Careers At The Coal-Face?
Community Services In South Australia:
Workforce Development

A joint project by the University of South Australia Social Policy Research Group and SACOSS

Full Report

To The Human Services Research Initiatives Program

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EXECUTIVE SUMMARY

Introduction

This document constitutes the final report on the Research Project undertaken by Professor Ed Carson, Christine Maher and Peter King of the Social Policy Research Group of the University of South Australia, funded through the Human Services Research and Innovation Program (HSRIP). The project was designed to profile the community services workforce in South Australia and to provide a detailed analysis of critical issues currently affecting the workforce in non-government community services agencies.

Research Framework and Methodology

The study has been organised in three phases –

- Literature Search, Secondary Data Collection and Key Informant Interviews
- Workforce Survey sent to approx 1000 community service organisations in SA
- Case Studies in 3 selected sub-sectors

Key Informant Interviews, Literature Search and Secondary Data Collection

In the first phase, we drew on research literature from a range of disciplines fields, including:

- Commentaries and analysis of public funding, service delivery and income support trends in response to fiscal imperatives
- Identification of historically changing models of government financial support for non profit organisations
- Current and future policy developments and key trends in specific policy fields
- Developments in specific labour markets related to community services
- Workforce development issues in community services.

Findings from the literature and the key informant consultations were consistent in highlighting that the community services sector is one of the fastest growing in Australia, and in South Australia – and bearing the greatest burden of change. ABS data reveals that in the late 1990s the community services sector overall grew by some 15%, with the number of government organisations in the sector remaining almost static (1.5% increase) while the not for profit (10%) and especially the for profit organisations (32%) have grown very strongly. The non-government sector expanded through contracting-out during the 1980s and 1990s and this is expected to continue, notwithstanding some recent reversal of that process in DFC, as well as in areas such as TAFE. During the period this forced growth in the sector took place, there has been insufficient attention paid to capacity building of the sector, and questions about resourcing and sustainability of workforce development have been left unanswered. That constitutes a critical gap in knowledge since labour costs constitute over 70% of expenditure in the sector.
Our statistical analysis is supplemented with labour market analysis based on official ABS statistics, including the Survey of Community Services (1999-2000), Labour Force and Enterprise based time series, and Census data, organised by:

- ANZIC industry
- ASCO occupational
- NCCS (various classifications relating to the community sector such as activity, ownership and function).

**Workforce Survey**

At the heart of this project was an industry wide survey designed to provide a snapshot of the workforce across all service types in the community services sector in SA, and to identify recruitment and retention issues for the sector. Rather than sampling from the agencies in the sector, a strength of this survey is that it has covered the sector fully by canvassing all (in scope) agencies, some 1000 organisations, followed by more intensive follow-up of key areas through case studies and interviews.

The industry research framework was designed to ensure collection control (consistency of approach across the sector, ensuring representation from all parts of the industry, handling follow-up and non response). The framework involved developing a database with details of each agency we needed to consult. Following consultations the results were entered into the framework for subsequent analysis.

Constructing the industry research framework involved:

- Defining and agreeing on the ‘in-scope’ industries activities and occupations
- Identifying sources of entities for inclusion in the industry consultations, including:
  - ABS register of businesses
  - CISA/Info search database
  - SACOSS membership database
  - ASU database
  - Ensuring industry coverage re size, industry sub groups, specialisations, client interests
  - Identifying and mapping sector peak bodies, advocacy groups and unions.

It became apparent from applying the definition of in-scope agencies for the Project to the database generated for the survey that the size of the population to be surveyed was approximately 1,000. This led to a considerably larger survey than was intended, since the original estimate of the number of agencies to be sampled and surveyed was approximately 400.

An on-line survey was distributed to all heads/managers of agencies, to gather workforce data in relation to all employees. Workforce data included: number of employees, tenure (permanent/casual), status (full-time /part-time), length of employment with agency, qualifications
required for position, credentials (professional qualifications, accredited training), award coverage, position function, number of volunteers, demographics, and vacancies.

