% over the 10 years to May 2034,²⁹⁵ yet the role is not nationally listed as in shortage (except in the NT).²⁹⁶ Stakeholders report strong reliance on traineeships to fill dental assistant roles, utilising the HLT45021 Certificate IV Dental Assisting and Radiography – but removal from the shortage list has raised concerns about access to employer incentives and increasing shortages.

Health support, technical and other roles

In addition to the sub-sectors outlined above, there are a broad range of other occupations associated with the 'health' sector. These include direct support, technicians and administration occupations. Some of these occupations, such as receptionists and general clerks, work not only in health but across many industries. However, a significant proportion are employed in health settings. Under ANZSCO, the largest groups as of February 2025 are:

- Receptionists (ANZSCO 5421) – 187,900 (58.1% in the care and support sector)
- General Practitioners and Resident Medical Officers (ANZSCO 2531) – 87,300 (96% in the care and support sector)
- General Clerks (ANZSCO 5311) – 283,600 (23.9% in the care and support sector)
- Medical Technicians (ANZSCO 3112) – 37,400.²⁹⁷ (75.9% in the care and support sector)



General practitioners and resident medical officers are projected to see substantial shortages, with workforce supply and demand modelling suggesting either an existing shortfall, or imminent shortfall of between 600 and 2,600 FTE positions by 2028.

The diverse range of professionals working across the health sector, makes generalisations problematic. Receptionists, general clerks and medical technicians are reported as seeing no shortages, with each profession projected to continue growing steadily to at least 2029.²⁹⁸ However, these are large occupational groups that span many industries beyond health – 58% of receptionists and 24%²⁹⁹ of general clerks, for instance are employed across all care-related sectors, including health. This broad coverage makes it difficult to determine whether there are shortages within the health sector specifically, or whether sector-specific specialisations are being obscured in the aggregated data. General practitioners and resident medical officers, however, are projected to see substantial shortages, with workforce supply and demand modelling suggesting either an existing shortfall, or imminent shortfall of between 600 and 2,600 FTE positions by 2028.³⁰⁰

Under OSCA, roles that have previously lacked visibility under ANZSCO will be more clearly defined and distinguished. These occupations – often grouped with Receptionists and General Clerks – will be separated into dedicated Health Support and Technician categories, including: Pharmacy Technicians (3113), Operating and Theatre Technicians and Respiratory Technicians (3112).

Not all roles have improved visibility – such as Sterilisation Technicians (OSCA 731937), which remains under Other Machine Operators (7319), and Audiometrists (441933), which is part of a broad 'Other Health Support Workers' category (4419).

Nursing

By ANZSCO role, the largest occupations in nursing as of February 2025 are:

- Registered Nurses (ANZSCO 2544) – 345,200
- Midwives (ANZSCO 2541) – 20,900
- Nursing Support and Personal Care Workers (ANZSCO 4233)³⁰¹ – 107,000
- Enrolled and Mothercraft Nurses (ANZSCO 4114) – 20,700.^{302 303}

While the numbers of registered nurses (up by 17.1%), and midwives (up by 29.5%), both rose substantially between 2019 and 2023, enrolled nurses (up by 2.3%) and dual registration professionals (down by 8%) have either grown at a slower rate or contracted.³⁰⁴

In the transition from ANZSCO to OSCA, a number of highly specialised nursing categories have been consolidated into broader classifications. For instance, roles such as Registered Nurse (Medical), Surgical, Paediatrics, and Critical Care and Emergency are now grouped under broader titles like Registered Nurse (Acute Care) or Primary Health Care. While this represents a reduction in the number of specific occupational categories, it may be a positive change as many nurses work across multiple clinical areas, and the streamlined classifications better reflect the flexibility and breadth of modern nursing practice.

Notwithstanding the growth rates noted above, a Nursing Supply and Demand study undertaken by the Department of Health, Disability and Ageing found that Australia faces a shortage of more than 70,000 full-time equivalent (FTE) nurse roles by 2035.³⁰⁵ This equates to almost 80,000 nurses, due to a majority of the workforce working less than full-time hours. Taking into account projected entry rates into the sector, the report noted that efforts to maximise retention of existing staff will be vital in reducing this shortfall. However, no single policy will address the predicted shortage.

The findings, assumptions, and modelling of the Nursing Supply and Demand Study underpin the Health Demand and Supply Utilisation Patterns Planning (HeaDS UPP) Tool, which the Department has made available to approved organisations to help drive work-force and service planning. At a policy level, the study's insights provide an urgent impetus for all governments to work together – already evidenced in the development of the National Nursing Workforce Strategy (discussed shortly in this sector profile).

While the numbers of **registered nurses (up by 17.1%)**, and **midwives (up by 29.5%)**, both rose substantially between 2019 and 2023, **enrolled nurses (up by 2.3%)** and **dual registration professionals (down by 8%)** have either grown at a slower rate or contracted.



Vocational Education Training packages and qualifications, and career pathways

There are a wide range of pathways into the health sector, reflective of the diversity of occupations and required skills. Education and training for the health sector includes vocational education and training (discussed further below) and higher education (generally for regulated professions). Specific career pathways within the health sector can involve individuals receiving training in both educational settings – for example, enrolled nurses complete a Diploma of Nursing, and while many will remain in that role, others will progress to a registered nurse role by undertaking a Bachelor of Nursing.

Reflecting the diversity of careers in the health sector, there are a wide variety of VET qualifications that provide an entry point and opportunities for further development. Those with some of the largest numbers of course completions include:³⁰⁶

- Diploma of Nursing (HLT54121)
- Certificate II in Health Support Services (HLT23221)
- Certificate III in Pathology Collection (HLT37215)
- Certificate III in Dental Assisting (HLT35021).

There is also a diverse array of over 40 qualifications and skill sets for more specialist skills across the health sector.

Career pathways involving the provision of health care specifically to First Nations communities may begin with, or comprise, qualifications such as:

- Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care (HLT20121)
- Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care (HLT30121)
- Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice (HLT40221)
- Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice (HLT50121)
- Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management (HLT50221)

Training delivered by Aboriginal Community Controlled Organisations (ACCOs) often leads to better completion rates for First Nations students through culturally safe and accessible training, and holistic support systems.³⁰⁷ There is more that could be learned from this success to inform the sector's understanding of challenges and opportunities to improve completion rates for First Nations and non-Indigenous students across a range of qualifications.



1.3 Current size

As noted above, in November 2024, there were 1,290,300 individuals employed in the health services sector. Breakdowns by key selected occupations (using ANZSCO) are provided in the table below.

Table 2: Key health sector roles in HumanAbility's scope³⁰⁸

This table reflects the top employed roles (tertiary and VET trained) listed above in each of the workforces, which is also the top 10 roles employed in the health sector. The exception is Occupational Therapist (17th overall), which has been added to reflect a range of roles in allied health.

Sub-sector	Occupation (per ANZSCO)	Number employed Feb 2025	Female share	Median weekly earnings	Part time share	Median age
Nursing	Registered Nurses #2544	345,200	87%	\$2156	45%	39
Nursing	Nursing Support and Personal Care Workers #4233	107,000	76%	\$1279	57%	39
Nursing	Enrolled Nurses #4114	20,700	84%	\$1618	52%	39
Allied Health	Physiotherapists #2525	46,300	56%	\$1710	34%	35
Allied Health	Psychologists #2723	49,700	84%	\$2054	46%	42
Allied Health	Occupational Therapists #2524	29,400	89%	\$1526	37%	34
Allied Health	Therapy Aides #423314 ^{*309}	7,800	85%	NA	72%	39
Allied Health	Dental Assistants #4232	26,300	97%	\$1139	55%	30
Health	Medical Technicians #3112	37,400	72%	\$1322	38%	38
Health	General Practitioners and Resident Medical Officers #2531	87,300	48%	\$2616	22%	40
Health	General Clerks #5311	283,600	84%	\$1305	40%	42
Health	Receptionists #5421	187,900	90%	\$1175	57%	36

* The data for Therapy Aides is included because of the important role of Allied Health Assistants, represented by this category. However as it is only available at the 6 digit code level, which means 2025 Labour Force Survey data is not available.



The health sector workforce under HumanAbility's remit shows significant variation in size, earnings, and employment patterns across key occupational groups, particularly within nursing and allied health. Registered Nurses (#2544) remain the largest cohort, with over 345,200 employed in 2025 and projected to grow by 24% by 2034.³¹⁰ Nursing Support and Personal Care Workers (#4233), while smaller in number, are also expected to grow substantially (up 30.9%), though they have lower median weekly earnings (\$1,279) and a higher part-time share (57%).³¹¹ Enrolled Nurses (#4114) display similar characteristics, including high part-time employment and modest income levels.

Allied health roles such as Physiotherapists, Psychologists, Occupational Therapists, Dental Assistants, and Therapy Aides also show strong projected growth – often over 30% – with many concentrated in part-time employment arrangements. For instance, Therapy Aides (#423314) have a 72% part-time share and are projected to grow by 32.8%, reflecting their growing contribution to flexible, team-based models of care. These are all highly gendered roles, with female representation consistently above 80%, and in some cases exceeding 95%.³¹² The expansion across allied health points to increasing demand for preventative, rehabilitative, and community-based services, and highlights the importance of addressing gender equity and career progression within these essential roles.



1.4 Forecast growth

As at November 2024, there were 1,290,300 people employed in health services industries.³¹³ This represents a significant portion of Australia's economy: 8% of all roles, and 40% of the roles under HumanAbility's remit. This number is projected to grow to 1,432,700 by 2029.³¹⁴ Relative to all Australian occupations, those who work in the health and human services sector are more likely to be female – 74% compared to the average of 47.8%, and more likely to work part time – 40% compared to 31%. As of 2021, 2% of the health and human services workforce identify as First Nations and 31% work outside a capital city, 31%.³¹⁵

Projected employment based on Victoria's University's forecasting model indicates different levels of forecast growth across the key health care occupations under HumanAbility's remit from May 2024 through to May 2034 (see Table 3).

Table 3: Employment projections May 2024 – May 2034 for core health care occupations*³¹⁶

Sub-sector	Occupations (per ANZSCO)	Projected employment	
		May 2029	May 2034
Nursing	Registered Nurses #2544	380,000 (+11.3%)	420,000 (+24.0%)
Nursing	Nursing Support and Personal Care Workers #4233	120,000 (+16.0%)	140,000 (+30.9%)
Nursing	Enrolled Nurses #4114	23,000 (+10.0%)	26,000 (+22.2%)
Allied Health	Physiotherapists #2525	54,000 (+17.6%)	60,000 (+33.6%)
Allied Health	Psychologists #2723	56,000 (+16.1%)	64,000 (+31.4%)
Allied Health	Occupational Therapists #2524	34,000 (+17.2%)	38,000 (+32.8%)
Allied Health	Dental Assistants #4232	30,000 (+14.3%)	34,000 (+27.7%)
Health	Medical Technicians #3112	39,000 (+6.2%)	42,000 (+15.4%)
Health	General Practitioners and Resident Medical Officers #2531	99,000 (+15.1%)	110,000 (+30.0%)
Health	General Clerks #5311	325,000 (+13.7%)	350,000 (+23.3%)
Health	Receptionists #5421	189,000 (+0.9%)	200,000 (+7.0%)

* Note that as Allied Health Assistants (Therapy Aides #423314) are a 6 digit code, there are no employment projections available.

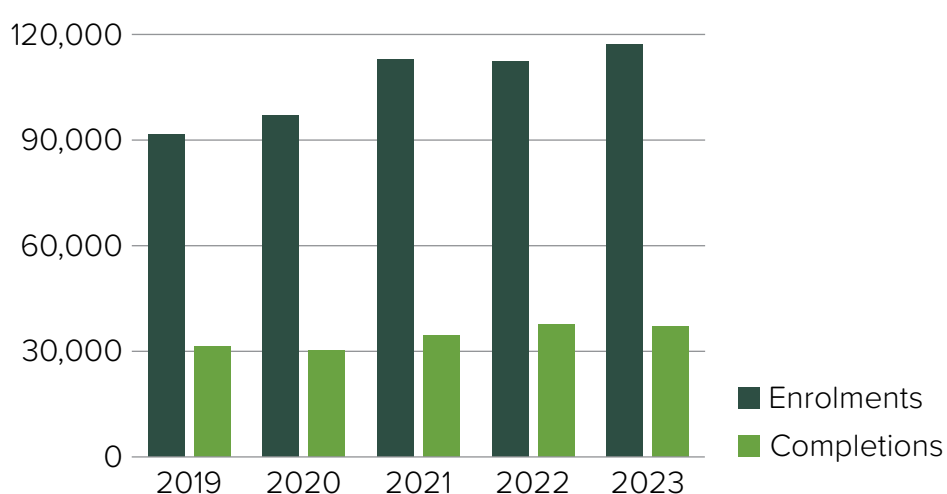
1.5 Enrolments and completions

Enrolments and completions³¹⁷

While enrolments in qualifications have increased, they still fall short of meeting forecast demand for services – an issue explored further in section three.

Although enrolments and completions in VET qualifications in the health sector have shown steady growth, the sector continues to face persistent challenges in achieving strong completion rates. Addressing these gaps is critical to ensuring the health workforce can meet future demand and maintain the resilience of Australia's health care system.

Total enrolments and completions in health qualifications (in the HLT training package), 2019–2023³¹⁸



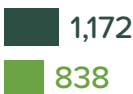
	2019	2020	2021	2022	2023
Enrolments	91,595	97,070	112,815	112,395	117,255
Completions	31,460	30,145	34,415	37,495	37,120

The health sector encompasses a diverse array of qualifications, ranging from high-demand programs to specialised courses designed for technical roles.

Table 4: Enrolments and completions by health qualification (in the HLT training package) in 2023³¹⁹

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 Hospital or Health Services Pharmacy Support, the Certificate III in Health Support Services, the Certificates III and IV in Allied Health Assistance, the Certificate IV in Massage Therapy, and the Certificate IV in Hospital or Health Services Pharmacy Support, where insufficient completions data for the current version are available).

HLT21020 Certificate II in Medical Service First Response*



Indigenous: Enrolments 3.3%; Completions 2.0% Disability: Enrolments 2.8%; Completions 3.6%

HLT23221 Certificate II in Health Support Services*



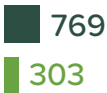
Indigenous: Enrolments 12.8%; Completions 8.1% Disability: Enrolments 5.4%; Completions 5.3%

HLT31020 Certificate III in Ambulance Communications (Call-taking)*



Indigenous: Enrolments 5.0%; Completions 5.6% Disability: Enrolments 4.7%; Completions 2.2%

HLT31120 Certificate III in Non-Emergency Patient Transport



Indigenous: Enrolments 3.3%; Completions 1.7% Disability: Enrolments 5.2%; Completions 4.7%

HLT31220 Certificate III in Basic Health Care



Indigenous: Enrolments 2.3%; Completions 0.9% Disability: Enrolments 1.6%; Completions 0.9%

HLT35021 Certificate III in Dental Assisting*



Indigenous: Enrolments 3.9%; Completions 2.9% Disability: Enrolments 4.7%; Completions 4.8%

■ Enrolments ■ Completions

HLT35115 Certificate III in Dental Laboratory Assisting



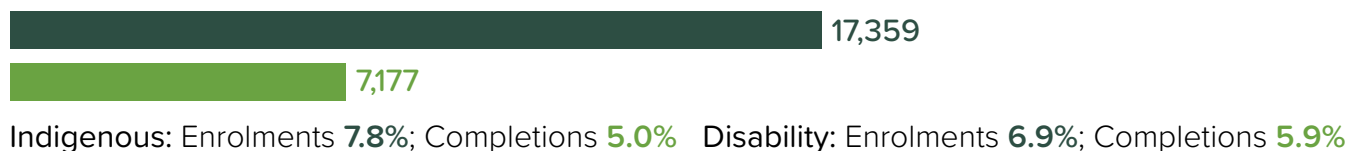
HLT33215 Certificate III in Health Support Services



HLT36015 Certificate III in Population Health



HLT33115 Certificate III in Health Services Assistance



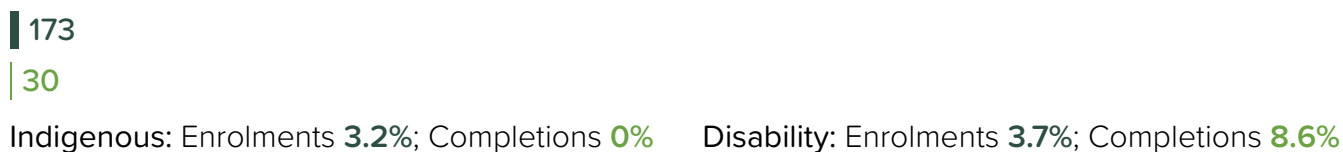
HLT33021 Certificate III in Allied Health Assistance*



HLT37015 Certificate III in Sterilisation Services



HLT37121 Certificate III in Hospital or Health Services Pharmacy Support*



HLT37215 Certificate III in Pathology Collection



■ Enrolments ■ Completions

HLT37315 Certificate III in Health Administration

 3,809

 674

Indigenous: Enrolments **8.5%**; Completions **3.9%** Disability: Enrolments **8.6%**; Completions **5.8%**

HLT37415 Certificate III in Pathology Assistance

 142

 84

Indigenous: Enrolments **5.7%**; Completions **2.2%** Disability: Enrolments **11.7%**; Completions **12.4%**

HLT41020 Certificate IV in Ambulance Communications (Dispatch)

 191

 35

Indigenous: Enrolments **2.8%**; Completions **0%** Disability: Enrolments **1.7%**; Completions **0%**

HLT41120 Certificate IV in Health Care*

 1,043

 306

Indigenous: Enrolments **5.0%**; Completions **3.2%** Disability: Enrolments **5.4%**; Completions **0.7%**

HLT43021 Certificate IV in Allied Health Assistance*

 8,142

 1,930

Indigenous: Enrolments **3.6%**; Completions **1.2%** Disability: Enrolments **8.2%**; Completions **6.8%**

HLT42021 Certificate IV in Massage Therapy*

 1,222

 632

Indigenous: Enrolments **2.4%**; Completions **2.6%** Disability: Enrolments **9.9%**; Completions **8.5%**

HLT45021 Certificate IV in Dental Assisting*

 1,340

 481

Indigenous: Enrolments **5.7%**; Completions **2.2%** Disability: Enrolments **1.8%**; Completions **2.4%**

 Enrolments  Completions

HLT46015 Certificate IV in Population Health

13

6

Indigenous: Enrolments **12.5%**; Completions **n/a as below 10**

Disability: Enrolments **25%**; Completions **n/a as below 10**

HLT47015 Certificate IV in Sterilisation Services

514

216

Indigenous: Enrolments **0.4%**; Completions **1.0%** Disability: Enrolments **2.1%**; Completions **0.9%**

HLT47121 Certificate IV in Hospital/Health Services Pharmacy Support*

321

159

Indigenous: Enrolments **1.8%**; Completions **1.2%** Disability: Enrolments **9.2%**; Completions **0.7%**

HLT47321 Certificate IV in Health Administration*

2,667

705

Indigenous: Enrolments **3.9%**; Completions **4.2%** Disability: Enrolments **7.3%**; Completions **6.4%**

HLT47415 Certificate IV in Audiometry

1

3

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**

HLT47515 Certificate IV in Operating Theatre Technical Support

363

151

Indigenous: Enrolments **0%**; Completions **0%** Disability: Enrolments **2.4%**; Completions **2.5%**

■ Enrolments ■ Completions

HLT47715 Certificate IV in Medical Practice Assisting

■ 901

| 76

Indigenous: Enrolments **14.2%**; Completions **9.2%** Disability: Enrolments **10.9%**; Completions **2.5%**

HLT47815 Certificate IV in Optical Dispensing

■ 959

| 246

Indigenous: Enrolments **2.4%**; Completions **0.9%** Disability: Enrolments **4.0%**; Completions **3.4%**

HLT50321 Diploma of Clinical Coding

■ 740

| 69

Indigenous: Enrolments **0.9%**; Completions **0%** Disability: Enrolments **6.4%**; Completions **6.3%**

HLT51020 Diploma of Emergency Health Care

■ 3,313

| 532

Indigenous: Enrolments **3.4%**; Completions **0.9%** Disability: Enrolments **6.7%**; Completions **5.7%**

HLT52021 Diploma of Remedial Massage*

■ 5,313

| 2,076

Indigenous: Enrolments **2.7%**; Completions **1.2%** Disability: Enrolments **5.1%**; Completions **4.0%**

HLT52115 Diploma of Traditional Chinese Medicine (TCM) Remedial Massage

| 16

| 9

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

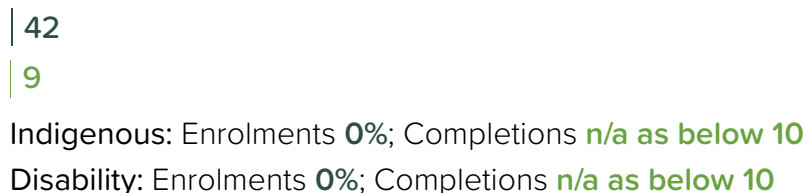
Disability: Enrolments **13.3%**; Completions **n/a as below 10**