Agencies were also requested to indicate willingness to participate in further case study/ in-depth interviews with a smaller self identified sample from the sector. Case studies were undertaken with four sub-sectors namely, Aged Care, Disability Services Agencies, Community and Neighbourhood Houses and community-managed Child Care agencies. In the subsequent analysis, Child Care refers to all private and community licensed managed long day care providers and out-of-school-hours providers (but did not include family day care givers or informal care givers). In the subsequent analysis, Disability covered all non-government providers of services for all types of disability.

This component of the study elaborated on the survey responses to indicate the way in which differences in context, history, and approach were shaping and constraining responses to workforce pressures across the sector.

Key Results from Survey and Case Studies

Responses of Key Informant Interviews were used to assist with specifying the key issues to be canvassed in the survey, including:

- Nature of the work and the client base
- Security of employment
- Processes related to attracting and retaining qualified and experienced staff
- Training/ skills base
- Government policies and their implications
- Costs of doing business in more highly regulated competitive market
- Sector development and management in the sector

Many of the survey respondents took participation in the survey as an opportunity to highlight concerns about factors impinging on their agency, especially concerns about increased regulation and reduced resources that are familiar to analysts and practitioners in recent years. But their comments were not simply a list of perceived injustices or complaints about the sector not being resourced. As was the case with Key Informants, survey respondents were also able to present a balanced view of factors that had impinged on their agencies and to present positive aspects of the mechanisms put in place to deliver services in the new environment. Having said that, it is true that many of the strategies to cope with changed staffing and service delivery imperatives can be best described as ‘paucity management’. These represent primarily short-term individual and local level coping strategies, more than might be appropriate in light of the policy drivers operating at a broad sectoral level.

A high proportion of survey respondents have embraced/ accepted the need to adapt and develop skills appropriate to modern service delivery styles. Similarly, a clear majority of
respondents agreed that the sector needs to shift its attitude from ‘helping the poor’ to ‘more of an outcomes focus’ and that the change to individualised service delivery requires the development of new skills throughout the workforce.

Only a low proportion of respondents reported that they found it easy to attract qualified and experienced applicants for job vacancies. There was an indication that a majority of agencies often had to fill vacancies with candidates who were less qualified or experienced than ideal. And respondents observed that this was exacerbated by low pay rates and limited funding resources that make it difficult for workers and the employing agencies to arrange training to upgrade skills for the current workforce. That was true for agencies of all sizes. The level of resources available for training, and workforce development more generally, is a major concern for agencies of all sizes across the sector.

Part of the proposed strategy of respondents was to advocate for parity with public service conditions (both with respect to wages and for the purposes of raising the sector’s profile). But workforce development also requires a more systematic approach to presenting the sector as an industry of choice for potential workers, in part by presenting it as an industry that is organised in terms of a systematic occupational classification and coherent training programs.

While licensing and accreditation requirements are generally agreed as driving the take-up of training, the need to continuously improve standards and upgrade skills across the workforce is widely recognised and supported across the sector. Yet training uptake across the sector has been highly variable, in part attributed to a lack of coordination of Industry Training needs. A majority of respondents reported that providing training to upgrade current workers skills was made more difficult by the lack of a coherent picture of content and applicability of the various training components on offer across the sector (eg the relationship/overlap between youth, aged care and child care qualifications at each level), the fact that training standards are seen to be variable between Registered Training Organisations (RTOs), and that training outcomes are not well understood by employers. This points strongly to the need to develop a sector wide occupational framework, linked to well publicised and respected training strategies.

Policy and Workforce Development Implications

This research has been designed to assess the impact of key policy, funding and social changes on the community services industry workforce. Findings are intended to: inform reforms to policy and planning processes within and between South Australian Government human services agencies and the non-government sector; facilitate work-force planning and capacity building within agencies across the sector; assist education and training; and promote an improved understanding of this distinctive and critical sector and its needs.

While SACOSS, and to a lesser extent other peaks such as COTA, YACSA, ANGOSA etc, provide leadership in the sector, the sector is so large and diverse it is difficult to organise it in a
systematic way that positions agencies in the sector to deal with pressures for effective service delivery in a context of continual change. The Department for Families and Communities (DFC) has taken steps to redress some of the uncertainties and administrative burdens associated with competitive tendering funding. Yet a recent history of short term, project based, funding arrangements have led to the adoption of insecure employment frameworks which militate against efforts of organisations to maintain, develop and grow their workforce in a planned way.

Even with new government procurement processes, there are still significant barriers to effective long term planning for service delivery and for sustainable wages and conditions across the sector. In the course of addressing these issues, SACOSS at the State Level, and the Community Services and Health Industry Skills Council at the national level, are promoting improvements in wage levels and security for the community services workforce. Our assessment is that this needs to progress through the development of an integrated sector wide occupational framework through which to relate the claims for development in ways that can meet the challenges of the sector in the coming decades.
ACKNOWLEDGEMENTS

The authors wish to thank all Project Reference Group members and all key informants for their assistance with this study. (Project Group membership is listed in Appendix 4.)

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1. THE COALFACE STUDY AND ITS CONTEXT

1.1 Introduction

This document constitutes the draft final report on the Research Project undertaken by Professor Ed Carson, Christine Maher and Peter King of the Social Policy Research Group of the University of South Australia, funded through the Human Services Research and Innovation Program (HSRIP). The project was designed to profile the community services workforce in South Australia and to provide a detailed analysis of critical issues currently affecting the workforce in non-government community services agencies. Profiling the sector entails summarising issues affecting a wide range of for-profit and not for profit organisations, including private businesses, charitable and faith based agencies, and community managed organisations ranging from very small to large corporate for-profit and not for-profit entities.

1.2 Conceptual Background

Traditionally in Australia the community services sector consisted of charitable and welfare based organisations characterised on the basis of their values and priorities to serve clients and community need, not on the basis of their market viability. Funding was and is principally achieved through Government grants, and charitable fund raising. In practice, non-government community service agencies in Australia represented a response to elements of government failure (the reach of the agencies supplemented government provision) and market failure (the agency support was offered on the basis of need, with eligibility criteria related to ‘behaviour and moral worth’ but not capacity to pay), before such terms became fashionable in the social policy literature (Dollery and Wallis 2001).

From the origins of community service provision in Australia, services have been planned and delivered through a mix of government and non-government arrangements. Over the years, across different jurisdictions and patterns of need, any description of what is understood as 'community service' has evolved into a 'best fit' for the given situation. In time, this led to some confusion, inefficiency and fear that money was being wasted.

The strategy of Commonwealth and State Governments in recent years has been to reduce their role in direct service delivery and service management in the provision of health and family services. The governments primarily 'purchase' health and family services, but maintain a role in strategic policy advice and service standard and target setting. This has been a significant influence shaping the community services sector for over the past two decades in particular, with implications for fundamental issues such as its role, structure, organisation and composition, its relationship with government, its mandate and its independence.

The trend towards privatisation of service delivery has emerged as a response to the economic pressures confronting all welfare states but also through a desire to reduce the cost of services. This led to government intervention to address 'overlap and duplication' in service planning and
delivery especially during the 1980’s and early 1990’s. Service targeting is now the norm, widely regarded as a way of redressing concerns about actual and perceived rising levels of demand for service assistance, but also about discouraging dependence on the state and to reinforce individual and family responsibility.

In the past two decades Australia has both followed and led international trends towards welfare reform through competitive tendering and outsourcing of welfare services principally via the mechanism of changes in Government funding policies. The 1980s and 1990s witnessed major changes, including a move away from submission-led funding to the competitive tendering of services and a purchasing model in community services provision; a government emphasis on needs-based planning and policy-led resource allocation; performance measurement based service agreements and increasing expectations from government about the nature, outcome and quality of the service to be delivered by funded organisations; a relatively static level of funding; and contraction of government service delivery. This change has also been accompanied by the entry of for-profit organisations as this new services market evolves, the impact of which is particularly evident in the child care sub sector.

As a result, the community services sector is now a firmly embedded and formally included component of what some analysts call the *post-welfare services market* (Jamrozik 2005). Its declared role is to provide flexible, cost effective high quality services in response to trends such as de-institutionalisation, and “care in place”, combined with impacts of demographic and socio-economic change such as the ageing of the population, increasing labour force participation by women, and family breakdown (AIHW, 2003).