■ Enrolments ■ Completions

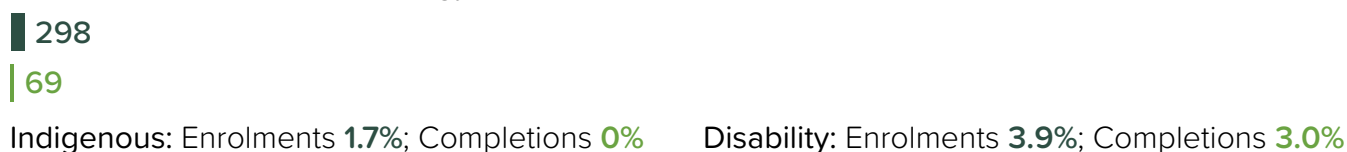
HLT52215 Diploma of Shiatsu and Oriental Therapies



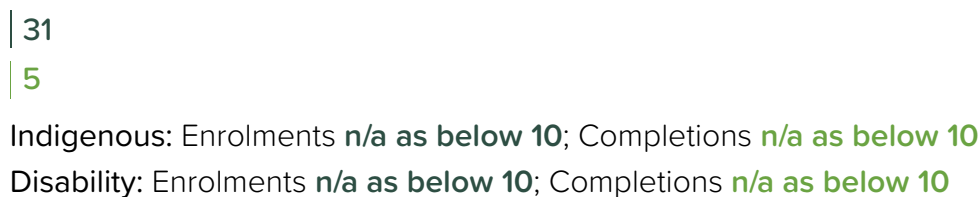
HLT52315 Diploma of Clinical Aromatherapy



HLT52415 Diploma of Kinesiology



HLT52515 Diploma of Reflexology



HLT52615 Diploma of Ayurvedic Lifestyle Consultation



HLT55118 Diploma of Dental Technology



HLT57415 Diploma of Audiometry



■ Enrolments ■ Completions

HLT57715 Diploma of Practice Management

■ 1,283

| 164

Indigenous: Enrolments **5.8%**; Completions **2.6%** Disability: Enrolments **3.8%**; Completions **3.1%**

HLT57921 Diploma of Anaesthetic Technology and Practice

| 199

| 46

Indigenous: Enrolments **1.5%**; Completions **0%** Disability: Enrolments **7.9%**; Completions **2.3%**

HLT62615 Advanced Diploma of Ayurveda

| 46

| 11

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

HLT64121 Advanced Diploma of Nursing*

| 24

| 10

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

HLT65015 Advanced Diploma of Dental Prosthetics

| 60

| 10

Indigenous: Enrolments **0%**; Completions **0%** Disability: Enrolments **5.0%**; Completions **0%**

HLT54121 Diploma of Nursing*

■ 26,877

■ 7,289

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

■ Enrolments ■ Completions

Indigenous health qualifications

HLT20113 Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care

| 57

| 3

Indigenous: Enrolments **96.2%**; Completions **n/a as below 10**

Disability: Enrolments **3.5%**; Completions **n/a as below 10**

HLT26120 Certificate II in Indigenous Environmental Health

| 25

| 11

Indigenous: Enrolments **100%**; Completions **77.3%** Disability: Enrolments **0%**; Completions **0%**

HLT30113 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care

| 210

| 64

Indigenous: Enrolments **96.7%**; Completions **96.8%** Disability: Enrolments **9.7%**; Completions **3.4%**

HLT40113 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care

| 93

| 14

Indigenous: Enrolments **91.4%**; Completions **80.0%** Disability: Enrolments **4.5%**; Completions **21.4%**

HLT40213 Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice

■ 525

| 158

Indigenous: Enrolments **99.6%**; Completions **100%** Disability: Enrolments **7.8%**; Completions **4.6%**

HLT50013 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care

| 107

| 32

Indigenous: Enrolments **96.2%**; Completions **93.1%** Disability: Enrolments **8.7%**; Completions **25.0%**

HLT50213 Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice

| 21

| 7

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

Disability: Enrolments **19.1%**; Completions **n/a as below 10**

■ Enrolments ■ Completions



In the health sector, enrolments and completions in relevant VET qualifications have grown substantially over time. While completions saw minor decreases just before the COVID-19 pandemic and more recently in 2023, enrolments have consistently increased year-on-year.

Enrolment and completion figures for qualifications in Aboriginal and Torres Strait Islander Primary Health Care indicate a high proportion of Indigenous participation across all levels. Enrolments are highest in the Certificate III and Certificate IV levels, while completions vary by qualification. The data reflects consistent Indigenous engagement with these specialised programs.

Gender

Enrolments and completions in health qualifications (under the HLT training package) by gender, 2023³²⁰

Females
accounted for
81.1%
of enrolments and
82.0%
of completions

Males
represented
18.0%
of enrolments and
17.0%
of completions

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

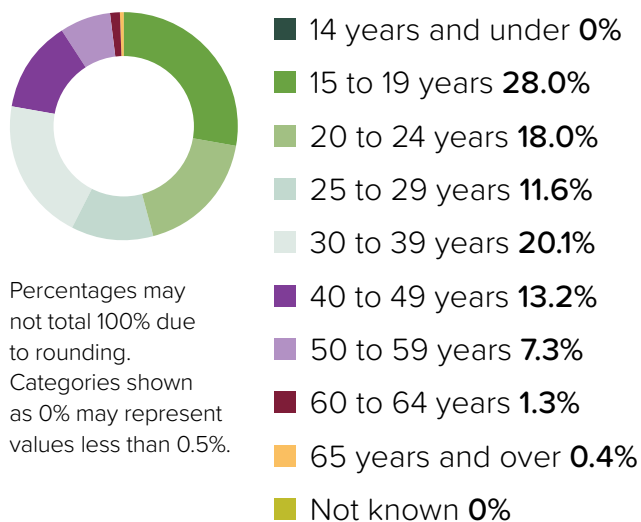
Not known:
Enrolments 0.6%;
Completions 0.8%



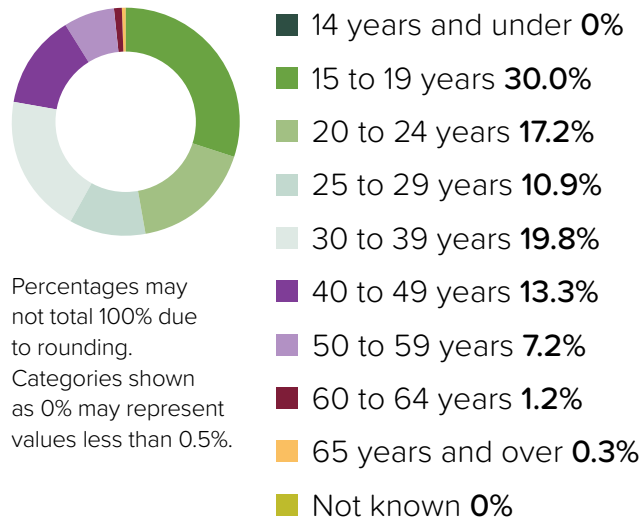
The gender distribution within the health sector shows a strong female majority, differing from the more balanced representation seen across the overall VET sector. This pattern is consistent with broader trends observed in care-oriented industries, where women typically comprise a larger share of the workforce.³²¹

Age

Enrolments in health qualifications (under the HLT training package) by age, 2023³²²



Completions in health qualifications (under the HLT training package) by age, 2023³²³



In 2023, the most represented age group cohort in health sector VET courses was learners aged 15 to 19, who accounted for 28.0% of enrolments and 30.0% of completions, with VET in secondary schools a likely factor for this. Close behind were those aged 30 to 39, contributing 20.1% of enrolments and 19.8% of completions. Learners aged 20 to 24 and 25 to 29 also played a significant role, collectively making up almost 30% of enrolments. This age distribution aligns with overall VET program trends, which also show strong engagement from learners across a range of life stages. The health sector shows slightly higher participation among those in their 30s, reflecting pathways may include first-time study, career changers or returning to their workforce.

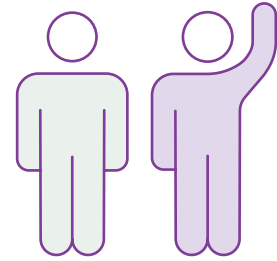
First Nations

Enrolments and completions in health qualifications (under the HLT training package) by First Nations status, 2023³²⁴

Aboriginal and Torres Strait Islander learners represented **5.6%** of enrolments and **4.4%** of completions

Non-indigenous learners accounted for **89.7%** of enrolments and **89.5%** of completions

Not known status comprised **4.7%** of enrolments and **6.1%** of completions



In 2023, First Nations learners represented 5.6% of enrolments in health-related qualifications – a rate that exceeds their proportion of the general Australian population (3.2%)³²⁵ and is consistent with the overall VET sector rate of 4.9%. Compared to overall VET program data, the health sector also records a higher rate of participation among this group, reflecting a positive trend in engagement with health-focused training pathways.

Insights from First Nations stakeholders and RTOs consistently highlight the importance of culturally tailored training programs in supporting engagement and completion for Aboriginal and Torres Strait Islander learners. While the available data on completions is limited and difficult to compare, there are early indications – particularly in qualifications specifically designed for First Nations communities – that culturally relevant and community-embedded programs can support stronger outcomes. The National Skills Agreement ‘Closing the Gap’ priority also reinforces this finding in the mechanisms and flexible funding arrangements it commits to be used to support First Nation learners.³²⁶ The strong outcomes in courses developed to be culturally relevant underscore the importance of inclusive and responsive education in improving access and success for First Nations learners within the health sector.

Disability

Enrolments and completions in health qualifications (under the HLT training package) by students living with disability, 2023³²⁷

Learners with a disability made up **6.6%** of enrolments and **5.8%** of completions

Learners without a disability represented **84.2%** of enrolments and **87.2%** of completions

Not known status comprised **9.3%** of enrolments and **7.1%** of completions

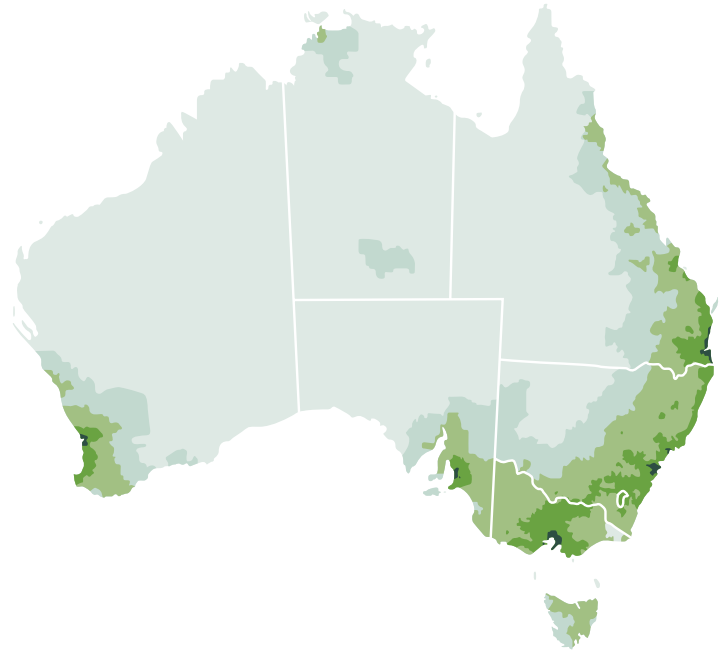
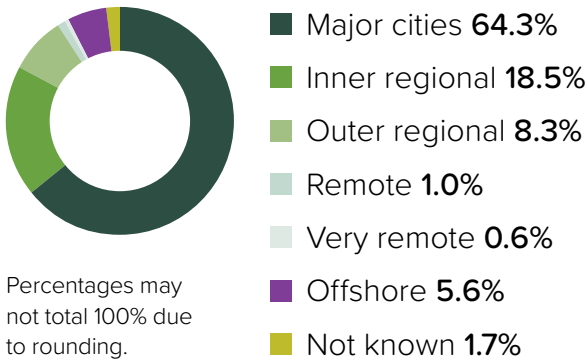
In relation to learners with disabilities, the health sector exhibits trends consistent with those observed across the broader VET program, with a similar proportion of learners with disabilities enrolling in courses.



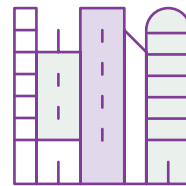
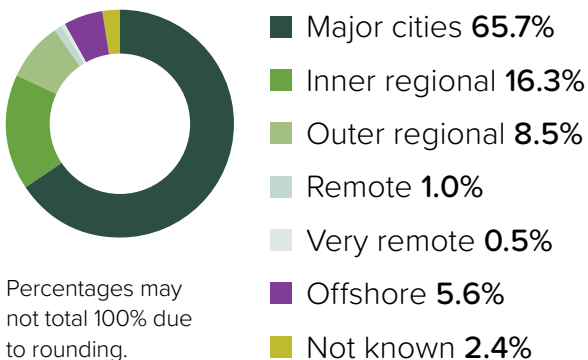
Geographic location

Remoteness³²⁸

Enrolments in health qualifications (under the HLT training package) by remoteness, 2023³²⁹

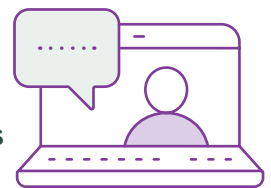


Completions for CEC qualifications (under the CHC training package) by remoteness, 2023³³⁰



Major cities had the highest enrolments (64.3%) and completions (65.7%)

Students in **Very remote** and **Remote** areas comprise approximately **1.6% of overall enrolments** and **1.5% completions**

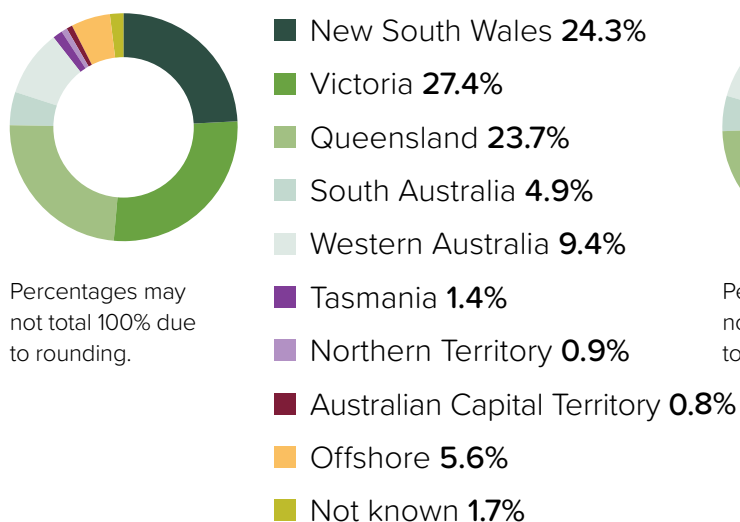


Patterns of learner remoteness in the health sector align closely with those observed in the broader VET sector, where major cities consistently account for the highest levels of participation. However, the health sector has slightly higher enrolment and completion rates from inner and outer regional areas compared to the overall VET sector.

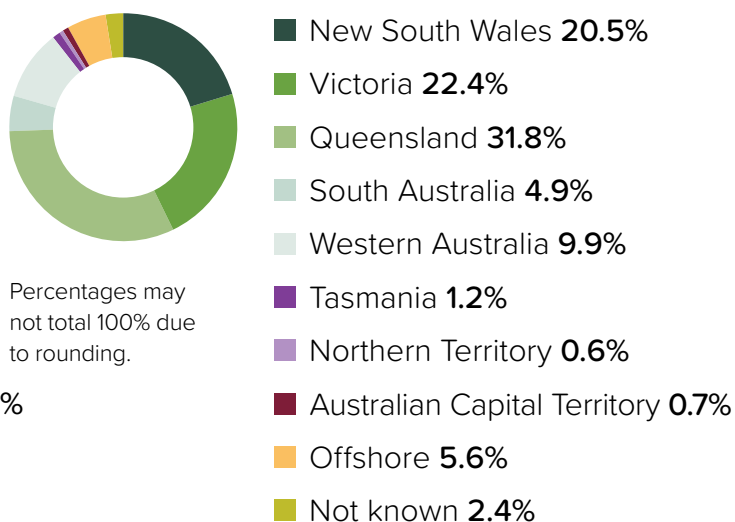
Geographic location

State/territory

Enrolments in health qualifications (under the HLT training package) by state, 2023³³¹



Completions in health qualifications (under the HLT training package) by state, 2023³³²



Victoria accounted for the largest share of enrolments at 27.4%, followed by New South Wales at 24.3% and Queensland at 23.7%. Together, these three states represented around three-quarters of all enrolments in the health sector. Queensland also recorded the largest share of completions at 31.8%, with Victoria and New South Wales contributing 22.4% and 20.5% completions respectively.



Victoria, New South Wales and Queensland led enrolments and completions in health qualifications.

Western Australia and South Australia contributed modest shares of both enrolments and completions (ranging from around 5% to 9%), while Tasmania, the Northern Territory, and the ACT each accounted for less than 2%. Offshore learners made up over 5% of enrolments and completions.

The patterns observed in the health sector align with broader VET program trends, where larger states dominate enrolment numbers. However, Queensland stands out with the highest number and proportion of completions, indicating strong outcomes for learners in the state.



1.6 Workforce mobility, retention & attrition

Workforce retention and attrition rates remain a concern within the health sector. Research published by the CSIRO in 2025 examined retention and attrition rates of regulated health practitioners in Australia across nine health professions³³³ (nursing was not included in this study). Top reasons for leaving include mental burnout, retirement, feeling undervalued or unrecognised, lack of professional satisfaction and work no longer being fulfilling (see chart below).³³⁴

Figure 1: Top reasons cited by nine regulated health professions (excluding nursing) intending to leave the sector³³⁵

Under 35 years

There is no recognition of my work / I feel undervalued



Lack of opportunities for career advancement, work is no longer professionally satisfying



Mental burnout



Lack of opportunities for personal growth and/or development



Work is no longer fulfilling or meaningful



35–60 years

Mental burnout



There is no recognition of my work / I feel undervalued



Work is no longer professionally satisfying



Work is no longer fulfilling or meaningful



Lack of opportunities for career advancement



Over 60 years

Retirement



Mental burnout



There is no recognition of my work / I feel undervalued, work is no longer professionally satisfying



Inadequate workplace conditions (environment; equipment; facilities; infrastructure; and culture)



I no longer feel a sense of achievement in my work, physical injury/condition limiting my practice, work is no longer fulfilling or meaningful



Without proactive measures to improve the retention of, and levels of job satisfaction among, health care workforces, such issues are likely to exacerbate in the coming years. Between 2023 and 2035, baseline supply and demand among the nursing workforce, to highlight one example, are both projected to increase. However, supply is not expected to keep pace with demand,³³⁶ placing pressure on workforce attraction and retention over the coming decade.