Community services providers in both the government and non-government sectors have been urged to greater efficiency within a competitive framework. But as Ohlin pointed out in a 1998 Research Group Report to the Australian Parliament, there were “already indications that the application of blunt economic policy instruments have had a deleterious effect on community service planning and delivery – in the capacity of service providers to respond to identified need, in the capacity of service recipients to have needs met, and in the capacity of all spheres of government to effectively manage service planning and funding” (Ohlin, 1998). Some of the deleterious effects have been recognised by the SA Department of Families and Communities, which has recently moved to curtail the role of tendering for service contracts by not-for-profit community service agencies. Nevertheless, the procedures associated with New Public Management have had a major impact on the capacity of the sector to undertake long term planning, and are still an important context for any assessment of workforce development issues in the sector.

It is in the context of such trends that this project was undertaken.
1.3 Structure of the Report

This report examines and documents the current community services workforce in South Australia. In Chapter 2 we document trends in recent South Australian government spending on community services compared to other States and the nation as a whole. In chapter 3, we then examine how the community services sector is defined by the both the ABS and in common usage by analysts and professionals in the sector. We explain how the sector was defined in this study and we present data enumerating the sector in South Australia using the CISA Infosearch database.

After enumerating the sector, in chapter 4 we identify factors affecting the not-for-profit workforce and assess changes in these factors over time, and discuss their relationship with workforce development for the sector. In chapter 5 we report on interviews with key informants. We then use the key informant responses to inform a major survey of community service agencies in South Australia, which is reported in chapter 6. Finally, chapter 7 indicates a way forward to address the major issues of workforce development that is currently confronting the community services sector in South Australia.
2. TRENDS IN COMMUNITY SERVICES DEMAND AND EXPENDITURE

2.1 Trends in Government Funding of Community Services in South Australia

In this section we document trends in recent South Australian government spending on community services compared to other States and the nation as a whole. We reveal that the current South Australian State government has been funding community services over the last five years at an unprecedented rate. The growth in funding on community services in South Australia by far outstrips the national all-State average growth rate and the State stands well above most other States in this regard. However, this five years of strong growth has been off a smaller base in 2000-01. Consequently, the budgetary share allocated to community services in South Australia has only just reached parity with the national share in 2004-05.

This section also shows that the pattern of expenditure across the various sub-sectors of community services funding in South Australia over recent years has also been very different to the national experience. The share of the community services budget allocated to homeless and general welfare has grown very strongly in South Australia at the expense of family and child services and aged and disabled services. In contrast, the share of the community services budget of all states (aggregated) allocated to aged and disabled services was higher than the categories of family and child services and homeless and general welfare.

How is the Community Services Sector Funded?

Government spending dominates and therefore drives activity in the community services sector, including:

- funding non government community services organisations which provide services to clients
- direct service provision to clients
- regulating non government providers
- policy development, planning and administration.

In the funding process, there is considerable attenuation in the relationship between purchasing, funding and delivery of services on behalf of clients. Often this purchasing, funding and delivery happens through a chain of government agencies across the three tiers of government with the final provision of the service occurring, variously in: the government sector, not for profit sector, the for-profit sectors or the voluntary community sectors and the informal household sectors.

According to historically and constitutionally determined conventions, the Commonwealth government is responsible for establishing national priorities and for allocating resources to achieve social welfare objectives within those priorities. Thus, the Commonwealth funds and
delivers income support and cash transfers under the social security system. The Commonwealth’s biggest areas of responsibility for funding social welfare programs are in residential aged care, disability employment services, child care and employment programs. The Commonwealth also jointly funds some programs with the State and Territory governments and some involve further distribution of funding to the local government sector. The major programs in this category are Home and Community Care (HACC) for the frail aged and the Supported Accommodation Assistance Program (SAAP) for the homeless and those in crisis. The State jurisdictions also fund many community services programs in their own right (ie without tied Commonwealth funding). Examples of these are disability services, community individual and family support, and care for children at risk.

Most service delivery in the sector is undertaken by non government service providers except for child protection which is mostly delivered by governments directly.

**Following the “Money Trail” to Determine Community Services Expenditure Priorities**

An analysis of trends in community services expenditure should start with an examination of recurrent State Government budgetary outlays, as published in the annual Budgets of the States, since these outlays, classified by purpose, include Commonwealth Government tied and untied grants (under the $43billion annual GST distribution) as well as the States’ own-funded expenditures and Commonwealth and State allocations for passing on to Local Government. However, this is a very large and complex task since each State Government presents its annual Budget papers in slightly different formats\(^1\) and with slightly different functional and purpose classifications and accounting definitions. The States also differ in their treatment of key transactions such as debt and cash versus accrual accounting methods. Although the ABS publishes consolidated and standardised public sector finance statistics, they are sometimes lagged by up to two years, suffer from aggregation and are plagued by revisions.

As part of its role determining Commonwealth fiscal allocations to the States under the Fiscal Equalisation Principle (Commonwealth Grants Commission,2006A:4), the Commonwealth Grants Commission (CGC) creates comparable State budgets based on data directly supplied by the States, the ABS (also sourced from the States) and published budget legislation. The CGC makes adjustments to the State budgets to ensure their comparability, since this is the starting point to apply its revenue sharing relativities. The resulting harmonized State budget data (Commonwealth Grants Commission,2006C) is the most accessible and up to date integrated

\(^1\) The States have recently agreed to publish their budgets according to a uniform standardised approach through the Australian Bureau of Statistics according to internationally derived classifications units and coverage. See AUSTRALIAN BUREAU OF STATISTICS (2005) Cat. 5514.0, Australian System of Government Finance Statistics: Concepts Sources and Methods. Canberra, Commonwealth of Australia.
and internally consistent time series database available indicating changing government spending priorities classified by purpose.

For our current purpose, therefore, the CGC data is ideal for tracing the “money trail” for a given set of expenditures such as community services and for comparing findings about priorities between State governments. Consequently all the data in the following analysis is based on this source.

**Expenditure Trends**

The following presents an analysis of the budgets of the six States over recent years to ascertain comparative trends and more specifically to identify where the South Australian Government is placing its budgetary priorities in relation to community services.

In 2004-05 the six State governments spent $7.9 billion dollars on community services. Thus, $7.20 of every $100 spent by the States was allocated to community services (defined below and excluding for example health spending). This is equivalent to $401.67 for every person in the nation. This figure includes Commonwealth tied and general purpose grants to the States as well as the States’ own-sourced funding.

The CGC data can only be disaggregated into three groups. These are family and child services (combined); homeless and general welfare (combined) and aged and disabled services (combined). Table 2.1 below describes the content of these three categories of community services expenditure.
<table>
<thead>
<tr>
<th>CGC Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and child services</td>
<td>Expenses on administration, inspection, support and operation of welfare services for families, children, and households with dependent children, including services delivered by residential institutions, mainly providing living quarters. The category covers: orphanages, children's boarding homes and hostels, and residential nurseries; youth refuges; juvenile hostels; campus homes and family group homes; residential institutions serving dependent mothers and their young children; child care centres; creches and play centres in which little or no schooling is provided; the operation or subsidy of full-time child care; occasional care or vocational care programs; marriage and child/juvenile counselling; foster care and adoption services; emergency housekeeping services; welfare payments to preschool; and the assessment and evaluation of offenders by non-judicial bodies.</td>
</tr>
<tr>
<td>Homeless and general welfare</td>
<td>Expenses on administration, inspection, support and operation of welfare services not elsewhere classified. It includes expenses of alcohol and other drug rehabilitation programs; programs predominantly involving welfare services; other welfare services such as prisoners' aid, care of refugees, pre-marital education; homeless persons assistance e.g. Supported Accommodation Assistance Program (SAAP); women's shelters, and departments, bureaux or program units which serve the social security and welfare system.</td>
</tr>
<tr>
<td>Aged and disabled services</td>
<td>Expenses on administration, inspection and support of welfare services for the elderly and disabled. It includes expenses of services delivered through residential institutions mainly providing living quarters; residential institutions for elderly or physically or mentally disabled persons in which little or no medical service is provided, such as aged persons homes, benevolent homes and hostels for the disabled, day care centres specifically designed and equipped for use by the disabled; training centres for the disabled; sheltered employment workshops; senior citizens centres; home visiting and housekeeping services; delivered meals services; services for the developmentally and intellectually disabled; transport other than public transport, and concessions (transport and material assistance etc). Also includes expenses on nursing homes which provide long-term care involving regular basic nursing care primarily for persons aged 65 years and over.</td>
</tr>
</tbody>
</table>