The *Draft National Nursing Workforce Strategy* highlights that improving retention relies heavily on workplace environments that support wellbeing, leadership, and professional growth. As the Strategy notes, “retaining dedicated, diverse and high performing nurses in all health and aged care settings requires a positive workplace culture, strong leadership, and supportive management”.³³⁷ It also emphasises that retention efforts must include “access to education and lifelong learning, enabling nurses to acquire the skills necessary for their roles”.³³⁸ The consultation and summary report that informed the draft strategy also points to the need for “more inclusive, supportive and flexible working environments that can adapt to the diverse needs of the workforce”.³³⁹

Evidence from the Australian Nursing and Midwifery Journal reinforces these findings, linking retention to improved conditions and emotional sustainability: “The aim of enhancing the retention of nurses is to address the factors (e.g., burnout, lack of sufficient remuneration and recognition, and poor working conditions) that intensify staff turnover and to keep nurses in their jobs and the nursing workforce”.³⁴⁰ It also highlights the importance of emotional wellbeing and purpose: “Nurses are more likely to stay if they are able to manage stress, feel emotionally supported, and can continue to provide care aligned with their values and training”.³⁴¹

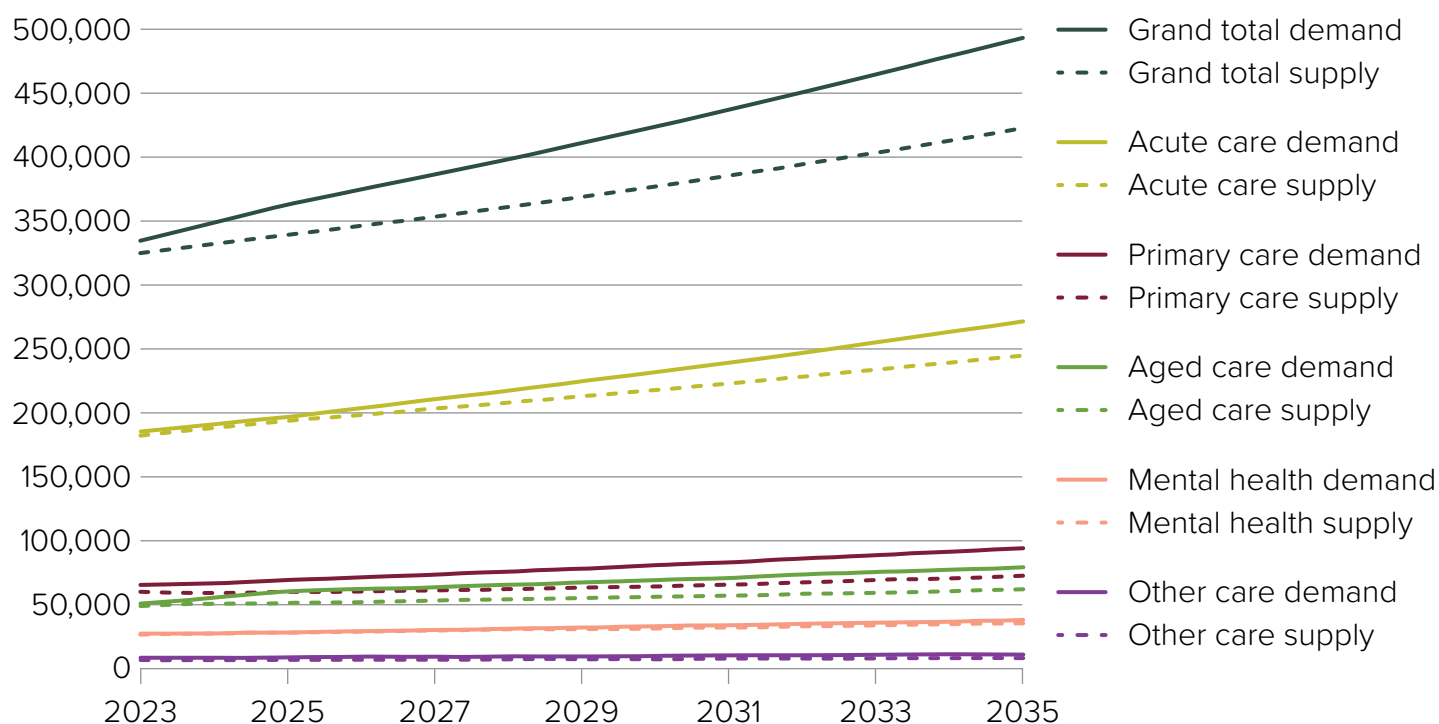
Specific nursing sectors projected to show greater undersupply than others are provided in Figure 2. For example, the acute care sector projections show an undersupply of 26,665 FTE by 2035.³⁴² For primary health, the projections show an undersupply of 21,765 FTE and for the aged care sector, 17,551 FTE by 2035.

While the mental health sector is likely to have a somewhat lower demand for nursing roles, with a projected undersupply of 1,918 FTE by 2035,³⁴³ it still remains a critical sector.



The Draft National Nursing Workforce Strategy highlights that improving retention relies heavily on workplace environments that support wellbeing, leadership, and professional growth.

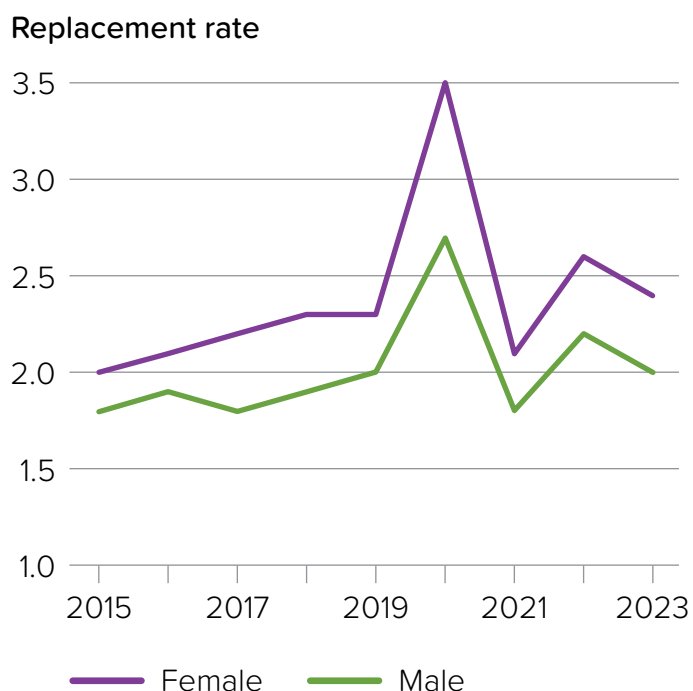
Figure 2: Nursing Full Time Equivalent (FTE) – National Supply and Demand³⁴⁴



Beyond nursing, sectors with higher demand will place additional pressures on time and resources, which is likely to increase the risk of burnout within the workforce³⁴⁵ and lead to extra concern around retention and attrition rates if these shortages are not addressed.

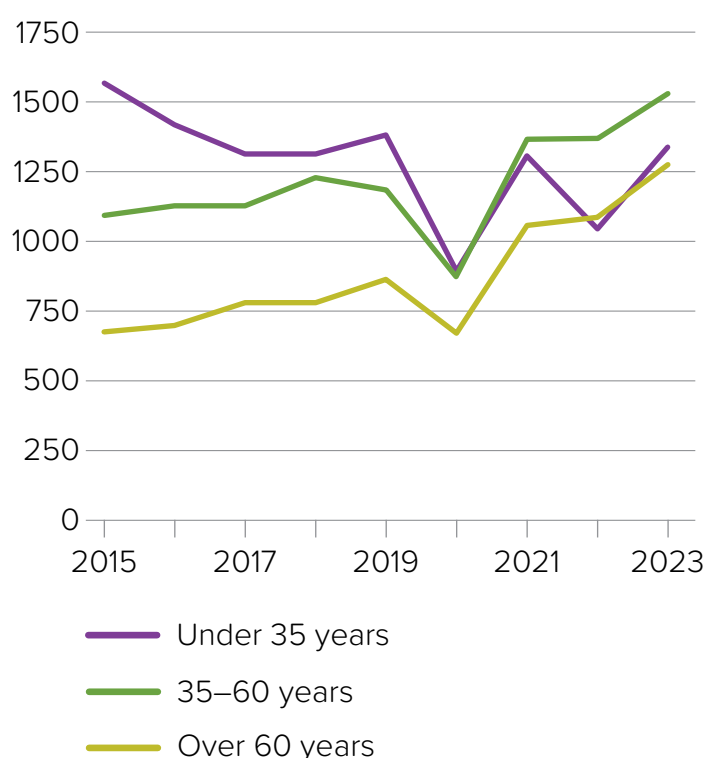
Males are twice as likely to leave compared to female practitioners, and practitioners over 60 years nearly three times more likely to leave and twice as likely to be unsure about staying in the profession compared with those aged 35–60 years.³⁴⁶

Figure 3: Replacement rates by gender: female and male in nine regulated health professions (excluding nursing)³⁴⁷



Female practitioners across all age groups demonstrated consistently higher replacement rates than males, showing a strong contribution to workforce sustainability over the last 10 years.³⁴⁸ The sharp increase rate in (Figure 4) is a result of the number of exits across all age groups in 2020.

Figure 4: Exits among practitioners across nine health professions (excluding nursing) across all age groups³⁴⁹



The rate of fluctuation in replacement in recent years remains a concern for the sustainability of the health care sector. There is a need and an opportunity to focus on addressing labour force shortages. One avenue (as identified by the Kruk review³⁵⁰) is streamlining pathways for overseas qualified practitioners and international students who have studied in Australia to find work in the sector.

Work hours are also a key factor influencing practitioners' intentions to leave the sector. Those working 20 hours or less per week were twice as likely to consider leaving the sector – or to be unsure about staying – compared to those working 29–40 hours.³⁵¹ For those working less than 20 hours, key attrition drivers include limited incentives to keep practising and a lack of targeted employment support.³⁵² These findings highlight an opportunity to strengthen strategies, particularly by improving employment pathways.

Like those working 20 hours or less, people working more than 50 hours a week were twice as likely to be unsure about staying.³⁵³ Attrition factors identified for people working over 50 hours include burnout, lack of work life balance, and lack of visible leadership. (Noting here that HumanAbility stakeholders have consistently raised challenges with retaining workforce at a leadership level, which would compound this issue.) This highlights the importance of job satisfaction, professional fulfillment, work-life balance, and a sense of achievement in motivating health practitioners to remain in their professions.³⁵⁴

Lastly, practitioners not self-employed were nearly twice as likely to be unsure about staying as self-employed practitioners. Factors that may contribute to this outcome include work-life balance and levels of autonomy offered by specific roles.

A CSIRO study has showed that the factors of profession, principal place of practice (PPP), remoteness, years of experience, employment type, further qualifications, registration status, and First Nations status, did *not* significantly influence practitioners' intentions to stay or leave, or uncertainty about staying in their profession.³⁵⁵

In terms of mobility, most workers in health occupations either remained in health-related roles when transitioning to other occupations (e.g. from enrolled nurse to registered nurse), or moved into adjacent occupations such as aged and disability care occupations and community service roles. The overlapping and interconnected nature of these occupations is discussed further below.

For allied health workers, such as physiotherapists, psychologists and occupational therapists – prior occupations appear to reflect roles undertaken while studying. In contrast, post-role movements tend to be into senior management positions.

Table 5: Top three prior and subsequent occupations of key health occupations

Sub-sector	Occupations (per ANZSCO)	Turnover ³⁵⁶	Top 3 prior occupations	Top 3 subsequent occupations
Nursing	Registered Nurses 2544	2%	4233 Nursing Support and Personal Care Workers 4231 Aged and Disabled Carers 4114 Enrolled Nurses	4231 Aged and Disabled Carers 4114 Enrolled Nurses 1342 Health and Welfare Services Managers
Nursing	Nursing Support and Personal Care Workers 4233	10.3%	4231 Aged and Disabled Carers 2544 Registered Nurses 8112 Commercial Cleaners	2544 Registered Nurses 4231 Aged and Disabled Carers 4117 Welfare Support Workers
Nursing	Enrolled 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

Sub-sector	Occupations (per ANZSCO)	Turnover ³⁵⁶	Top 3 prior occupations	Top 3 subsequent occupations
Allied Health	Physiotherapists 2525	0.8%	6211 Sales Assistants (General) 4233 Nursing Support and Personal Care Workers 5421 Receptionists	1111 Chief Executives and Managing Directors 2531 General Practitioners and Resident Medical Officers 25 1112 General Managers
Allied Health	Psychologists 2723	0.1%	4117 Welfare Support Workers 2421 University Lecturers and Tutors 6211 Sales Assistants (General)	1111 Chief Executives and Managing Directors 2725 Social Workers
Allied Health	Occupational Therapists 2524	0.3%	6211 Sales Assistants (General) 4117 Welfare Support Workers 6311 Checkout Operators and Office Cashiers	4117 Welfare Support Workers 2522 Complementary Health Therapists 2525 Physiotherapists
Health	Receptionists 5421	11.2%	6211 Sales Assistants (General) 5311 General Clerks 4315 Waiters	5311 General Clerks 5121 Office Managers 5111 Contract, Program and Project Administrators
Health	General Practitioners and Resident Medical Officers 2531	3.6%	2539 Other Medical Practitioners 2421 University Lecturers and Tutors 6211 Sales Assistants (General)	2539 Other Medical Practitioners 2533 Specialist Physicians 2532 Anaesthetists

Sub-sector	Occupations (per ANZSCO)	Turnover ³⁵⁶	Top 3 prior occupations	Top 3 subsequent occupations
Health	General Clerks 5311	11.3%	6211 Sales Assistants (General) 5121 Office Managers 5111 Contract, Program and Project Administrators 6211 Sales Assistants (General)	5121 Office Managers 5111 Contract, Program and Project Administrators 6211 Sales Assistants (General)
Health	Dental Assistants 4232	6.0%	6211 Sales Assistants (General) 6311 Checkout Operators and Office Cashiers 4315 Waiters	5421 Receptionists 5122 Practice Managers 4112 Dental Hygienists, Technicians and Therapists
Health	Medical Technicians 3112	2.3%	6214 Pharmacy Sales Assistants 6211 Sales Assistants (General) 4315 Waiters	2346 Medical Laboratory Scientists 2515 Pharmacists 6214 Pharmacy Sales Assistants



Case study

From aviation to allied health – Corrie Ramsay

After working in aviation for 11 years, COVID-19 provided Corrie Ramsay with an opportunity to consider other careers. Looking for an opportunity in the care and support sectors, she started a Diploma of Pilates and scaled back her work in aviation.

Corrie found herself enjoying the rehab component of the study and was drawn to allied health. She commenced a Certificate IV in Allied Health Assisting at Northern Metropolitan (NM) TAFE and excelled, becoming Vocational Student of the Year Finalist in the WA Training Awards and NM TAFE Vocational Student of the Year in 2022.

Corrie now works part time as an Allied Health Assistant (AHA) at Wise Therapy and part time as an Allied Health Trainer at NM TAFE in Perth, WA. She has been nominated twice in the National Allied Health Awards as Allied Health Assistant of the Year (finalist in 2023 and winner in 2024) and is an AHANA Board Director.

As a trainer, Corrie feels empowered by showing the difference AHAs make in patients' lives. She says, "Allied Health Assisting is extremely rewarding for people who are passionate about helping and connecting with the most vulnerable members of our community."

She sees the allied health system working at its best when multidisciplinary teams work collaboratively within clearly defined scopes of practice and AHAs are valued as essential enablers in a complex health system.



Case study

A collaborative approach to nursing placements in the ACT

Organisations: ACT Health Directorate, Canberra Health Services, ACT Education Providers (HE and VET)

The COVID-19 pandemic highlighted and intensified workforce shortages across the ACT health sector. Due to increasing demand for enrolled and registered nurses, the ACT Placement Working Party was formed with a commitment to ensure all diploma and bachelor nursing students complete their training and transition to employment. The party is led by the ACT Health Directorate which oversees Canberra Health Services, the public health system and all ACT tertiary education providers delivering the Diploma or Bachelor of Nursing.

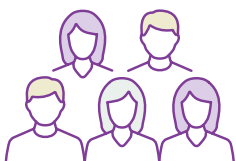
The Working Party's initial challenge was to sort through the backlog of placements that had stalled due to the pandemic. The delay of graduates entering the workforce had a significant impact on the new nursing graduate program, exacerbating the nursing workforce shortages. Once the backlog of students had successfully graduated, the Working Party continued to meet monthly to work through placement challenges and identify pressure points and opportunities for change.

When declining midwifery numbers in the ACT were identified by the Working Party, they engaged with local schools to promote the sector, resulting in an immediate increase of young people enrolling in nursing programs. The party also identified migrant employment challenges and successfully advocated for change so non-resident nursing graduates could be eligible for full-time work in the ACT.

In addition to its other work, the party focuses on articulation pathways to enable smooth transitions for enrolled nurses wishing to become registered nurses, with the Canberra Institute of Technology providing a one-year credit to diploma students transitioning to the Bachelor of Nursing.

1.7 Connection between the health sector and the broader care and support sectors

A health workforce that is appropriately sized, skilled and distributed is critical to ensuring people receive treatment, care and support when and where they need it. This is fundamental to achieving positive outcomes across health prevention, intervention and recovery. Many health professionals work across multiple settings, reflecting the sector's high degree of mobility. For example, nurses and allied health professionals work in aged care, hospitals and home-based care. This mobility, combined with an emphasis on multidisciplinary models, highlights the importance of a workforce equipped to operate effectively across different sectors, settings and communities.



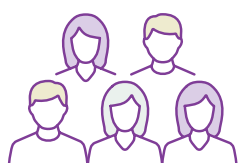
A health workforce that is appropriately sized, skilled and distributed is critical to ensuring people receive treatment, care and support when and where they need it.



2. Government and Reform initiatives

There are a range of substantive reviews – either completed or underway – that are informing changes to Australia’s health system, with implications for the shape, size, skills and training of the health workforce.

2.1 National initiatives



Sector-wide

Independent Review of Australia’s Regulatory Settings, Relating to Overseas Health Practitioners 2023

Also known as the Kruk review, this review was completed in December 2023 and examines Australia’s regulatory settings to improve the health practitioner registration framework, specifically as it relates to the recognition of skills and qualifications held by health professionals trained overseas and international students who have studied in Australia. The review was completed to ease current and projected labour force shortages in the health care sector. It reviewed whether current regulatory settings remain fit for purpose and recommends health practitioner regulations be streamlined whilst maintaining quality and safety standards in the delivery of care.³⁵⁷

The final report found that there is an urgent need for reform. This will increase opportunities to grow Australia’s health workforce and will align Australia’s regulatory system with comparable jurisdictions such as Canada, New Zealand and the United Kingdom.³⁵⁸

Independent review of complexity in the National Registration and Accreditation Scheme

This independent review will look at the complexities within the national registration and accreditation scheme (NRAS) to identify inconsistent or unnecessary processes. These processes will be reviewed with the aim to improve regulatory settings in the delivery of quality health care.

Recommendations will address how current processes can be streamlined to maintain community expectations, improve decision making (specifically around the dealing of complaints made about health practitioners) and inform the strategic direction for the NRAS, including how the NRAS can deliver continuity of service to expand to meet future needs.³⁵⁹

Unleashing the Potential of our Health Workforce – Scope of Practice Review 2024

This independent review examined the barriers and incentives health professionals face to work to their full scope of practice in primary care. It aimed to reform the primary care workforce to deliver high quality, equitable, integrated and sustainable health care for the Australian community.³⁶⁰

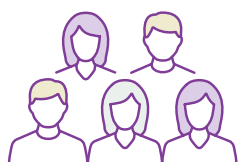
The review was undertaken in response to recommendations from the Strengthening Medicare Taskforce Report, which recommended significant changes to how primary care is funded and delivered to enable high quality, integrated and person-centred care for all Australians.³⁶¹

Working Better for Medicare Review

This report was released in October 2024 and is also part of the Strengthening Medicare reforms. The review examines the effectiveness of current policies and legislation related to ‘distribution levers.’ Distribution levers are designed to distribute the health workforce across geographical areas with high demand for health care. They intersect with Sections 19AA and 19AB of the Health Insurance Act 1973, and classifications including the Distribution Policy Area (DPA), District of Workforce Shortage (DWS) and the Modified Monash Model (MMM).

All recommendations made were specific to improvements to the legislation and the classifications, which aimed to improve distribution calculations. Specifically, these included modifications to legislation or more nuanced calculation methodologies to better target specific workforce needs within geographical areas.

2.2 National Strategies



Sector-wide

Global and external drivers – such as the impacts of climate change, shifts in models of care, and evolving digital and technological capability – are changing the health workforce, and shaping reform and investment in the health care system.

The health workforce is already adapting to respond to the changing health and wellbeing needs of Australians. Several Australian Government strategies, noted below, consider the changing skills and training needs that will allow the health workforce to meet current and future demand.

The Australian Department of Health, Disability and Ageing developed the **National Preventive Health Strategy**, which outlines the overarching approach to prevention in Australia from 2021–2030. The strategy aims to improve the health and wellbeing of all Australians at all stages of life, through a systems-based approach to prevention that addresses the wider determinants of health, reduces health inequities and decreases the overall burden of disease.

The **National Digital Health Strategy** aims to create an “inclusive, sustainable and healthier future for all Australians through a connected and digitally enabled health system”.

The **National Health and Climate Strategy** sets out a whole-of-government plan to address the health and wellbeing impacts of climate change and address the contribution of the health system to climate change.

Health workforce strategies

Each state and territory has developed a health workforce strategy reflecting the Australian Government’s broader ambition to partner with state and territory governments to improve health outcomes for all Australians.

Each jurisdictional strategy reflects its own distinct geographic and demographic context, while also highlighting shared priorities. Common themes include strengthening career pathways; developing and implementing new models of care; expanding the use of multidisciplinary teams; strengthening the provision of culturally safe and responsive health care for First Nations people; building the First Nations workforces and community-controlled sector; and adapting to digital, technological and artificial intelligence advancements.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031³⁶²

sets out specific strategic priorities encompassing First Nations representation across disciplines and roles, ensuring the First Nations Health Workforce has high-level skills, capacity and leadership across health roles, disciplines and functions. It also highlights the need for culturally safe and responsive workplaces that are free of racism, and career pathways into and through the health workforce for First Nations people.

The National Nursing Workforce Strategy is due to be released in 2025 and aims to address workforce challenges for nurses and guide long-term reform for workforce sustainability, diversity, career pathways, and planning and data. The strategy is relevant for nurses, practitioners, assistants, and students training in these fields – a total cohort comprising more than 40% of the health sector.³⁶³

It will look to strengthen frameworks that support nurses to deliver the full scope of their practice, maintain and deliver quality, evidence based, person-centred care, and sustain an experienced nursing workforce, including in regional, rural and remote areas. The strategy will cover registered nurses, enrolled nurses, nurse practitioners, assistants in nursing and students of nursing.³⁶⁴

The National Allied Health Workforce Strategy 2025 is due to be released in 2025 and aims to identify reforms to address labour shortfalls and skills gaps, attraction and retention issues in the national allied health workforce. It will have a specific focus on factors that influence supply, demand, safety, and quality, including advances in technology (e.g., artificial intelligence) and the impact of climate change in surging regional and rural demands.³⁶⁵ Allied health workers who are VET qualified or unqualified, such as allied health assistants, currently remain out-of-scope in this strategy.

The National Medical Workforce Strategy 2021–2031 guides long-term medical workforce planning across Australia. It aims to build a trained, resilient workforce that can address the increasing needs and demand for health care in Australia over the next 10 years.

Whilst specifically focused on doctors – a tertiary qualified workforce – elements of the strategy focus on changing models of care in response to technological advances, redistributing trainees and medical practitioners to meet specific geographical needs, making much-needed improvements to the mental health and wellbeing of the medical workforce, providing speciality training based on community needs, improving career pathways for medical students, increasing data, planning and coordination across governments, and increasing the representation of First Nations medical practitioners across the workforce. The VET trained health workforce are an important part of delivering on this strategy's ambition.



2.3 Commonwealth and jurisdictional initiatives

Growing, retaining and upskilling the health sector is a shared priority for Federal, state and local levels of government. Investment has spanned incentives for regional and rural workers to address workforce maldistribution, training to support cultural capability and cultural safety to fill contemporary skill gaps, and initiatives to increase the overall supply of health workers by making the sector more visible and attractive as a long-term career option.

Table 6: Government initiatives affecting the sector workforce

Government	Government initiatives
Australian	<p>Nursing:</p> <ul style="list-style-type: none"> • Strengthening the role of the nursing workforce³⁶⁶ <p>Allied health:</p> <ul style="list-style-type: none"> • Workforce Incentive Program • Funding to IAHA on Indigenous allied health workforce <p>Diversity and inclusion:</p> <ul style="list-style-type: none"> • National Aboriginal & Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031³⁶⁷ • Stronger Rural Health Strategy³⁶⁸ • Indigenous Health Workforce Traineeship program³⁶⁹ • Practice Incentives Program – Indigenous Health Incentive³⁷⁰ • Rural Locum Assistance Program (Rural LAP)³⁷¹ • Cultural Respect Framework for Aboriginal and Torres Strait Islander Health (Cultural Respect Framework) 2016–2026³⁷² • Primary Care Rural Innovative Multidisciplinary Models (PRIMM)
ACT	<ul style="list-style-type: none"> • ACT Health Workforce Strategy 2023–2032
Northern Territory	<ul style="list-style-type: none"> • Health Strategic Plan³⁷³
New South Wales	<ul style="list-style-type: none"> • NSW Health Workforce Strategy³⁷⁴ • NSW Regional Health Strategic Plan³⁷⁵ • Removal of wage cap, increase of recruitment incentives, and study subsidies for nursing, allied health, medical, and paramedic students³⁷⁶ • Aboriginal Cadetship programs for nursing, midwifery, and allied health • Health Workforce Scholarship Program

Government	Government initiatives
Queensland	<ul style="list-style-type: none"> • Health Workforce Strategy³⁷⁷ • Allied Health Workforce Plan³⁷⁸ • Allied Health Expanded Scope of Practice Strategy³⁷⁹ • Early Career Nursing and Midwifery Retention Strategy³⁸⁰ • Rural and Remote Health and Wellbeing Strategy³⁸¹
South Australia	<ul style="list-style-type: none"> • Rural Health Workforce Strategy³⁸² • Rural Nursing and Midwifery Workforce Plan³⁸³ • Rural Allied and Scientific Health Workforce Plan³⁸⁴ • Allied Health Rural Generalist Plan
Tasmania	<ul style="list-style-type: none"> • Health Workforce 2040³⁸⁵
Victoria	<ul style="list-style-type: none"> • Health Workforce Strategy³⁸⁶ • Allied Health Assistant Workforce Project³⁸⁷ • Allied Health Capability Framework³⁸⁸ • Additional budget allocation for nurse staff and support³⁸⁹ • Aboriginal Cadetship program (Nursing, Midwifery and Allied Health)³⁹⁰
Western Australia	<ul style="list-style-type: none"> • Health Workforce Strategy³⁹¹ • Rural Health Partnership Initiative³⁹² • Country Nursing and Midwifery Incentive Program³⁹³



3. Opportunities and challenges

Figure 5: The seven workforce challenges identified for the care and support sectors





3.1 Labour force shortages

As discussed above, labour force shortages are impacting the health sector both domestically and globally, driven by the post-pandemic environment, increases in complexity of health needs, and an ageing population.³⁹⁴

Regional, rural and remote communities are particularly impacted by workforce shortages. Rural towns have half as many health professionals per person as metropolitan cities.³⁹⁵ Factors that limit the ability of regional and rural areas to attract workers include lack of career opportunities, limited opportunities for professional development and formal learning, regional and rural housing shortages, and transport costs.³⁹⁶

While undergraduate programs such as nursing and midwifery are fully subscribed – demonstrating strong interest in studying health – translating this interest into graduates entering the health workforce remains a challenge. At the same time, attracting new workers into VET-trained roles is hindered by persistent perceptions of these health sector roles. The unique contribution and value of these roles – particularly within multidisciplinary teams – is not always well recognised or understood.³⁹⁷

Retention rates have decreased due to workplace culture, high administrative burdens, stress and burnout, inadequate workforce support,³⁹⁸ high rates of work-related injuries,³⁹⁹ employment instability and lack of recognition.⁴⁰⁰ The immense pressures placed on the health workforce during COVID-19 and consequent loss of staff is still far from being resolved.

The inability to work to the full scope of practice is also a significant contributor to attrition.⁴⁰¹ Working to the full scope of practice supports improved job satisfaction and retention. Workforce shortages have contributed to the increase of more generalist roles in health settings, which creates a disconnect between discipline-specific training and career experiences, including lack of career progression and access to supervision.

Dedicated strategic and policy intervention is required to build, develop and retain the skilled multidisciplinary workforce to meet the community's needs for treatment, care and support into the future.

Addressing the scale of labour force shortages across Australia requires multiple initiatives including promotion of careers and career pathways, improved skills and training, and addressing retention issues such as ongoing professional development. The role of migration and ethical recruitment is discussed earlier in this report. HumanAbility intends to develop an issue paper to consider migration challenges and opportunities for the health workforce.



3.2 Skill gaps

Despite the recent investment at Federal and state levels of government aimed at uplifting the capability of the health sector VET prepared workforce, there remains a shortage of workers with the skills and ability to deliver contemporary, evidence-based treatment, care and support in all areas where it's needed. HumanAbility stakeholder engagement and research indicates the most pressing gaps are:

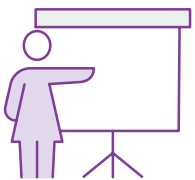
- **Digital literacy:** Amid the rapid growth of accessible technologies in the workplace – such as electronic health records, Telehealth and electronic prescribing – this is an area of increasing need for upskilling across the health workforce. The proportion of younger health care practitioners, who may be more comfortable with such technological change, is growing (e.g., the percentage of health care workers aged between 20 and 34 years grew from 28% in 2012 to 33% in 2022).⁴⁰² However, there is still a broad need to support the confidence and competence of the workforce in using these technologies to their full effect. There is also a need to upskill the existing and future workforce on how AI and machine learning can improve organisational processes and patient outcomes.⁴⁰³
- **Cultural competency:** The need to strengthen cultural competency training for the diverse needs of consumers, carers and priority populations is recognised, especially for First Nations peoples, culturally and linguistically diverse communities and LGBTQIA+ communities. This need exists in all workforce settings, and can be particularly acute in geographical areas that have higher levels of cultural, linguistic and other diversity. There is an opportunity to:
 - Increase cultural awareness competency and safety training in VET qualifications⁴⁰⁴
 - Increase recognition and compensation for bilingual and bicultural staff/skills⁴⁰⁵
 - Strengthen and utilise Aboriginal and Torres Strait Islander Health Workforces and Aboriginal Community Controlled Organisation models, including via investment in Aboriginal and Torres Strait Islander leadership⁴⁰⁶ and support for Aboriginal and Torres Strait Islander health professional organisations (ATSIHPOs)⁴⁰⁷
- **Leadership and wellbeing roles:** There are gaps in current leadership capabilities, which are becoming increasingly important as the models of care used in health contexts diversify. This impacts particularly on nursing roles, with nurses deployed in a greater range of positions to provide leadership and supervision to multidisciplinary teams.⁴⁰⁸ The social and emotional wellbeing workforce (SEWB) is an emerging gap. This workforce will play an increasingly important role in the delivery of new service models in an evolving health care system.⁴⁰⁹ SEWB plays a critical role in the provision of better integrated support – particularly for First Nations communities – recognising the connection between people's physical, psychological, social, emotional and cultural wellbeing.⁴¹⁰
- **Mental health wellbeing:** Several Jobs and Skills Councils have identified mental health first aid training as a high priority. Mental health issues are prevalent across all workforces and often exacerbated in those that work remotely, such as mining and agriculture.



3.3 VET training and qualification issues

Alignment with contemporary practice

Contemporary health care increasingly emphasises multidisciplinary, trauma informed, holistic, person centred, and strengths-based models of care, alongside the growing use of digital and telehealth service delivery.⁴¹¹ These evolving approaches present significant opportunities to strengthen workforce sustainability by reducing skill gaps, expanding training pathways, and supporting practitioners to work to their full scope of practice. However, VET qualifications are not always well aligned with multidisciplinary models. Training often remains focused on discipline-specific skills and knowledge, limiting flexibility and responsiveness to integrated models of care. Greater alignment between VET training and contemporary practice is needed to better prepare the workforce for modern health service delivery.



VET qualifications are not always well aligned with multidisciplinary models. Training often remains focused on discipline-specific skills and knowledge, limiting flexibility and responsiveness to integrated models of care.

Diversity of work placements

Placements play an important role in attracting students to the health sector, and into specific settings (such as public or community settings). Placements often do not reflect the diversity of settings that the workforce can move into, limiting exposure to opportunities. Placements can also be in acute or high intensity settings that can reduce both the attractiveness of the sector and the opportunities to develop knowledge and skills for different contexts, such as for geographically remote settings.

The risk of placement poverty is a widely recognised barrier to students commencing or completing qualifications, and presents as a barrier to existing workers undertaking further study to advance to different roles.

Welcome investment such as the Commonwealth Prac Payment (CPP)⁴¹² has been made to support students of some qualifications (higher education course in teaching, nursing and midwifery, and social work; and nursing in vocational education and training (VET) courses) to undertake a work placement. However, there are many qualifications in health that require a work placement beyond those covered by the CPP. Whilst providers widely acknowledge placement poverty as an issue, the importance of the placement experience remains. Additionally, the delivery of a quality training experience for a student on placement requires time, investment, skill and training of supervisors and mentors. This is often an additional funding challenge faced by workplaces.



3.4 Limited career pathways

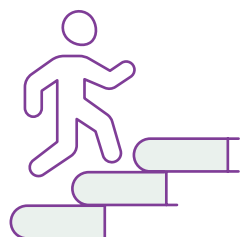
Career pathways vary between occupations. For some roles, pathways are well defined and clearly linked to training and education (for example, nursing). For others, pathways are more difficult to navigate (for example, First Nations health workers and allied health assistants). In addition, pathways between parts of the health sector are not often well established – with few articulation pathways or recognition of prior learning opportunities.

This impacts attraction and retention, and can restrict career fulfillment and satisfaction with career progression. Providing clear career pathways and increasing the number of options is likely to reduce attrition rates, helping to grow and diversify skill sets among a sustainable and engaged workforce.

Within the health workforce, it is recognised that coordination of care, collaboration and multidisciplinary ways of working will increase quality of care. To this end, recognition of prior learning can play a role in increasing the qualification and training levels of the workforce.

Opportunities include:

- improved career pathways for overseas trained professionals, including recognition of capabilities to gain additional competencies
- leveraging pre-existing cultural competencies with health care settings
- better articulation with higher education opportunities.



Pathways between parts of the health sector are not often well established – with few articulation pathways or recognition of prior learning opportunities.



3.5 Diversity and inclusivity

Diversity and inclusivity can be improved with greater engagement of and co-design with consumers, carers and service providers to meet community needs. Opportunities exist to better coordinate national and local planning processes, recognising and prioritising the local context and perspectives of community members.⁴¹³

Inclusivity in the workforce is likely to improve the representation of diverse groups to better meet the needs of the health sector and the communities it services. There is a need for:

- Improved partnerships with and support for First Nations organisations and communities⁴¹⁴
- Connections with community-based groups to achieve holistic approaches and increase inclusivity and workplace diversity⁴¹⁵
- Improved access to digital technologies and training to use these with confidence, to support inclusion in the workplace.



Inclusivity in the workforce is likely to improve the representation of diverse groups to better meet the needs of the health sector and the communities it services.



3.6 Data and evidence

There are limitations posed by the level of granularity or relevance of the ANZSCO codes at the occupational level in health. 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 in the release of the OSCA in December 2024 will go some way to addressing this: for example,

- Diabetes Educators OSCA 263933 was grouped under generic Health Promotion Officer ANZSCO 251911.
- Nursing Support Worker ANZSCO 423312 is now an Assistant in Nursing OSCA 442231.
- Nursing is now broken into Primary Health Care, Acute Care and Mental Health under OSCA, rather than specifying preoperative, surgical, and paediatric, in recognition of the breadth of areas and cohorts a nurse will cover.
- Roles previously incorporated in Therapy Aide 423314 ANZSCO are now diverted into other occupation codes including a specific Allied Health Assistant 442131 OSCA occupation code.
- Personal Services Worker 451899 ANZSCO are also redistributed across a range of occupations, including a new Patient and Health Care Assistant 442999 OSCA occupation code.

While regulated professions often have sound data on workforce size, composition and distribution, data still remains a challenge. For example, health and human services data cannot be disaggregated, and there are some sub-sectors that lack appropriate data to support effective workforce planning. One of the most significant gaps is the lack of workforce data for allied health assistants.⁴¹⁶ There is a need for a nationally consistent approach to data collection, for the purposes of:

- Understanding and addressing workforce shortages and forecasting labour workforce needs (i.e. appropriate distribution, education and career pathways).⁴¹⁷
- Better understanding of workforce demographics and forecasting of training, placement and the need for diversity and inclusion initiatives.
- Synthesising data, modelling, and planning.⁴¹⁸
- Contributing to and shaping evidence-based evaluations.⁴¹⁹



3.7 Policy and regulatory settings

Policy and regulatory settings are evolving as the health sector adapts to new ways of working to meet community needs.

Regulatory changes and requirements are informing changing skills needs: Increasingly complex compliance requirements such as regulatory standards, privacy law updates, infection control, and practice accreditation processes will require qualifications to be updated to include competencies addressing current compliance and quality standards (National Safety and Quality Health Service Standards, 2021; OIAC, 2023). Regulatory change is one of the drivers for the Sterilisation Services qualification review HumanAbility is undertaking.

As evidenced in the various governmental strategies outlined earlier, policymakers are increasingly recognising the need to safeguard the wellbeing of the health workforce, particularly in light of relatively high levels of workplace injuries and harm. The need to explore further opportunities in this area comes into even sharper focus in the context of projected growth in demand for health services,⁴²⁰ which will necessitate improved transparency and timeliness in regulatory processes and decision-making.⁴²¹







The ability to work to the ‘top of scope’ is another well-recognised issue in the health sector, particularly in relations to regulations that limit those in primary care from working to expand delivery of care by leveraging newer and emerging roles such as allied health assistants and First Nations workers. This will, however, require greater role clarity, particularly in multidisciplinary teams.⁴²²



Policymakers are increasingly recognising the need to safeguard the wellbeing of the health workforce, particularly in light of relatively high levels of workplace injuries and harm.



4. Roadmap

Industry sector	Initiative	Challenges addressed
Health	<p>Review and update the <i>HLT Health Services Assistance</i> qualifications</p> <p>Status: Underway</p> <p>Overview: A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required in a number of job roles supported by the Health Services Assistance qualification. Public consultation on draft documents has commenced and will be completed mid-May 2025.</p> <p>Timing: Due for completion October 2025</p>	  
Health	<p>Review and update <i>HLT Pathology</i> qualifications</p> <p>Status: Underway</p> <p>Overview: A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required for pathology collectors and assistants. Public consultation was undertaken, with face-to-face workshops held in every state and territory, complemented with virtual workshops. Draft documents were finalised and have been submitted to Senior Responsible Officers for review and comment.</p> <p>Timing: Due for completion August 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
Health	<p>Review and update the <i>HLT Optical Dispensing</i> qualifications</p> <p>Status: Commenced</p> <p>Overview: A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required for optical dispensers.</p> <p>Public consultation was undertaken, with face-to-face workshops held in every state and territory, complemented with virtual workshops.</p> <p>Draft documents were finalised and have been submitted to Senior Responsible Officers for review and comment.</p> <p>Timing: Due for completion – August 2025</p>	  
Health	<p>Review and update the <i>HLT Audiometry</i> qualifications</p> <p>Status: Underway</p> <p>Overview: A functional analysis was undertaken to provide a clear and detailed overview of the roles, functions and skills required for audiometrists.</p> <p>Public consultation was undertaken, with face-to-face workshops held in every state and territory, complemented with virtual workshops.</p> <p>Draft documents were finalised and have been submitted to Senior Responsible Officers for review and comment.</p> <p>Timing: Due for completion – August 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
Health	<p>Review HLT Sterilisation Services qualifications</p> <p>To ensure they reflect new sterilisation standards, reflect the use of new and complex technology and meet the skill needs of a variety of industry sectors that require sterilisation services.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • HLT37015 Certificate III in Sterilisation Services • HLT47015 Certificate IV in Sterilisation Services <p>Status: Commenced May 2025</p> <p>Timing: To be completed in May 2026.</p>	  
Health	<p>Nationally consistent approach to data in the allied health sector</p> <p>To address one of the most significant gaps to understanding the allied health workforce, which is the lack of workforce data on Allied Health Assistants.</p> <p>Without taking steps to collect and aggregate this data, the workforce planning to identify workforce trends, career pathways, retention challenges, and the effectiveness of joint service delivery models between Allied Health Professionals and Allied Health Assistants will not be possible.</p> <p>Responsibility: Department of Health and Aged Care</p>	  
Health	<p>Allied Health Assistant workforce strategy addendum to the National Allied Health Workforce Strategy</p> <p>Noting the challenges in developing a whole-of-workforce strategy in Allied Health, there is still a gap in the draft strategy in fully recognising the role of Allied Health Assistants and the contribution they make to improved services and outcomes for clients.</p> <p>Responsibility: Department of Health and Aged Care and Chief Allied Health Office (CAHO)</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
Health (cross-sectoral)	<p>Creation of training package product to support nationally endorsed training of mental health “first aid”</p> <p>Demand for this type of training has been identified across many sectors.</p> <p>Responsibility: HumanAbility will partner with other JSCs to develop a product suitable to be contextualised for other industry sectors.</p>	  
Health	<p>Review of Dental qualifications</p> <p>To ensure the qualifications are aligned with current industry needs, regulatory requirements and evolving patient-care methodologies, and create clear and sustainable career pathways to support existing and future growth in the dental industry.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • HLT35021 Certificate III in Dental Assisting • HLT35115 Certificate III in Dental Laboratory Assisting • HLT45021 Certificate IV in Dental Assisting • HLT55118 Diploma of Dental Technology • HLT65015 Advanced Diploma of Dental Prosthetics <p>Status: Activity Submission to be submitted</p> <p>Timing: To be completed in December 2026 (subject to approval)</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
Health	<p>Diploma of Nursing</p> <p>Reviews of the Enrolled Nurse Standards for Practice (NMBA), Enrolled Nurse Accreditation Policy (ANMAC), and National Nursing Workforce Strategy are underway.</p> <p>A review of nursing qualifications will be required following the outcomes of these initiatives (likely to be in 2026–27).</p> <p>Responsibility: HumanAbility</p> <p>Timing: To be determined. May commence in 2026 (subject to approval)</p>	  
Health	<p>Review of Medical Practice and Health Administration qualifications</p> <p>To ensure the qualifications are aligned with current industry needs, regulatory requirements and evolving patient-care methodologies, and create clear and sustainable career pathways to support existing and future growth in the industry.</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • HLT47715 Certificate IV in Medical Practice Assisting • HLT57715 Diploma of Practice Management • HLT37315 Certificate III in Health Administration • HLT47321 Certificate IV in Health Administration <p>Status: Activity Submission to be submitted</p> <p>Timing: To be completed in December 2026 (subject to approval)</p>	  
Cross-sectoral	<p>Rural and Remote sectoral analysis</p> <p>Analysis of regional and remote workforces in aged care, disability and health, identifying gaps and opportunities specific to these regions.</p> <p>Lead: TAFE Centre of Excellence Care and Support</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>Response to the Australian Apprenticeship Review</p> <p>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</p> <p>Responsibility: HumanAbility</p>	   
Cross-sectoral	<p>Productivity Commission 5 Pillars Inquiry</p> <p>Analysis of productivity gains in the care and support workforce. To contribute to the Productivity Commission Quality Care and five pillars inquiry.</p> <p>Responsibility: HumanAbility and the Productivity Commission</p>	
Cross-sectoral	<p>Migration strategy</p> <p>Encourage government to commence consultations on an Essential Skills Pathway (as per the Migration Strategy) to grow the workforce, whilst maintaining ethical recruitment standards.</p> <p>Responsibility: Australian Government, Department of Home Affairs</p>	 
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>	 



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>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 NCVET 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: Completed. Launched July 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>Improve access to an increasing range of microcredentials for educators and teachers in areas of identified need</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





SECTOR
PROFILE

Human (community) services



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 **
<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 or disability care services are classified under broader community or health services codes.*</p>	<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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 	<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 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, LGBTIQ+ 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%).⁴²³ 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.⁴²⁴ 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.⁴²⁵



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.⁴²⁶ 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.⁴²⁷

Workforce capability and support are core, unresolved issues. Reports⁴²⁸ 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*⁴²⁹ 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).⁴³⁰

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 workforce⁴³¹ 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 Homelessness⁴³² 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”.⁴³³

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.⁴³⁴

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.⁴³⁵ 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.⁴³⁶



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.