Source: (Commonwealth Grants Commission, 2006B: Table A-1; pp 64, 65)
NB It should be noted that the data in Table 2.1 is not directly comparable with the definition of community services used in the Coalface survey in three main respects:

- The GCG estimates include direct service provision by the States whereas the Coalface study includes only non-government service providers;
- The GCG estimates include aged care accommodation which is excluded from the Coalface study;
- The GCG estimates exclude charitable organisations' own sourced expenditure (other than government funding) such as bequeaths donations etc.

National Spending Benchmarks

Recent trends in government funding of the sector is shown in Table 2.2 below. The six State budgets are aggregated in Table 2.2, showing community services expenditure, annually, since 2000-01. As well as the annual growth rate in community services expenditure, the table also shows two ‘real’ measures of the growth in community services expenditure, one controlling for the growth in overall State budgets and the other controlling for the growth in population. The two measures are:

- The percentage share of expenditure in the total budget of the States which gives an indication of real spending priorities of governments within their annual total budget outlays; and
- The per capita spending on community services which gives an indication of the “real spending power” of the budgetary allocation to community services by holding population growth constant.

In absolute terms, spending on community services by the Australian States grew by 5.8 per cent per annum over the five year period shown in Table 2.2, which outpaced the growth in total State expenditure (4.5 per cent per annum) and so the share of all State Government Expenditure allocated to community services increased from 6.7 per cent in 2000-01 to 7.2 per cent in 2004-05. This is a substantial real increase and represents a structural budgetary change in favour of community services of 1.2 percent per annum. In per capita terms, community services also grew very substantially - from $317 to $402 over the five year period which is equivalent to an annual growth rate of 4.8 per cent.
Table 2.2
National Community Services spending and total recurrent spending* 2000-2001 to 2004-05 (current prices) Australia

<table>
<thead>
<tr>
<th></th>
<th>Community Services expenditure $m</th>
<th>Total recurrent expenditure $m</th>
<th>Community Services Share of all States’ total Expenditure %</th>
<th>All States’ per capita Community Services Expenditure $</th>
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</thead>
<tbody>
<tr>
<td>2000-01</td>
<td>5,952.118</td>
<td>88,475.428</td>
<td>6.7</td>
<td>317.14</td>
</tr>
<tr>
<td>2001-02</td>
<td>6,205.924</td>
<td>95,259.475</td>
<td>6.5</td>
<td>326.45</td>
</tr>
<tr>
<td>2002-03</td>
<td>6,681.876</td>
<td>100,355.269</td>
<td>6.7</td>
<td>347.36</td>
</tr>
<tr>
<td>2003-04</td>
<td>7,370.059</td>
<td>103,050.069</td>
<td>7.2</td>
<td>378.69</td>
</tr>
<tr>
<td>2004-05</td>
<td>7,906.887</td>
<td>110,511.203</td>
<td>7.2</td>
<td>401.67</td>
</tr>
<tr>
<td>Average annual growth rate</td>
<td>5.8%</td>
<td>4.5%</td>
<td>1.2%</td>
<td>4.8%</td>
</tr>
</tbody>
</table>

Source: (Commonwealth Grants Commission, 2006C)

* Aggregated State Government budgets.

Figure 2.1, below, shows two indicators from Table 2.2 in graphical form. The amount of funds notionally allocated to each person in 2004-05 was 26 per cent greater than its level five years earlier and the structural budgetary share devoted to community services increased by half a percentage point which is equivalent to an increase of $2 billion over the period.