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.⁴³⁷

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,⁴³⁸ 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.⁴³⁹

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.⁴⁴⁰

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.⁴⁴¹

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.⁴⁴² Stakeholders are calling for structured career pathways and clearer role definitions.⁴⁴³ 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.⁴⁴⁴ The ageing population and increasing demands on the NDIS also exacerbate pressures on the sector.⁴⁴⁵



1.2 Demographic profile

The size of the human (community) services workforce is difficult to estimate⁴⁴⁶ 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.⁴⁴⁷

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%.⁴⁴⁸

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.⁴⁴⁹ Employment in these sectors is projected to grow to 629,000 and 30,300 respectively by 2029.



Profile of the health and human services sector⁴⁵⁰

1,290,327
employed



74%
are female

40%
are part-time



2%
identify as
First Nations

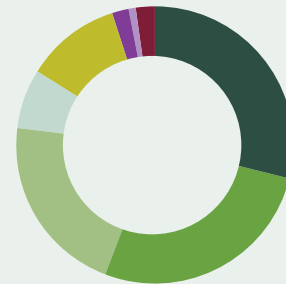
31%
work outside
the capital city



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.

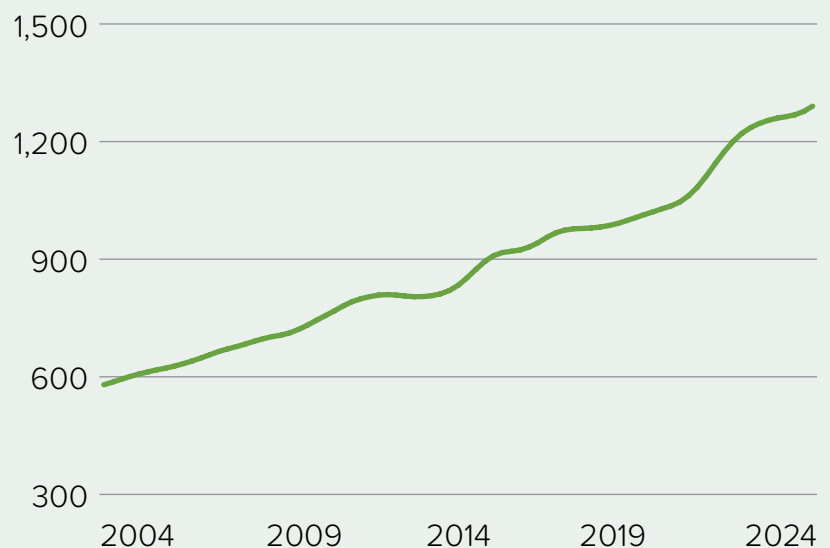
Employment by state

- 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) – 40,700.⁴⁵¹

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).⁴⁵²

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:⁴⁵³ 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,⁴⁵⁴ 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).⁴⁵⁵ OSCA also provides clearer classification for specialist counselling roles across health and community settings.⁴⁵⁶

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.⁴⁵⁷

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.⁴⁵⁸

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.⁴⁵⁹ 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.⁴⁶⁰



1.4 Current size

Table 1: Profile of key human (community) services sector roles⁴⁶¹

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.⁴⁶²

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.⁴⁶³

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 2034.⁴⁶⁴

1.6 Enrolments and completions⁴⁶⁵

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.⁴⁶⁶



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 2023⁴⁶⁷

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, 2023⁴⁶⁸

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%
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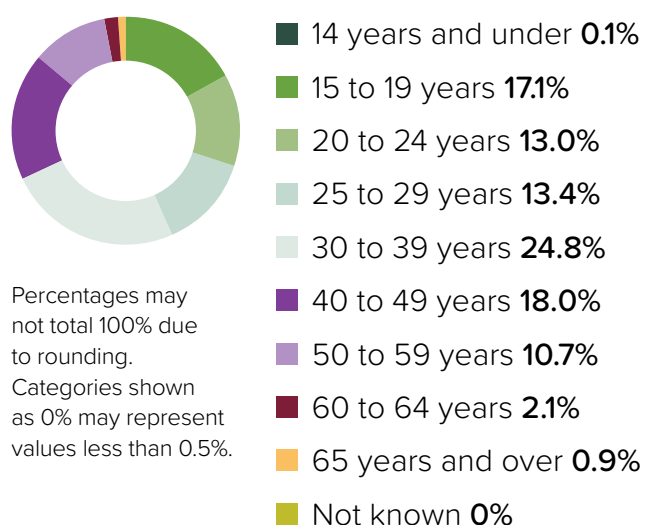


In 2023, women accounted for the vast majority of enrolments and completions in human services related qualifications, reflecting a strong gender imbalance. However, male representation was notably higher than other sectors within HumanAbility’s remit – (see Children’s Education and Care sector profile 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.⁴⁶⁹

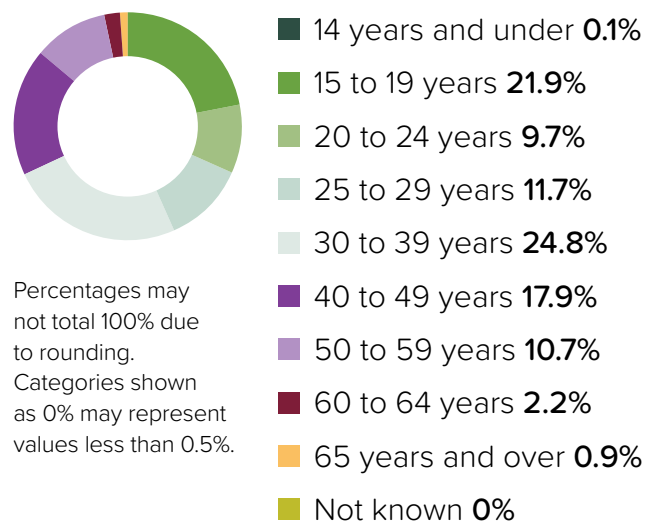
These areas of study are often linked to roles involving crisis response, outreach and justice, which may contribute to a higher male participation rate. While male participation overall remains comparatively low, when viewed against the overall VET program data, these patterns highlight the importance 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, 2023⁴⁷⁰



Completions for key human (community) services (CHC) qualifications by age, 2023⁴⁷¹

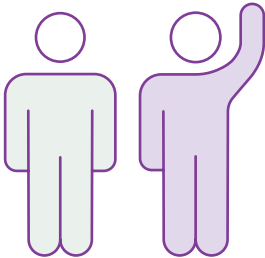


Learners aged 30–49 make up a substantial proportion of those studying human services qualifications. In 2023, individuals aged 30 to 39 accounted for the highest share of enrolments and completions (24.8%), followed by those aged 40 to 49 (18.0% of enrolments and 17.9% of completions). This suggests 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.⁴⁷²

First Nations

Enrolments and completions for key human (community) services (CHC) qualifications by First Nations status, 2023⁴⁷³

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.⁴⁷⁴

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.⁴⁷⁵

Disability

Enrolments and completions for key human (community) services (CHC) qualifications by students living with disability, 2023⁴⁷⁶

Learners with a disability made up	Learners without a disability represented	Not known status comprised
10.3% of enrolments and 8.6% of completions	78.5% of enrolments and 75.9% of completions	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 qualifications⁴⁷⁷

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%**

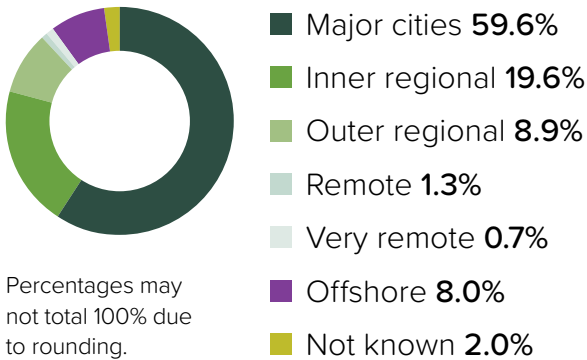
■ Enrolments ■ Completions

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.

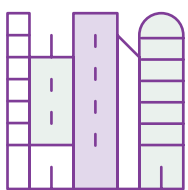
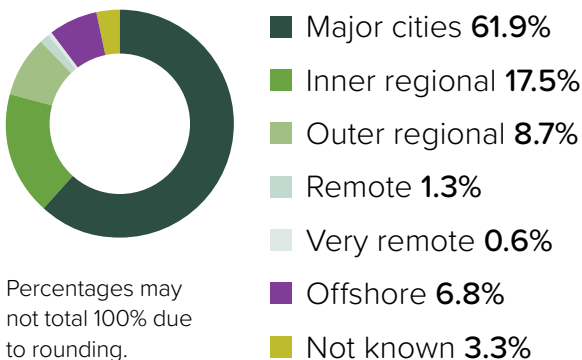
Geographic location

Remoteness⁴⁷⁸

Enrolments for key human (community) services (CHC) qualifications by remoteness, 2023⁴⁷⁹

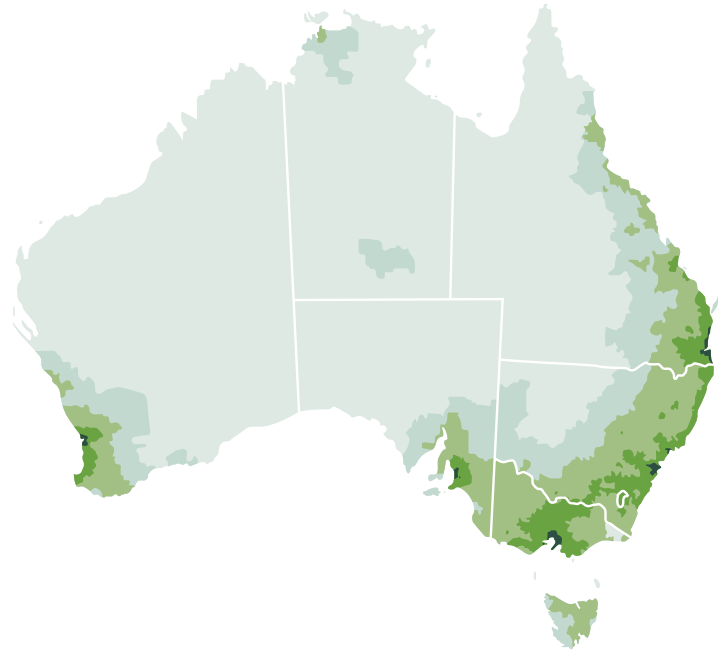
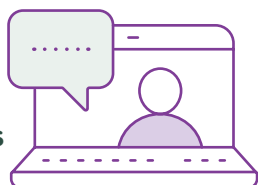


Completions for key human (community) services (CHC) qualifications by remoteness, 2023⁴⁸⁰



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



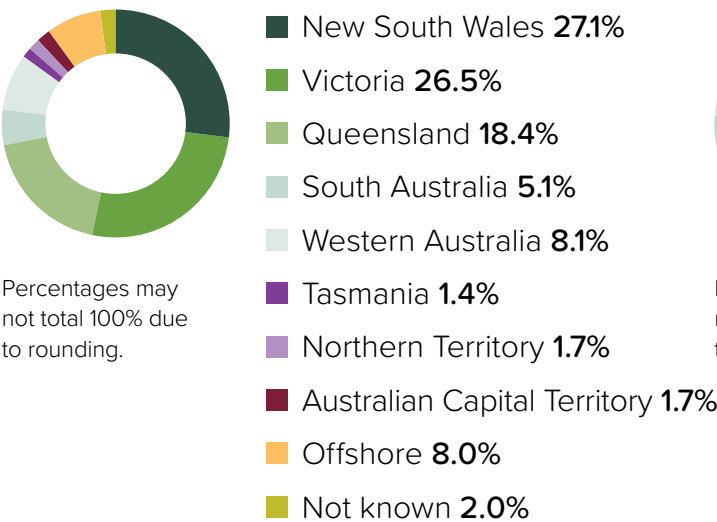
The geographic distribution of human (community) services learners closely mirrors patterns seen across the broader VET sector. Major cities account for the largest share, comprising 59.6% of enrolments and 61.9% of completions, followed by learners in inner and outer regional areas. Participation from 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.

Geographic location

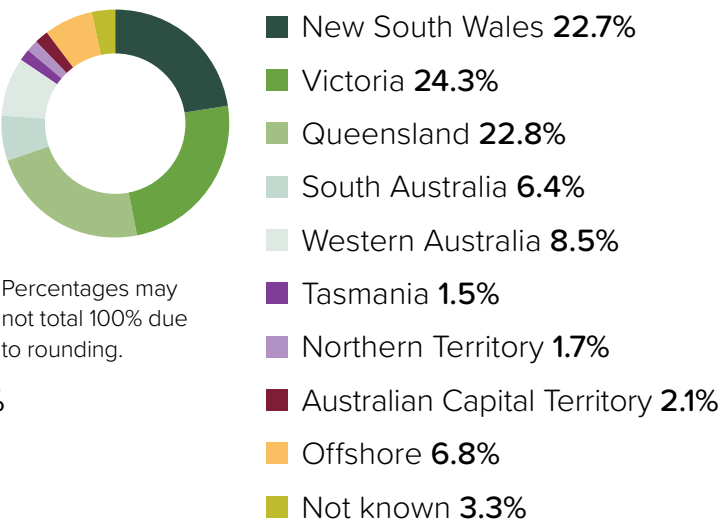
State/territory

Enrolments for key human (community) services (CHC) qualifications by state, 2023⁴⁸¹



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%.

Completions for key human (community) services (CHC) qualifications by state, 2023⁴⁸²



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.⁴⁸³ 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).



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.

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.⁴⁸⁴

Beyond these issues, access to supervision, professional development and career progression opportunities also affect the intention of workers.⁴⁸⁵ 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).



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 occupations⁴⁸⁶

Occupations (per ANZSCO)	Annual turnover ⁴⁸⁷	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".

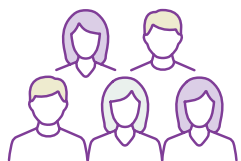
"We're trying to reduce our dependency on the Fly in Fly Out model which can be quite expensive. The only way you can do that is about building the clinical qualifications of community people."

"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."

Apunipima 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'⁴⁸⁸) 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.⁴⁸⁹

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.⁴⁹⁰

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.⁴⁹¹

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.⁴⁹²

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.⁴⁹³

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.⁴⁹⁴

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.⁴⁹⁵

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.⁴⁹⁶

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.⁴⁹⁷ These findings signal the ongoing structural reform in the way community services are funded and supported.⁴⁹⁸

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.⁴⁹⁹ 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.



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.

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.⁵⁰⁰

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.⁵⁰¹

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 LGBTIQ+ people⁵⁰²
- 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)





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 2023,⁵⁰³ the Australian Department of Social Services National Plan to Prevent Violence Against Women and Children⁵⁰⁴ and the Australian Government's reforms associated with the care and support economy.⁵⁰⁵

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.⁵⁰⁶

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.⁵⁰⁷



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.⁵⁰⁸ 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*⁵⁰⁹ calls for stronger pathways from entry-level qualifications to long-term development, but many workers, particularly migrants, face persistent barriers to progression.⁵¹⁰

Promising practices include:

- Place-based employment pathways – aligning local training, jobs and support.⁵¹¹
- Supportive supervision and mentoring – linked to higher retention and capability.⁵¹²
- Embedding professional development in funding – requiring that funded organisations incorporate structured training, supervision and development planning into workforce models.⁵¹³
- Standardised progression models – clarifying advancement across roles and sectors.⁵¹⁴



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.⁵¹⁵ 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.⁵¹⁶

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 policies 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.⁵¹⁷

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.”⁵¹⁸

However, as the sector takes on more responsibility, many organisations are operating with inadequate and insecure funding arrangements.⁵¹⁹ 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 Framework⁵²⁰ and the recommendations of the Not-for-profit Sector Development Blueprint,⁵²¹ 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)	<p>Review and update the <i>CHC Community Services qualifications</i></p> <p>Status: Underway</p> <p>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.</p> <p>Timing: Late 2024 – Feb 2026</p>	  
Human (community services)	<p>Review <i>CHC Mental Health and Alcohol and other Drugs qualifications</i></p> <p>Status: Underway</p> <p>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.</p> <p>Timing: Late 2024 – Feb 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
Human (community services)	<p>Review of the CHCCSM013 Facilitate and review case management unit of competency</p> <p>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.</p> <p>This project reviewed whether the unit should be moved to the elective banks for:</p> <ul style="list-style-type: none"> • CHC50321 Diploma of Child, Youth and Family Intervention • CHC52021 Diploma of Community Services • CHC50421 Diploma of Youth Work <p>Status: Underway</p> <p>Timing: Completed June 2025</p>	  
Human (community services)	<p>Engage with peer and lived experience experts and the sector</p> <p>To strengthen the lived experience workforce considering skills and training needs of the sector's broader workforce.</p> <ul style="list-style-type: none"> • Related to supervision roles more specifically. • To manage and prevent burnout of lived experience experts. <p>Establishment of a lived experience and peer group committee.</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
Human (community services)	<p>Understanding retention issues</p> <p>Engagement with industry to understand barriers and opportunities to support the existing workforce and their retention in the sector.</p> <p>Responsibility: HumanAbility</p>	 
Human (community services)	<p>Understanding job roles</p> <p>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.</p> <p>Responsibility: HumanAbility</p>	   
Human (community services)	<p>Review CHC Career Development and Employment Services Qualifications</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • CHC41215 Certificate IV in Career Development • CHC81315 Graduate Certificate in Career Development Practice • CHC41115 Certificate IV in Employment Services <p>Status: Activity Submission in May 2025.</p> <p>Timing: 15-month duration, to commence August 2025 (subject to approval)</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
Human (community services)	<p>Active Volunteering Qualifications</p> <p>Qualifications in scope:</p> <ul style="list-style-type: none"> • 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 <p>Status: Activity Submission in November 2025</p> <p>Timing: 12-month duration, to commence January 2026 (subject to approval)</p>	  
Cross-sectoral	<p>Rural and Remote sectoral analysis</p> <p>Analysis of regional and remote workforces in aged care, disability and health, identifying gaps and opportunities specific to these regions.</p> <p>Lead: TAFE Centre of Excellence Health Care and Support</p>	  
Cross-sectoral	<p>Response to the Australian Apprenticeship Review</p> <p>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</p> <p>Responsibility: HumanAbility</p>	   
Cross-sectoral	<p>Productivity Commission 5 Pillars Inquiry</p> <p>Analysis of productivity gains in the care and support workforce. To contribute to the Productivity Commission Quality Care and five pillars inquiry.</p> <p>Responsibility: HumanAbility and the Productivity Commission</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>Migration strategy</p> <p>Encourage government to commence consultations on an Essential Skills Pathway (as per the Migration Strategy) to grow the workforce, whilst maintaining ethical recruitment standards.</p> <p>Responsibility: Australian Government, Department of Home Affairs</p>	 
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 lived experience and peer group committee.</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>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>	  
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 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.</p> <p>Timing: 2025–2026</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>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>Improve access to an increasing range of microcredentials for educators and teachers in areas of identified need.</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
	<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





SECTOR PROFILE

Sport and recreation



1. Sector profile

The sport and recreation sector provides physical activity participation opportunities to the entire community. Subsectors include sport, fitness, aquatics, and outdoor recreation.

About 84% of Australians, or 18,427,000 people aged 15 and over, participate in sport or physical activity at least once a year, and over 14 million participate at least once per week.⁵²²

The prominent position of sport within Australian society, both at elite and community levels, enables it to be a force for social change, including by increasing recognition of women and people with disabilities as sporting role models.⁵²³

Through its various activities sport contributes to key national strategies such as the National Plan to End Violence against Women and Children 2022–2032, the National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030, Australia’s Disability Strategy 2021–2031, the National Agreement on Closing the Gap, National Preventative Health Strategy 2021–2030, and Working for Women: A Strategy for Gender Equality.⁵²⁴

Participation in sport and recreation is a key method to improve the health and wellbeing of Australians at all stages of life.⁵²⁵ Regular physical activity provides significant physical and mental health benefits, including the prevention and management of noncommunicable diseases such as cardiovascular diseases, cancer and diabetes. Participation also reduces symptoms of depression and anxiety, enhances brain health, and can improve overall wellbeing.⁵²⁶ Recent research suggests that exercise can be more effective than medication or counselling when treating mild to moderate symptoms of depression, psychological stress, and anxiety.⁵²⁷

While providing a setting in which communities can connect, volunteer, and improve health, the sector also contributes significantly to the Australian economy, generating an estimated \$32 billion annually in sales and supporting 128,000 full-time jobs.⁵²⁸

Australia will host more than 16 major sporting events between 2022 and 2032, including the Olympic and Paralympic Games in Brisbane in 2032, creating over 90,000 jobs in Queensland and 123,000 jobs in Australia. The quantifiable economic and social benefits of these events are estimated to be up to \$8.1 billion for Queensland and \$17.61 billion for Australia.⁵²⁹



1.1 Occupations and demographic insights

The sport and recreation sector includes diverse subsectors and a range of occupations. The largest occupation groups (based on ANZSCO codes) are sports coaches, instructors and officials, fitness instructors, sportspersons, and fitness/sports centre managers. Other core roles in the sector covered in this profile include lifeguards, swimming coaches, outdoor adventure guides and sports administrators.

This sector profile will focus on the following subsectors, which have the largest share of employment within the sports and physical recreation activities occupations.⁵³⁰

- Sport industry – including sports coaches, instructors, officials, and administrators
- Fitness industry – including fitness instructors and centre managers
- Aquatics industry – including swimming coaches, lifeguards and centre managers
- Outdoor recreation industry – including outdoor adventure guides and instructors



Profile of the sport and recreation sector⁵³¹

210,843
employed



57%
are female

54%
are part-time



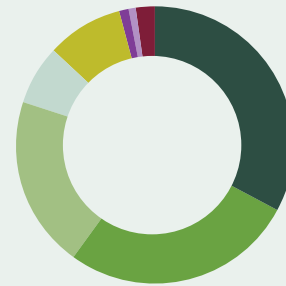
2%
identify as
First Nations

27%
work outside
the capital city



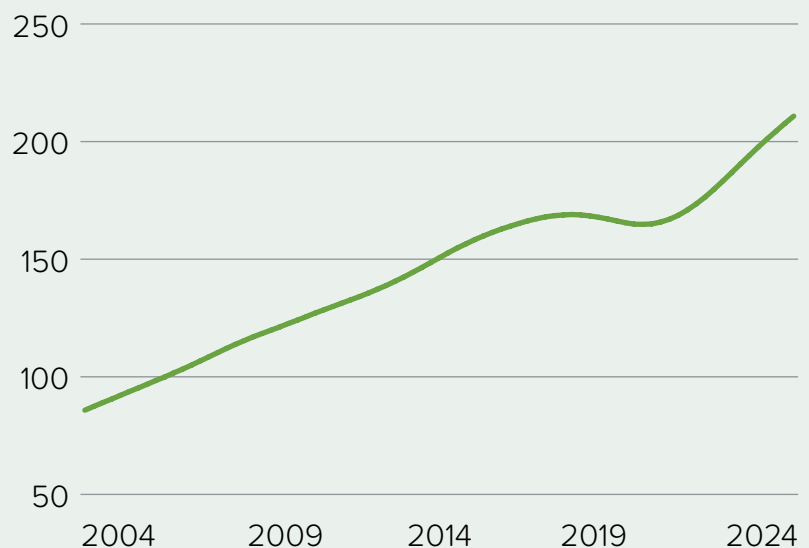
Employment by state

- New South Wales **33%**
- Victoria **27%**
- Queensland **20%**
- South Australia **7%**
- Western Australia **9%**
- Tasmania **1%**
- Northern Territory **1%**
- Australian Capital Territory **2%**



Percentages may not total 100% due to rounding.

Employment over time (thousands)



Employment projection

2029 **215,800** employees



2034 **228,800** employees



Table 1: Profile of key sports and recreation occupations in HumanAbility's scope⁵³²

Occupations (per ANZSCO)	Number Employed Feb 2025	Female share (%)	Median weekly earnings	Median full time hourly earnings	Part time share (%)	Median age	Projected employ- ment May 2034
All occupations in Australia		48		\$43		39	
Fitness Instructors 4521	38800	63	\$1288	\$34	68	35	43800
Outdoor Adventure Guides 4522	3600	44	NA	NA	23	28	3800
Outdoor Adventure Instructors 452215	1700	47	NA	NA	51	27	NA
Sports Coaches, Instructors and Officials 4523	55800	57	\$1286	\$34	80	21	62200
Swimming Coaches and Instructors 452315	12000	75	NA	NA	92	22	NA
Sports Umpires 452322	4900	28	NA	NA	98	16	NA
Sportspersons 4524	14400	40	NA	NA	65	22	65
Lifeguards 452414	5000	39	NA	NA	85	21	NA
Amusement, Fitness and Sports Centre Managers 1491	18500	38	\$1806	\$48	26	36	19400
Fitness Centre Managers 149112	6100	51	NA	NA	38	35	NA
Sports Centre Managers 149113	4900	44	NA	NA	37	39	NA
Sports Administrators 139915	2900	41	NA	NA	25	38	NA



Women represent a high proportion of fitness instructors and sports/swimming coaches, but are underrepresented in sports umpiring, lifeguarding, administration, and outdoor leadership roles. The median age of sports umpires is just 16 and the median age of swimming and sports coaches are 21 and 22 respectively. Meanwhile, the median age of centre managers, sports administrators and fitness instructors is over 35.

Some of these ABS and JSA figures differ from industry collected data. For instance, the Australian Sports Commission reports that 44% of officials over the age of 15 are women.⁵³³ Royal Life Saving Australia reports that women represent 47% of lifeguards, and that 55% of swimming and water safety teachers are over the age of 45, with only 25% under the age of 25.⁵³⁴ It should be noted the data presented is of those working in the industry as part of their main job. This may cause a differentiation between the presented data and industry collected data.

The nature of working arrangements within the sector is highlighted in the figures, with most roles having a lower portion of full-time employees than the national rate of 69%. Swimming coaches, lifeguards and sports umpires have very low rates of full-time employment. Recent research by the Outdoor Education Innovation Hub (OEIH) identified a low portion of full-time roles in outdoor educator and activity instructor roles. The study noted that, while 83% of senior managers were employed full-time, only 43% of employees held full-time positions, with nearly half (46%) of these being secondary school teachers.⁵³⁵

Current size

An estimated 210,843 people are employed in sports and physical recreation activities.⁵³⁶ This is anticipated to increase to 228,800 people by 2034.⁵³⁷

1.2 Forecast growth

Enrolments in SIS Sport, Fitness and Recreation Training Package qualifications have declined in recent years, with the sharpest decline in 2022 of 6.8% (7,710 enrolments).⁵³⁸ This is in line with broader VET sector trends of declining enrolments across most sectors other than the health and social assistance related training packages, reflecting both changing job market demand and funding priorities.⁵³⁹

There are a small number of qualifications within the training package that do demonstrate stability or growth in student numbers. The Certificate II in Sport Coaching has remained relatively stable, reaching 5,515 enrolments in 2023, which is only slightly below pre-pandemic levels.⁵⁴⁰ The Certificate III in Outdoor Leadership has grown modestly from 1,265 enrolments in 2019⁵⁴¹ to 1,340 enrolments in 2023⁵⁴² – an increase of approximately 6%.⁵⁴³

The Certificate III in Fitness has consistently maintained a very high volume of student enrolments, even growing during the pandemic. Over the five years from 2019 to 2023, enrolments increased from 29,000 to 42,010, representing a growth of approximately 45%. This qualification offers skills to work as a gym instructor or group fitness instructor. The outcomes from this qualification are positive, with above national average results, including 38% of students undertaking this qualification exiting income support and 57% going on to complete further VET qualifications.⁵⁴⁴



Enrolments in SIS Sport, Fitness and Recreation Training Package qualifications have declined in recent years, with the sharpest decline in 2022.

Table 2: Enrolments and completions in key sports and recreation qualifications, 2023⁵⁴⁵

Note: 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, except for the Certificate I in Sport and Recreation, the Certificate II in Sport and Recreation, and the Certificate III in Sport, Aquatics and Community Recreation, where associated data for the current version were insufficient.

SIS10122 Certificate I in Sport and Recreation*



Indigenous: Enrolments **15.5%**; Completions **5.8%** Disability: Enrolments **16.7%**; Completions **9.4%**

SIS20122 Certificate II in Sport and Recreation*



Indigenous: Enrolments **7.0%**; Completions **5.2%** Disability: Enrolments **2.7%**; Completions **2.3%**

SIS20321 Certificate II in Sport Coaching*



Indigenous: Enrolments **5.2%**; Completions **4.7%** Disability: Enrolments **2.6%**; Completions **2.0%**

SIS20419 Certificate II in Outdoor Recreation



Indigenous: Enrolments **3.9%**; Completions **3.6%** Disability: Enrolments **2.6%**; Completions **2.2%**

SIS20221 Certificate II in Sport – Developing Athlete



Indigenous: Enrolments **43.9%**; Completions **52.9%** Disability: Enrolments **0%**; Completions **0%**

SIS30115 Certificate III in Sport and Recreation



Indigenous: Enrolments **4.0%**; Completions **4.1%** Disability: Enrolments **4.7%**; Completions **3.5%**

■ Enrolments ■ Completions

SIS30421 Certificate III in Sport – Athlete

| 40

| 32

Indigenous: Enrolments 0%; Completions 0%

Disability: Enrolments 0%; Completions 0%

SIS30521 Certificate III in Sport Coaching

■ 3,034

■ 829

Indigenous: Enrolments 4.2%; Completions 3.7%

Disability: Enrolments 0.5%; Completions 1.3%

SIS30619 Certificate III in Outdoor Leadership

■ 1,347

■ 460

Indigenous: Enrolments 2.5%; Completions 1.3%

Disability: Enrolments 4.1%; Completions 3.0%

SIS30321 Certificate III in Fitness*

■ 41,975

■ 11,265

Indigenous: Enrolments 4.2%; Completions 3.8%

Disability: Enrolments 4.5%; Completions 4.0%

SIS31022 Certificate III in Sport, Aquatics and Community Recreation*

■ 8,439

■ 1,976

Indigenous: Enrolments 3.5%; Completions 7.5%

Disability: Enrolments 6.3%; Completions 3.5%

SIS40115 Certificate IV in Sport and Recreation

| 144

| 48

Indigenous: Enrolments 11.3%; Completions 14.0%

Disability: Enrolments 0%; Completions 6.1%

SIS40221 Certificate IV in Fitness

■ 11,332

■ 4,525

Indigenous: Enrolments 2.9%; Completions 2.6%

Disability: Enrolments 4.8%; Completions 4.6%

SIS40321 Certificate IV in Sport Coaching

| 100

| 51

Indigenous: Enrolments 0%; Completions 0%

Disability: Enrolments 0%; Completions 0%

■ Enrolments ■ Completions

SIS40421 Certificate IV in Sport Development

| 122

| 87

Indigenous: Enrolments **6.0%**; Completions **7.0%**

Disability: Enrolments **0%**; Completions **0%**

SIS40621 Certificate IV in Outdoor Leadership*

■ 950

| 353

Indigenous: Enrolments **2.7%**; Completions **1.0%**

Disability: Enrolments **7.9%**; Completions **7.3%**

SIS50115 Diploma of Sport and Recreation Management

| 272

| 80

Indigenous: Enrolments **2.6%**; Completions **4.0%**

Disability: Enrolments **5.3%**; Completions **4.8%**

SIS50310 Diploma of Outdoor Recreation

| 27

Completions: **not yet available**

Indigenous: Enrolments **0%**; Completions **not yet available**

Disability: Enrolments **6.7%**; Completions **not yet available**

SIS50215 Diploma of Fitness

| 17

| 9

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

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

SIS50321 Diploma of Sport*

■ 908

| 425

Indigenous: Enrolments **2.0%**; Completions **1.9%**

Disability: Enrolments **7.0%**; Completions **6.1%**

SIS50421 Diploma of Outdoor Leadership*

| 94

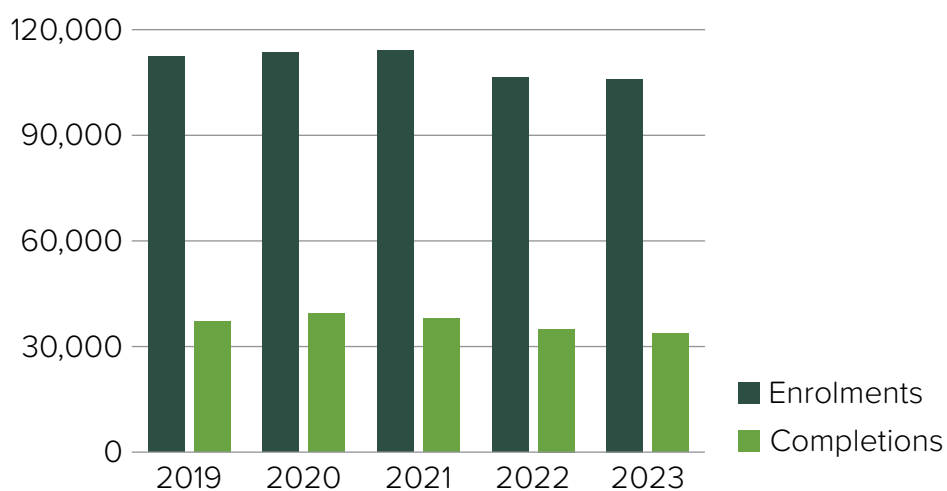
| 39

Indigenous: Enrolments **0%**; Completions **0%**

Disability: Enrolments **9.1%**; Completions **8.7%**

■ Enrolments ■ Completions

Table 3: Total enrolments and completions for sport and recreation qualifications (SIS training package), 2019–2023⁵⁴⁶



	2019	2020	2021	2022	2023
Enrolments	112,380	113,550	114,140	106,430	105,980
Completions	37,170	39,395	37,990	34,955	33,725

While enrolments slightly increased from 2019 through to 2021, there has been a decline in enrolments and completions in 2022 and 2023.



Gender

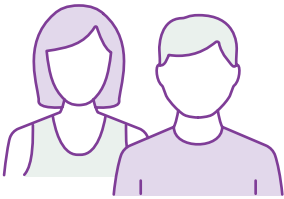
Enrolments and completions in sport and recreation qualifications (SIS training package) by gender, 2023⁵⁴⁷

Females accounted for **41.5%** of enrolments and **42.1%** of completions

Males represented **57.7%** of enrolments and **57.0%** of completions

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

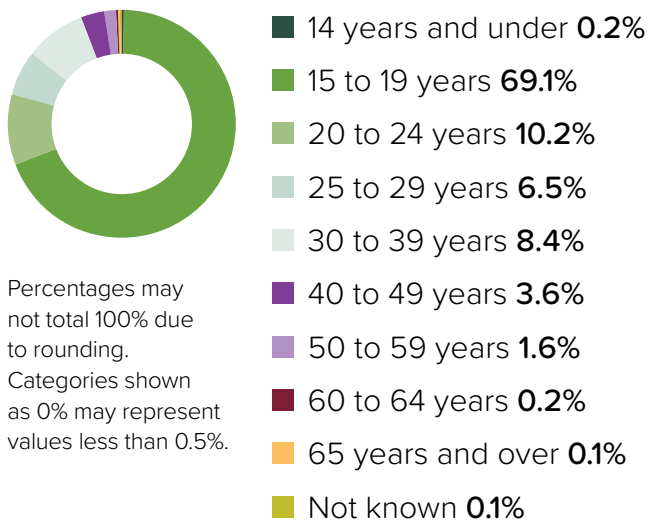
Not known: Enrolments 0.6%; Completions 0.7%



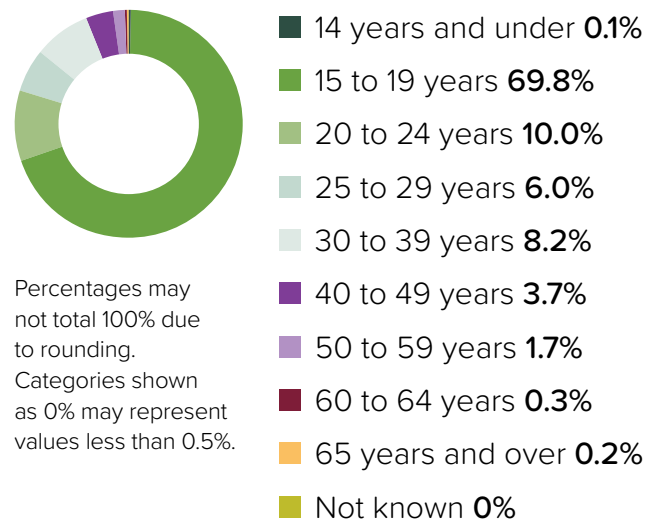
While women represent 57% of the sport and recreation workforce, they represent less than half of the enrolments in SIS training package qualifications. This is considerably less than other care and support sectors and indicates that there is not the same gender imbalance within sport and recreation.

Age

Enrolments in sport and recreation qualifications (SIS training package) by age, 2023⁵⁴⁸



Completions in sport and recreation qualifications (SIS training package) by age, 2023⁵⁴⁹



There is a heavy skew towards younger student enrolments within the SIS Sports and Recreation Training Package. This further highlights the young age of the workforce highlighted in section 1.1. The figures also indicate that the qualifications have a strong uptake within VET in schools.

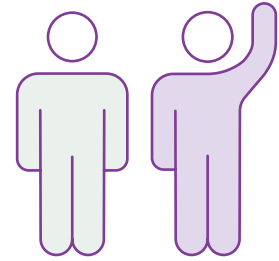
First Nations

Enrolments and completions in sport and recreation qualifications (SIS training package) by First Nations people, 2023⁵⁵⁰

Aboriginal and Torres Strait Islander learners represented **4.2%** of enrolments and **3.6%** of completions

Non-indigenous learners accounted for **81.2%** of enrolments and **79.6%** of completions

Not known status comprised **14.7%** of enrolments and **16.9%** of completions



First Nations students represent 3.6% of completions within the SIS qualifications. There is a relatively high portion of students within the not known category in regard to reported identity.

Disability

Enrolments and completions in sport and recreation qualifications (SIS training package) by students living with disability, 2023⁵⁵¹

Learners with a disability made up **3.8%** of enrolments and **3.3%** of completions

Learners without a disability represented **66.6%** of enrolments and **69.7%** of completions

Not known status comprised **29.7%** of enrolments and **27.0%** of completions

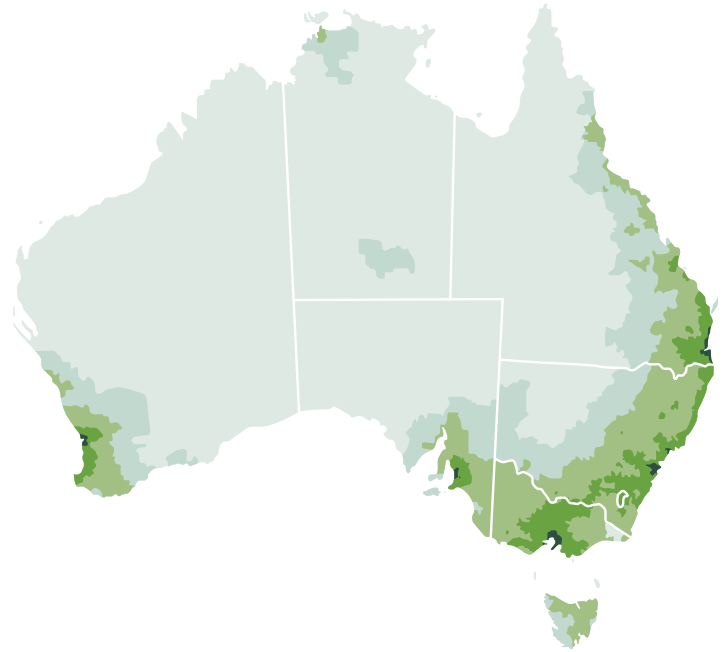
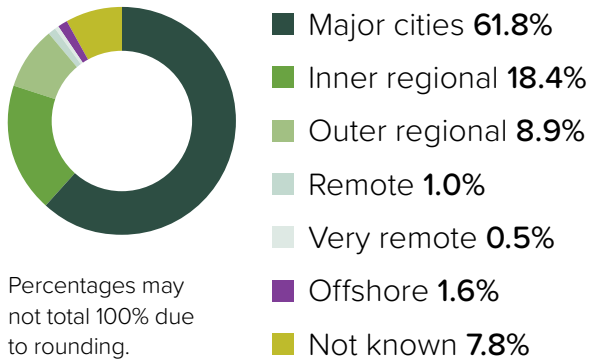
People with a disability represent 3.3% of completions within the SIS qualifications. There is a relatively high portion of students within the not known category in regard to having a disability.