Figure 2.1
Community Services Expenditure, Average 6 State budget shares and per capita expenditure Australia (2000-01 to 2004-05)
Components of Community Services Expenditure

Figure 2.2 shows the components of community services spending at the national level in 2004-05. In 2004-05, the majority of the total ($7.9 billion) State budgets allocated to community services expenditure ($4.5 billion or 57 per cent) was spent on aged and disabled services, while the other two sub sectors were nearly equally funded from the remainder. Twenty two per cent of the total community services budget or $1.7 billion was allocated to family and child services (22 per cent) and homeless and general welfare services received $1.6 billion (21 per cent).

Figure 2.2
Components national spending on community services
value of outlays and per cent shares aggregated state budgets
2004-05

Source: (Commonwealth Grants Commission, 2006C)

The recent growth of each of the three community services components of aged and disabled, family and child services and homeless and general welfare are shown in Figure 2.3 below. Presented are index numbers based in 2000-01 showing growth in the per capita budget allocations of the aggregated six States from 2000-01 to 2004-05. The highest growing component was aged and disabled services (5.7 per cent annual growth) followed by family and child services (4.9 per cent) and homeless and general welfare services (2.6 per cent).
These unequal growth rates combined with the dominance of aged and disabled services in the total has resulted in a skewing of the national budget for community services towards a greater allocation of the aggregated State budgets towards aged and disabled services. The percentage share of the aged and disabled budget allocation in the total increased substantially from 3.7 per cent in 2000-01 to 4.1 per cent five years later. The loosing component in structural terms was homeless and general welfare. Its share in the aggregated State budgets fell from 1.6 per cent to 1.5 per cent over the five years under review. (Figure 2.4, below). The share of family and child services while increasing during the middle of the period returned in 2004-05 to virtually the same share it had in 2000-01. (This pattern of expenditure growth at the national level is very different to that occurring in South Australia, as the discussion further below demonstrates.)
Structural growth in State budget funding of community services

The data in Table 2.2 and Figures 2.1 to 2.3, above, represents the average of all six States. It therefore masks significant differences between the States in their expenditure on community services. The annual growth rate (decline) of each State’s community services budget in terms of the share of total expenditure allocated to community services over the last five years is shown in Figure 2.5 below.

Figure 2.5
Structural change in the State’s budgets:
Average annual per cent change in the share of State Budgets allocated to Community Services 2000-01 to 2004-05

Source: (Commonwealth Grants Commission, 2006C)
South Australia and Queensland State budgets have undergone the largest structural change in favour of community services over the last five years. In South Australia's case, the growth in the budget share allocated to community services between 2000-01 and 2004-05 was a spectacular 6.0 per cent per annum which was 5 times the average rate of increase in the share of aggregated State budgets spent on community services. At the beginning of the review period the share allocated to community services in the South Australian budget was 5.4 per cent. By 2004-05 this proportion had grown to 7.2 per cent (an increase of $89 million). The South Australian annual budgetary allocation to community services in 2000-01 was $188 million; by 2004-05 the annual allocation has grown to $276 million.

**South Australian budgetary trends**

Table 2.3 below shows South Australian budget outlays on community services from 2000-01 to 2004-05 and Figure 2.6, below, provides a study of the per capita growth rates depicted in the table.