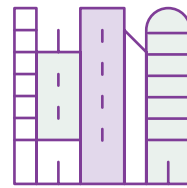
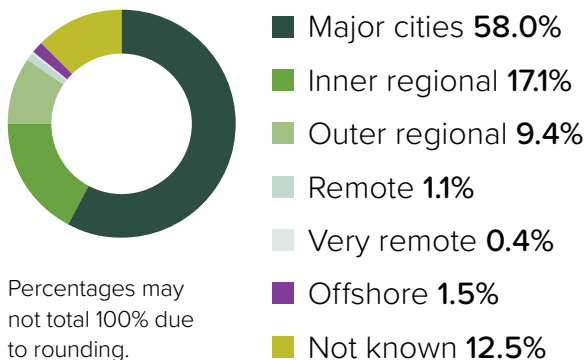
Geographic location

Remoteness⁵⁵²

Enrolments in sport and recreation qualifications (SIS training package) by remoteness, 2023⁵⁵³



Completions in sport and recreation qualifications (SIS training package) by remoteness, 2023⁵⁵⁴



Major cities had the highest enrolments (61.8%) and completions (58.0%)

Most enrolments and completions are from students located in major cities. Remote and very remote students represent a very small portion of students.

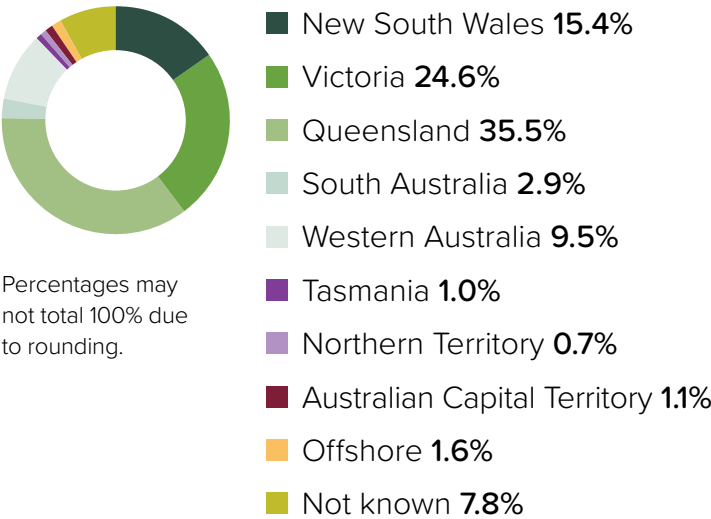
Students in **Very remote** and **Remote** areas comprise approximately **1.5% of overall enrolments** and **1.5% completions**



Geographic location

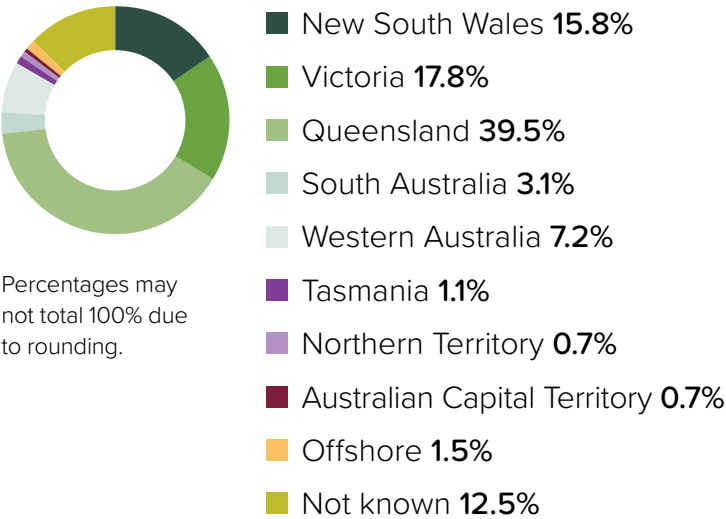
State/territory

Enrolments in sport and recreation qualifications (SIS training package) by state, 2023⁵⁵⁵



Queensland represents the highest portion of students of any state or territory. This potentially indicates a positive focus on an active lifestyle and a strong uptake of SIS qualifications withing VET in schools in that state. Offshore engagement in SIS qualifications is low, highlighting the importance of in-person teaching in these qualifications.

Completions in sport and recreation qualifications (SIS training package) by state, 2023⁵⁵⁶



Queensland led enrolments and completions in sport and recreation qualifications.



Traineeships

Across the SIS Sports and Recreation training package, traineeship commencements from 2020 to 2024 show a clear seasonal pattern, with peak uptake occurring in the January – March quarter.

Commencement numbers were 1,090 in 2020, 1,315 in 2021, and 1,425 in 2022, before falling to 595 in both 2023 and 2024. In contrast, the remaining quarters each year accounted for only around 100–300 commencements combined, likely pointing to a strong relationship between the school year and traineeship enrolment patterns, including during secondary education through a VET in school program.⁵⁵⁷ Many more males than females enrol in the SIS traineeships.

Gender⁵⁵⁸

While overall enrolments in SIS qualifications are weighted toward males (females making up an average of just 39% of enrolments across the training package in 2023), a small number of qualifications show greater gender balance. Certificate III and IV in Outdoor Leadership, Certificate I and IV in Sport and Recreation, and Certificate II in Sport Coaching all have close to or slightly higher female participation. Notably, Certificate III in Aquatics and Community Recreation shows significantly higher female enrolment, with females making up 72% of students.

1.3 Workforce mobility, retention and attrition

Table 10: Mobility rates, sources and destinations among key occupations⁵⁵⁹

Occupation (per ANZSCO)	Percentage of people moving out of occupation	Top 3 prior occupations (People moving from)	Top 3 subsequent occupations (People moving to)
Fitness Instructors 4521	9.8%	Sales Assistants (265), Waiters (135), Bar attendants and baristas (115), Sports Coaches, Instructors and Officials (115)	Amusement, Fitness and Sports Centre Managers (120), Sales Assistants (General) (80), Other Natural and Physical Science Professionals (70)
Outdoor Adventure Guides inc instructors 4522	2.6%	Sales Assistants (General) (55), Waiters (20), Checkout Operators and Office Cashiers (15)	Secondary School Teachers (25), Sales Assistants (General) (20), Education Aides (10)
Sports Coaches, Instructors and Officials, including swimming coaches and other umpires 4523	10.0%	Sales Assistants (General) (185), Waiters (125), Checkout Operators and Office Cashiers (105)	Sales Assistants (General) (255), Primary School Teachers (220), Child Carers (160)
Sportspersons 4524	10.0%	Sports Coaches, Instructors and Officials (95), Sales Assistants (General) (90), Checkout Operators and Office Cashiers (55)	Sales Assistants (General) (100), Sports Coaches, Instructors and Officials (90), Bar Attendants and Baristas (65)
Amusement, Fitness and Sports Centre Managers 1491	3.9%	Fitness Instructors (120), Sales Assistants (General) (45), General Managers (35)	Fitness Instructors (65), General Managers (45), Advertising, Public Relations and Sales Managers (15)

Mobility data is only available at the 4-digit ANZSCO level, which limits visibility. However, this higher-level data suggests notable movement between key occupations – with Fitness Instructors becoming Centre Managers, Outdoor Adventure Guides becoming Secondary School Teachers, and Sports Coaches becoming Primary School Teachers and Child Carers (Early Childhood Educator).

Shortages

None of these occupations at the 4-digit level are on Jobs and Skills Australia's (JSA) national occupation shortage list, although some occupations at 6-digit level are in shortage in some jurisdictions (e.g. Fitness Centre Managers in NT, Outdoor Adventure Instructor in NSW; and Swimming Coach/Instructor and Gymnastic Coach/Instructor nationally).⁵⁶⁰ However, the industry regularly reports shortages, with multiple factors contributing to this situation. See section 3.1 for fuller discussion and analysis of labour force challenges.

1.4 A thriving sport and recreation workforce can enable other care and support sectors to thrive

Physical activity is beneficial to health and wellbeing and, conversely, physical inactivity increases risk of noncommunicable diseases (NCDs) and other poor health outcomes. Together, physical inactivity and sedentary behaviours are contributing to the rise in NCDs and placing a burden on healthcare systems. People who are insufficiently active have a 20% to 30% increased risk of death compared to people who are sufficiently active.⁵⁶¹

The benefits of prevention extend beyond reducing chronic conditions and living longer, healthier lives. Prevention generates benefits by reducing pressure on the health budget, increasing workforce participation and productivity, and improving the health of future generations.⁵⁶²

Exercise is used as an early intervention tool in the management of mental health, with the Australian and New Zealand Clinical Guidelines for mood disorders noting the positive impact of lifestyle changes such as exercise on the management of depression, anxiety and

psychological distress.⁵⁶³ For example, a recent study reviewed more than 1,000 research trials examining the effects of physical activity on depression, anxiety and psychological distress. It showed exercise is an effective way to treat mental health issues and is up to 1.5 times more effective than medication or counselling in managing depression.⁵⁶⁴

Mental health improvements are also a key benefit of growing the sport and recreation industry and workforce. Exercise for mental health is the number two trend in the fitness industry in Australia,⁵⁶⁵ and outdoor programs are increasingly being recognised for their therapeutic benefits, particularly for young people and people with disabilities.⁵⁶⁶

There is a growing body of evidence that physical activity can reduce loneliness, especially when participation occurs with others. A systematic review and meta-analysis concluded physical activity can contribute to a decrease in loneliness throughout life.⁵⁶⁷

Aboriginal and Torres Strait Islander young people who participate in sport are 3.5 times more likely to report good general health and 1.6 times more likely to have no probable serious mental illness.⁵⁶⁸

An additional benefit of sport and recreation participation is the impact on educational outcomes. A recent longitudinal study, which followed the sports participation of over 4,000 Australian children from age 4 to 13, found that continued sports participation during school years was linked to lower absenteeism, better attention and memory, higher NAPLAN and end-of-school scores, and higher odds of going on to study at university.⁵⁶⁹



Case study

Strength for Life – COTA WA

Exercise programs for older people are a leading fitness industry trend. The Council on the Ageing Western Australia (COTA WA) runs an innovative Strength for Life program that encourages older Australians to participate in exercise sessions led by qualified professionals.

COTA identified a real need for tailored fitness programs for older adults. Strength for Life Program Manager WA, Kairi Watty, says, “Exercise programs offer numerous benefits critical to older Australians. They tackle social isolation and support improvements in physical and mental health. However, the primary advantage we’ve seen from Strength for Life is helping participants maintain their independence for much longer.”

In WA, Strength for Life has over 6,000 active participants and 47 registered providers across the state. Referrals are made from a general practitioner to an exercise physiologist, physiotherapist or fitness instructor. Following an initial assessment, participants are enrolled in an ongoing, tailored exercise regimen.

“COTA WA generally represents individuals over 65 years of age,” Kairi says, “but Strength for Life is aimed at people aged over 50. We know that the sooner someone starts regular exercise, the easier it becomes to sustain good health, ultimately easing the strain on aged care services.”

“There is considerable focus on aged care facilities and care packages, which is essential. However, a key part of supporting older Australians also involves preventive health and promoting healthy living.”

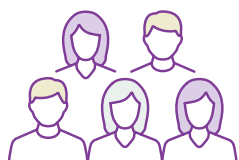
The Strength for Life program also operates in South Australia and the ACT.



2. Government and Reform Initiatives

Federal and state levels of government are taking active steps to strengthen sport and recreation. Investment is being directed into infrastructure, leadership development, volunteer programs, and major sporting events, with several initiatives tied to the Brisbane 2032 Olympic and Paralympic Games. Broader strategies focus on enhancing participation, building workforce capability, and promoting organisational sustainability.

2.1 National initiatives



Sector-wide

National Preventative Health Strategy 2021–2030

The National Preventative Health Strategy 2021–2030 presents the opportunity for Australia to build a sustainable prevention system for the future – building on previous success and momentum, addressing the increasing burden of disease, reducing health inequity, and increasing preparedness for emerging health threats. It sets in place many policy goals in relation to physical activity, including a greater role for the Australian sport sector in preventative health action through increasing physical activity and improving mental health within the community.⁵⁷⁰

Sport Horizon, The National Sport Strategy 2024–2034

Sport Horizon, The National Sport Strategy 2024–2034 was published in October 2024. It sets the direction and aspiration for Federal, state and territory governments, communities and sporting organisations to create thriving systems. The Strategy seeks to promote

meaningful career pathways, and access to learning and development opportunities. It pledges to recognise the economic and societal value of volunteers, to help sustain a strong, capable and diverse workforce and support the ongoing viability of the sector. The Strategy also commits to building capable organisations and a workforce that utilises world-leading knowledge and practice.⁵⁷¹

Major Sporting Events Legacy Framework

The Major Sporting Events Legacy Framework was released by the Australian Government's Office for Sport in August 2024. Its purpose is to provide guidance to sporting organisations seeking government support and to help the Government consider which proposals offer the greatest return on investment and broadest legacy impacts and benefits.⁵⁷² Australia will host more than 16 major sporting events from 2022–2032.⁵⁷³ In February 2023, the Federal and Queensland Governments each committed to contribute \$3.4 billion to infrastructure for the Brisbane 2032 Olympic and Paralympic Games.⁵⁷⁴

Sport Volunteer Coalition Action Plan 2022–2026

The Sport Volunteer Coalition Action Plan 2022–2026 outlines the actions the sector will take to achieve the vision for volunteering in Australian sport: “People from all walks of life see and realise opportunities to contribute to individual, club and community goals in a way that suits them.” Australia's sport and recreation workforce includes over 2.8 million sport volunteers who contribute an estimated \$4 billion of labour value each year. This plan is important, because sporting clubs, major sport events and organisations such as Scouts rely heavily on the assistance of volunteers in their delivery.^{575 576}

2.2 Commonwealth and jurisdictional initiatives

Table 11: Government initiatives affecting the sports and recreation workforce

Government	Government led initiatives
Australian	<ul style="list-style-type: none"> • The Australian Government's \$200 Million Play Our Way program (2024–25 to 2026–27) included \$55.6 million offered under the stream of Participation and Equipment, and \$136 million in sporting grants, helping more than 100,000 women and girls enjoy better facilities at their local clubs and addressing the additional barriers girls face in sport participation. • Critical venue infrastructure will be funded by the Australian and Queensland Governments under the Brisbane 2032 Olympic and Paralympic Games Intergovernmental Agreement. The \$7.1 billion venue infrastructure program will reshape some of Queensland's most significant venues and precincts, leaving a legacy for the community well after 2032. • The Australian Sports Commission manages a suite of programs as part of its key strategic focus area to “build the capability of sport and the people involved”. This includes, but is not limited to, the abovementioned Sport Volunteer Coalition Action Plan as well as the Australian Sport Learning Centre, the Sports Governance Foundations course, the Gender Equity in Sports Governance Policy, Women Leaders in Sport, AIS Elevate program, National Generation 2032 Coach program, and programs to support elite athletes to transition their careers after retiring from competition. Further, the ASC provides annual funding as well as targeted grants to many National Sporting Organisations and National Sporting Organisations for People with Disability (NSO/Ds), with a high proportion of such funding used to employ staff to support NSO/D operations as well as deliver specific programs across high performance sport and sports participation.
ACT	<ul style="list-style-type: none"> • CBR, Next Move, Sport and Recreation Strategy 2023–2028 includes building the skills and scale of the sport and active recreation workforce, including volunteers, to address sector challenges and opportunities.⁵⁷⁷
Northern Territory	<ul style="list-style-type: none"> • The Northern Territory Sport and Active Recreation Strategic Plan: 2021–2025 includes strategies for workforce development by supporting the capability of athletes, coaches, officials and volunteers.⁵⁷⁸
New South Wales	<ul style="list-style-type: none"> • NSW Office of Sport Strategic Plan 2024–2028 aims to focus on organisational health and sustainability of the sport and active recreation sector.⁵⁷⁹

Government	Government led initiatives
Queensland	<ul style="list-style-type: none"> • There will be an estimated \$200 billion in Queensland Government procurement opportunities leading up to the 2032 Brisbane Games.⁵⁸⁰ • The Brisbane 2032 Olympic and Paralympic Games Legacy Strategy, Elevate 2042, sets out the impact the Games will have 10 years after they are completed.⁵⁸¹ • The Active Queenslanders Industry Alliance have released a comprehensive 10-year workforce plan for the state.⁵⁸²
South Australia	<ul style="list-style-type: none"> • Investment in major sporting events include the AFL Gather Round, LIV Golf Tour Down Under, and the Adelaide International.⁵⁸³
Tasmania	<ul style="list-style-type: none"> • Tasmania Academy of Leadership and Sport was created in conjunction with the Hobart Hurricanes, the Tasmania JackJumpers, the Tasmania Devils and Netball Tasmania and TasTAFE.⁵⁸⁴
Victoria	<ul style="list-style-type: none"> • Creation of the Change Our Game call to action, which aims to increase the number of women and girls participating in sport and active recreation, from grassroots through to senior leadership roles.⁵⁸⁵ • Launch, in July 2024, of the Sustainable Volunteer Workforce Program and the Strengthening Regional Community Sport Program.⁵⁸⁶
Western Australia	<ul style="list-style-type: none"> • The Department of Local Government, Sport and Cultural Industries supports people and industry development through the Governance and Industry Development Team, sports consultants and regional offices.⁵⁸⁷



3. Opportunities and challenges

The community's appetite for sport and recreation participation continues to grow. To meet this demand with a relatively young workforce, with a small number of full-time employees, the sector needs significant investment in training and ongoing education to keep activities safe and the industry sustainable.

Figure 7: The seven workforce challenges identified for the care and support sectors





3.1 Labour force shortages

The sport and recreation industry regularly and broadly reports workforce shortfalls across the sector, which could hinder the industry's ability to sustain its current growth trajectory.

For example:

- 74% of outdoor recreation operators report difficulties in finding skilled professionals,⁵⁸⁸ with an average shortfall of nine workers per organisation in the outdoors industry.⁵⁸⁹
- The aquatic industry estimates an annual shortfall of 5,000 workers per year.⁵⁹⁰
- Swimming coaches/instructors are listed on the Jobs and Skills Australia Occupational Shortage List as being in shortage nationally.
- Outdoor adventure instructors, sports umpires, fitness centre managers, and sport administrators are also in shortage in some states/territories.

Stakeholders also report skilled staff shortages nationally across the fitness, aquatics, and outdoors subsectors. All shortages are exacerbated in regional and remote areas.

An exploration of how sport and recreation roles can be included within the skilled migration program is one possible method of alleviating these shortages.

Many roles within the industry have a relatively young workforce, including coaches, officials, umpires, and lifeguards. And while other occupations – such as fitness instructors, centre managers and outdoor adventure instructors – tend to have an older workforce, they all rely on a high proportion of casual, seasonal, or part-time workers.

Australia's sport and recreation workforce is also supported by over 2.8 million sport volunteers who contribute an estimated \$4 billion of labour value each year. Sporting clubs, major sport events and community sport organisations rely heavily on volunteers.^{591 592 593}

“Scout volunteers are key participants in training and programme delivery. While the primary workforce consists of trained staff, volunteers assist in specific areas. Volunteers often support us during large-scale events, complementing our staff.”⁵⁹⁶

“The complexity of the industry, casualised workforce and numerous short-term skill sets contributes to high staff turnover.”⁵⁹⁴

“The casualisation of the industry and transient nature of the workforce has created an instability and vulnerability which impacts attraction and retention.”⁵⁹⁵



The workforce underpinning the National Sport Strategy 2024 – 2034

The decade of major sporting events leading up to and including the Brisbane 2032 Olympic and Paralympic Games creates a window of opportunity to reimagine Australian sport and bring about unprecedented cooperation and alignment of the sport sector.⁵⁹⁷

A measurement of success in the National Sport Strategy is the provision of a sustainable Australian sport system, including employment and workforce opportunities.⁵⁹⁸ A strong sport and recreation workforce is vital to many of the plan's priorities, including to:

- Grow diverse representation in a range of roles, such as athletes, coaches, administrators, officials, volunteers and journalists, so individuals see themselves represented and feel a sense of belonging.
- Embed inclusivity in design by involving those with lived experience in the development and implementation of policies and programs.
- Increase rates of participation and other involvement in sport for all age groups (including coaching, officiating and

volunteering) to promote population wide health, social and community benefits, including physical literacy and skills development.

- Continue to empower and support coaches, officials, other staff and volunteers to access development and training opportunities and increase capability to support their athletes and teams.
- Promote meaningful career pathways and access to learning and development opportunities, and recognise the economic and societal value of volunteers, to help sustain a strong, capable and diverse workforce and support the ongoing viability of the sector.
- Embrace an evidence-based approach to policy, championing data driven insights and translating research to practice.

HumanAbility has the opportunity to engage directly with government, policy makers and the sport and recreation industry to help ensure many of these priorities are met. This can be done by taking an evidence-based approach to measuring the sport and recreation workforce and ensuring access to tailored, accessible, fit-for-purpose training opportunities.



Olympic and Paralympic Games workforce

The Olympic and Paralympic Games in Brisbane in 2032 will create a surge workforce of over 90,000 jobs in Queensland and 123,000 jobs in Australia.⁵⁹⁹ While many of these jobs will be related to infrastructure, event management, hospitality, security and tourism, there are also roles that will rely directly and indirectly on the sport and recreation workforce, volunteer coordination and capability, and essential support roles such as first aid that relate to the full range of qualifications under HumanAbility's remit.

This considerable surge workforce (and supporting volunteer base) that is required provides a challenge and an opportunity for the training system in the lead-up to the Olympic and Paralympic Games.

The Games also present an opportunity to leverage off the surge workforce and the increased interest in sport and recreation participation the events will generate.

The Games provide a powerful platform to boost enrolment in nationally recognised training, as well as related qualifications in volunteer coordination and first aid. Workforce development efforts must also account for the inclusive and accessible participation required to support both Olympic and Paralympic events, and could further leverage disability-related qualifications to strengthen integration across sectors.

There is an opportunity for HumanAbility to work closely with both Olympic and Paralympic Games stakeholders to build pathways into the sector and retain skilled workers and volunteers well beyond 2032. With coordinated planning, the surge workforce generated by the Games could form the foundation for a more resilient, skilled, and inclusive sport and recreation workforce – leaving a legacy that extends across the broader care and support economy.



3.2 Skills Gaps

One flow-on effect of labour force shortages and a low portion of full-time industry roles is the exacerbation of skills gaps within the sector. Employers describe needing to take on people in training, without all the required skills. Peak bodies face pressure to reduce training requirements, which has the potential to exacerbate skills shortages and have negative impacts on professionalism and retention.

“Training is needed for volunteers and professional development opportunities are needed for existing staff.”⁶⁰⁰

“Employers in the sector take on new recruits with minimum qualifications or training due to the immediate demand for staff.”⁶⁰¹

Employers have described a growing need for mental health training for their staff. This reflects the role of sport and recreation professionals in supporting participants’ overall health and wellbeing.⁶⁰²

Practical training initiatives present an opportunity to address skills gaps. A huge 77% of outdoor recreation organisations host students for work placements, with a further 15% open to offering such opportunities. Addressing recruitment barriers will be critical to ensuring a sustainable and highly skilled workforce.⁶⁰³

Volunteers also require ongoing training. The Australian Sports Commission’s Volunteer Resource Hub provides a one stop shop for industry resources, for attracting, supporting and celebrating sport volunteers in Australia. This includes training in coaching, governance, first aid, responsible service of alcohol, and grant writing. There is also an opportunity for HumanAbility to review active volunteering qualifications, to ensure they meet the needs of the sector.



3.3 Training and Qualification Issues and Limited Career pathways

Stakeholders have reported limited career pathways and knowledge of pathways within the sector. In the outdoor industry, just 46% of organisations report having clear career pathways for employees.

Additionally, retention rates are an issue, with many graduates leaving the industry within the first three years due to limited professional development opportunities or moving into other sectors as they complete other training and education.

Structured career pathways and ongoing professional development are essential for improving retention and ensuring workforce sustainability.⁶⁰⁴

Stakeholders have also called for the development of appropriate skill sets that can lead to entry level employment in the sector.⁶⁰⁷

The sport and recreation sector relies on the completion of training outside of nationally recognised qualifications. Coach training is generally provided by sport governing bodies and many roles ask that employees or volunteers hold certifications such as first aid, and working with children checks.

There is also an opportunity to explore training opportunities in roles that are cross-sectoral. For example, there is a strong correlation between fitness roles and health roles. Bush kinder, fitness for mental health, swimming instruction, sport coaching, nature therapy, and lifestyle coordination are also examples of roles where sport and recreation intersect with the early childhood education, health, and aged care sectors.

“There are barriers to enter employment due to qualifications and skills sets being difficult to obtain. Unpaid placements are also impacting course completion rates.”⁶⁰⁵

“There can be improvements in alignment between training packages and industry requirements (including licencing requirements), advancing technology and job roles.”⁶⁰⁶





3.4 Diversity and Inclusion

The benefits of diversity and inclusion in sport participation are well known.⁶⁰⁸ Sport plays an important role in helping shape community discourse and contributes towards Australia's Disability Strategy 2021–2031, the National Agreement on Closing the Gap, and Working for Women: A Strategy for Gender Equality.⁶⁰⁹

The demographics of the Australian Sport and Recreation Workforce are not well known, recorded or reported, highlighting that more work needs to be done in this area. There are international examples of work being done in this space. For example, the Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) in the UK compile a Workforce Insights Report that breaks down the workforce population by age, gender, disability, socio-economic status and ethnicity.

The available evidence suggests there are improvements needed to develop the diversity of the sport and recreation workforce in Australia. For example:

- While 28% of all Australians are born overseas, just 13% of the aquatics industry workforce were born overseas.⁶¹⁰
- While approximately 49% of Australian sport and recreation administrators and 64% of team managers are women, women make up just 22% of CEOs across 65 Australian Sports Commission funded National Sporting Organisations.⁶¹¹

Federal and state levels of government have made women's sport participation a priority in policy development over the last decade, and in September 2024 the Australian Government announced the launch of the National Gender Equity in Sport Governance Policy to address the underrepresentation of women in sports leadership, including mandated gender equity targets.⁶¹²

The policy encourages all professional and community sporting clubs and leagues to adopt gender equity targets, and requires the governing bodies and funded peak bodies of the Australian sport sector to reach the following targets by 1 July 2027:

- 50% of all board directors are women and/or gender diverse
- 50% of chairs/deputy chairs are women and/or gender diverse
- 50% of specified sub-committee members are women and/or gender diverse.

Gender equity in sport leadership is an important step on the road to creating equity in sport and improving opportunities for women within the sport and recreation workforce.

In recent years there has been substantial growth of women playing in and competing at the top levels of traditionally male-dominated sports. By comparison, the number of women officials has not increased at the same rate. A recent study found that to improve officiating environments for women, commitment to and strategy for reform is needed at a broad, institutional level, and at a local, interactional level. This includes specific education and inclusion initiatives, targeted development pathways, investment in infrastructure and policy, and ongoing analysis of change.⁶¹³



Case study

Yushan Luo

Yushan Luo is an Outdoor Adventure Leader in regional Victoria. Following her passion for the outdoors has enabled her to balance a busy life as a mother and student with a career that energises her daily.

“I think a career in the outdoors teaches you and others that life can be fun. I think that the industry just teaches you to enjoy life,” she says.

The casual nature of the outdoor recreation industry has enabled Yushan to work in a freelance capacity and to transition through a variety of roles. “I have a three-year-old daughter and am currently studying. These commitments need to take priority over work at times.”

While the flexibility the industry offers has been beneficial, as Yushan completes a master’s degree in teaching, she is now looking for secure long-term opportunities.

She says, “I believe opportunity belongs to those who are prepared. I enjoy learning, it makes me feel young.”

As a Chinese woman in the outdoor industry, Yushan believes her presence has an added benefit. “I’ve had students write notes to me saying that outdoor education can be a bit of a painful experience but seeing another Chinese woman at camps helps them to feel calm in a challenging setting. Helping people push through their personal boundaries in the outdoors is so rewarding. My advice to anyone thinking about a role in the industry is to follow your heart and everything else will fall into place.”



3.5 Data and evidence

Despite its significance in the lives of Australians, the sport and recreation sector does not have particularly comprehensive workforce data.⁶¹⁴ Peak bodies within subsectors conduct workforce surveys; however, there isn't a coordinated national, sector-wide approach to collecting sport and recreation workforce data, beyond current JSA and ABS methods.

This makes it difficult for the sport and recreation industry and workforce to be accurately reflected in broader policy settings. It also hinders the ability to plan for future workforce needs, and makes it difficult to accurately assess workforce trends, economic impact, diversity, or training needs.⁶¹⁵

There is a need for a coordinated approach within the sector to gather and analyse workforce data that will enable the sector to drive better policy and training alignment and strengthen sector planning and training pipelines.

Workforce data

There are international examples that demonstrate the collection of quality workforce data that can drive better policy and training alignment and strengthen sector planning and training pipelines. HumanAbility has identified areas that require further examination in Australia, including:

- Until recently, ANZSCO data for the sport and recreation sector was largely at the four-digit level, grouping vastly different roles together (e.g. lifeguards and professional athletes under “sportspersons”), making workforce insights difficult to extract. Further analysis of the newly available six-digit data could help improve sector understanding and workforce planning.

- Concerns have been raised by the sector that seasonal and part-time employment results in many workers being classified under other industries, leading to workforce underreporting in census data.
- Regional and remote workforce dynamics are poorly understood, despite the sector serving as an important employment entry point in these areas.
- Skills shortages may not be accurately reflected in data and workforce planning, particularly in high-demand areas such as water safety, outdoor recreation, and fitness.

There is an opportunity for HumanAbility to work with stakeholders, government representatives and policy makers to capture more comprehensive workforce data and undertake research to identify gaps in evidence and data collection. This would assist the sport and recreation workforce to be accurately reflected in broader policy settings, to plan for future workforce needs and to accurately assess workforce trends, economic impact, and training needs.⁶¹⁶



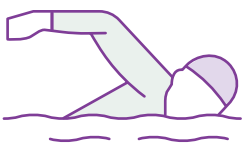
3.6 Policy and regulatory settings

There is no legal requirement for industry personnel to hold an occupational licence in the sport, fitness and recreation industries. However, there are several industry-led voluntary registration or accreditation schemes. These schemes provide a framework for self-regulation and provide best practice for an identified job role or industry sector.

The Australian Adventure Activity Standards and related Good Practice Guides provide a good-practice framework for outdoor adventure activities with dependent participants. These are being reviewed in 2025 to ensure they meet industry needs.












Workplace and participant health and safety remains a key issue for the sector. An alarming trend, particularly in aquatics, is the increased incidence of violence in the workplace, often directed at or involving staff. At a national level, there are understood to be more than 2,000 acts of assault, abuse and aggression towards lifeguards annually. This has prompted Royal Life Saving Australia to launch a public campaign, titled Keep Your Cool at the Pool.⁶¹⁷

There is a strong need for well trained, skilled and qualified staff in the fitness, aquatics, outdoor and sport subsectors to provide the community with access to safe sport and recreation participation in settings that are also safe and appropriate for workers.



Workplace and participant health and safety remains a key issue for the sector. An alarming trend, particularly in aquatics, is the increased incidence of violence in the workplace, often directed at or involving staff.

4. Roadmap

Industry sector	Initiative	Challenges addressed
Sport and recreation	<p>Review the SIS Outdoor Recreation and Leadership qualifications</p> <p>Status: Underway</p> <p>Overview: The functional analysis research stage has been completed and work has commenced on initial qualification drafts. The team will continue to work closely with the Technical Committee, industry and Subject Matter Experts during this process.</p> <p>Timing: September 2024 May 2026</p>	  
Sport and recreation	<p>Workforce Data</p> <p>Work with stakeholders to capture more comprehensive workforce data. This will enable the sport and recreation industry workforce to be accurately reflected in broader policy settings, to plan for future workforce needs and accurately assess workforce trends, economic impact, and training needs.</p> <p>Responsibility: HumanAbility, Industry Peaks</p>	
Sport and recreation	<p>Achieving the priorities of the National Sport Strategy</p> <p>Engage directly with government and the sport and recreation industry to assist in achieving the priorities of the National Sport Strategy – ensuring the sport and recreation workforce is developed in line with an evidence-based approach, has access to the required training opportunities, and is supported by a strong VET workforce.</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
Sport and recreation	<p>Volunteer and workforce training</p> <p>Consult with industry stakeholders to scope opportunities for volunteer and workforce training in the lead-up to the Olympic and Paralympic Games and strategies for leveraging off the surge workforce that the games will provide.</p> <p>Responsibility: HumanAbility</p>	    
Sport and recreation	<p>Linking sport and recreation with health, care and support industries</p> <p>Consult with industry stakeholders to scope opportunities for further exploratory work in linking the sport and recreation workforce with the health, care and support industries, given the emerging research regarding the role that sport and recreation plays in preventative health (physical and mental).</p> <p>Responsibility: HumanAbility</p>	     
Cross-sectoral	<p>Productivity Commission 5 Pillars Inquiry</p> <p>Analysis of productivity gains in the care and support workforce. To contribute to the Productivity Commission Quality Care and five pillars inquiry.</p> <p>Responsibility: HumanAbility and the Productivity Commission</p>	
Cross-sectoral	<p>Migration strategy</p> <p>Encourage government to commence consultations on an Essential Skills Pathway (as per the Migration Strategy) to grow the workforce, whilst maintaining ethical recruitment standards.</p> <p>Responsibility: Australian Government, Department of Home Affairs</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>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>	  
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>	   



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>Improve access to an increasing range of microcredentials for educators and teachers in areas of identified need</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

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- 174 The ANZSCO label education aide covers 4 different roles: Aboriginal and Torres Strait Education Worker, Integration Aide, Preschool Aide, and Teachers Aide. These occupational titles are no longer preferred or widely used in industry, and will be replaced by new titles under different groupings. See footnote 2. For further information on the changes, see ABS (2024) *OSCA – Occupation Standard Classification for Australia, 2024*, Version 1.0, ABS website. A changing and unknown minority of education aides work in one or more other sectors, sometimes while simultaneously working in CEC. These other sectors are typically health, community (human) services, and aged and disability care.

- 175 LDCs are also known or referred to as Centre Based Day Care (CBDC) services, and sometimes as early learning and care centres. HumanAbility uses LDCs – the term preferred by the sector.
- 176 Standalone preschools – sometimes referred to as dedicated preschools – are ECEC services only offering preschool (as opposed to a preschool program operating within a primary school, or within an LDC).
- 177 Other essential occupations work in CEC but are not included in the data for this sector. These include support staff such as administrative staff, cooks, and maintenance staff. There are also a number of allied health roles that support this sector such as psychologists, social workers, speech, behaviour and occupational therapists. Some of these roles are discussed in the profiles of health sector, and of the aged care and disability services sector.
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- 181 The ECEC National Workforce Census (NWC) is commissioned by the Commonwealth Department of Education and is the only national census of its type in Australia. The 2024 NWC achieved a 97.4% response rate across Child Care Subsidy (CCS) approved services which includes OSHC, Vacation Care (VC), FDC and IHC services. Standalone preschools were invited, but their participation was not mandatory. The numbers of services that participated in the 2024 NWC were: 8909 LDC services; 4,287 OSHC services; 3,217 VAC services, 365 FDC services, 31 IHC services and 2,181 preschool services. The NWC estimates 4,551 additional people in the ECEC workforce in 2024 then HumanAbility's estimates using the ABS labour force statistics. The discrepancy is explained by the fact the total staff count for the NWC includes workers in ECEC services that perform occupations not under HumanAbility's remit (such as cooks and cleaners), b) includes volunteers, and c) includes some double-counting. When the totals for just "child carers" and ECT occupations are compared – HumanAbility's combined total is 243,800, versus NWC's 240,041, or adjusted 'count' of 211,518, largely explained by the fact the NWC participation from standalone preschools was voluntary. Department of Education (2025) *Early Childhood Education and Care Workforce Census 2024 National Report*, DE, Australian Government, Canberra, accessed 1 April 2025. Note, see pages 12 and 18 for methodological notes.
- 182 This includes accounting for double-counting assumptions, such as those employed in OSHC and in vacation care. Department of Education (2025) *Early Childhood Education and Care Workforce Census 2024 National Report*, DE, Australian Government, Canberra, accessed 1 April 2025.

- 183 For instance, there are no national qualification requirements to work as an educator in OSHC settings; although six states and territories do have specific requirements. In contrast, in LDC settings the National Quality Framework requires that educators across the country must be qualified to (or actively working towards) at least an AQF Certificate III level qualification, with additional requirements at the service level, whereby services must have a minimum number of diploma qualified educators (early childhood teachers) according to the number of children attending. Further complexity is added to this framework with at least one state, New South Wales, having separate educator: child ratios relating to this diploma qualified workforce. Jurisdictional regulations also differ in terms of whether diploma qualified early childhood teachers need to hold a formal teacher registration (with no such requirement under the NQF). See The Australian Children's Education and Care Quality Authority (ACECQAs) Qualification Requirements webpage for more details: ACECQA (2025), Qualification Requirements, ACECQA, accessed 22 May 2025.
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- 207 Jobs and Skills Australia (2024) ORIMA/ Lighthouse – December 2024, ‘Survey of Employers who have recently advertised, [Accessed via JSA Atlas Pro on 11 April 2025].
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- 209 Jobs and Skills Australia (n.d.) Occupation Shortage List, JSA website, accessed 13 May 2025.
- 210 Productivity Commission (2024) A path to universal early childhood education and care, Inquiry report Volume 1, Productivity Commission, accessed 25 March 2025.
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- 219 Fair Work Commission (2025) *Decision Summary of the Gender-based under evaluation decision*, Fair Work Commission, accessed 10 April 2025.
- 220 Fair Work Commission (2025) Approved Variation to Agreement, 28/01/25 (33 additional employers); *Approved Variation to Agreement, 18/03/25 (136 additional employers)*, accessed 10 April 2025. Note – this data changes monthly and was correct at time of writing.
- 221 Fair Work Commission (2024) *Original Approved Agreement*, accessed 10 April 2025.
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- 223 The Sector (2025) *Goodstart educators secure 10 per cent pay rise before Christmas*, IEU NSW/ACT reports, accessed 10 April 2025.
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- 229 'Educators' is based on the ANZSCO occupation group 'child carers'. Vacancies are on a three-month moving average basis and are not trended or seasonally adjusted.

- The indicative vacancy rate is the number of vacancies for each occupation divided by the sum of the number of people working in the occupation and the number of vacancies, then multiplied by 100. Productivity Commission (2024) *A path to universal early childhood education and care: inquiry report*, No. 106, PC.
- 230 Jobs and Skills Australia (2024) *The Future of the Early Childhood Education Profession*, accessed 7 April 2025.
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- 233 Australian Children's Education and Care Quality Authority (2025) *Qualifications for centre-based services with children preschool age or under*, ACECQA, accessed 20 May 2025.
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- 235 Australian Children's Education and Care Quality Authority (2025) *NQF Snapshot Waivers*, ACECQA, accessed 11 April 2025.
- 236 Part of this rise is attributable by an increase in the number and proportion of incidents being reported. For instance, ACECQA found that high quality services reported more serious incidents, likely due to a stricter reporting regime in these services. ACECQA (2023) *Serious incidents – injury, trauma or illness*, Occasional Paper 9, ACECQA, accessed 12 May 2025.
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- 241 United Workers Union (2021) *Exhausted, undervalued and leaving: The crisis in early education* [PDF 818KB], UWU, accessed 7 April 2025.
- 242 Lucas F (29 January 2025) *How is the recruitment landscape changing in the ECEC sector in 2025?* [Media Release] The Sector, accessed 7 April 2025.
- 243 Department of Education (2024) unpublished data available in Productivity Commission (2024) *A path to universal early childhood education and care, Inquiry report Volume 1*, Productivity Commission, accessed 25 March 2025; Productivity Commission (2024) *A path to universal early childhood education and care, Data Tables* [data set], Productivity Commission website, accessed 7 April 2025. Note, data was collected before the wage boost was announced by the Australian government.
- 244 NCVER (2024) *Total VET students and courses* [VOCSTATS], NCVER website.
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- 246 Department of Education (2025) *Early Childhood Education and Care Workforce Census 2024 National Report*, DE, Australian Government, Canberra, accessed 1 April 2025.
- 247 Jobs and Skills Australia (2024) *The Future of the Early Childhood Education Profession: Early Childhood Education and Care Workforce Capacity Study*, JSA, Australian Government, Canberra, accessed 25 May 2025.
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- 251 Productivity Commission (2024) *A path to universal early childhood education and care, Inquiry report Volume 1*, Productivity Commission, accessed 25 March 2025; JSA (2024) *The Future of the Early Childhood Education Profession: Early Childhood Education and Care Workforce Capacity Study*, JSA, accessed 25 May 2025 (Finding 10 and Recommendation 2).
- 252 Productivity Commission (2024) *A path to universal early childhood education and care, Inquiry report Volume 1*, Productivity Commission, accessed 25 March 2025 (Finding 3.4 and Recommendation 3.5).
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