<table>
<thead>
<tr>
<th>Year</th>
<th>Family and child services</th>
<th>Homeless and general welfare</th>
<th>Aged and disabled services</th>
<th>Total</th>
<th>Family and child services</th>
<th>Homeless and general welfare</th>
<th>Aged and disabled services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-01</td>
<td>108.7</td>
<td>129.4</td>
<td>187.6</td>
<td>425.7</td>
<td>72.08</td>
<td>85.78</td>
<td>124.34</td>
<td>282.20</td>
</tr>
<tr>
<td>2001-02</td>
<td>104.3</td>
<td>164.8</td>
<td>135.9</td>
<td>405.0</td>
<td>68.83</td>
<td>108.75</td>
<td>89.7</td>
<td>267.28</td>
</tr>
<tr>
<td>2002-03</td>
<td>131.1</td>
<td>249.8</td>
<td>166.5</td>
<td>547.4</td>
<td>86.13</td>
<td>164.06</td>
<td>109.37</td>
<td>359.56</td>
</tr>
<tr>
<td>2003-04</td>
<td>136.6</td>
<td>282.7</td>
<td>145.5</td>
<td>564.8</td>
<td>89.32</td>
<td>184.82</td>
<td>95.08</td>
<td>369.22</td>
</tr>
<tr>
<td>2004-05</td>
<td>162.5</td>
<td>246.1</td>
<td>276.9</td>
<td>685.5</td>
<td>105.7</td>
<td>160.06</td>
<td>180.15</td>
<td>445.91</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Average ann. growth rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000-01</td>
<td>8.4%</td>
</tr>
<tr>
<td>2001-02</td>
<td>13.7%</td>
</tr>
<tr>
<td>2002-03</td>
<td>8.1%</td>
</tr>
<tr>
<td>2003-04</td>
<td>10.0%</td>
</tr>
<tr>
<td>2004-05</td>
<td>8.0%</td>
</tr>
</tbody>
</table>

Source: (Commonwealth Grants Commission, 2006C)

Per capita and total budgetary spending increased strongly across the three community services sub-sectors in South Australia between 2000-01 and 2004-05. The total increase in budgetary outlays was $686 million - equivalent to a per capita increase of $163.50 or 57.9 per cent in five years. On an annual basis, the increase in community services funding was 10 per cent per annum. This is nearly a three times faster rate of increase than South Australian general budget...
outlays: the overall increase in the South Australian recurrent budget between 2000-01 and 2004-05 was only 3.7 per cent.

Figure 2.13 shows the annual growth of the South Australian outlays on the three community services components on a per capita basis. Owing to much faster rates of growth in budget outlays relative to population, the per capita growth in all three components of community services expenditures in South Australia was huge. Homeless and general welfare services per capita nearly doubled (equivalent to an annual growth rate of 13.3 per cent). Both Family and child services and Aged and disabled services grew on a per capita basis by a factor of nearly 1.5 (equivalent to an annual growth rate of 8 and 7.7 per cent respectively). The comparable graph illustrating growth in the three community services components on a per-head-of-population basis at the national level is Figure 2.3, further above.

**Figure 2.6**
Growth in community services component expenditures
per head of population
2000-01 to 2004-05, Australia
Index numbers (100=2000-01)

Source: (Commonwealth Grants Commission, 2006C)

Structural change within the community services budget over the five years from 2000 - 01 to 2004-05 is shown in Figure 2.7, below. Homeless and general welfare consumed 30 per cent of the community services budget in 2000-01 and by 2004-05 this share had grown to 36 per cent. The share allocated to aged and disabled services and family and child services fell from 44 per cent to 40 per cent and 26 per cent to 24 per cent respectively.
Comparing the 2004-05 component shares of the SA community services budget in Figure 2.7 with that shown in Figure 2.2, further above, indicates a growing divergence between the profile of the community services budget in South Australia and nationally particularly in regard to aged and disabled services and homeless and general welfare. Figure 2.8, below, reproduces these shares for comparison. South Australia spends proportionally less on aged and disabled services. The percentage allocation of the community services budget to family and child services in South Australia is similar to that of the average of the six States (24 per cent and 22 per cent respectively). However in percentage terms South Australia spends only 40 per cent its community services budget on aged and disabled services while nationally the comparable figure is 57 per cent which is a 43 per cent greater share. Conversely, the percentage of the community services budget in South Australia allocated to homeless and general welfare is 36 per cent which is 71 per cent higher share than the national average share of 21 per cent.
For all the spectacular growth in the community services budget in South Australia compared to the Australian average (which as observed was 5 times the average State government budget growth rate), the comparative end result in 2004-05 was that the South Australian budget share allocated to community services reached parity with the national average (Figure 2.9, below).

Table 2.4, below, shows the data from which Figure 2.9 is drawn (the share of community services expenditure is shown in the fourth column from the left). This can be compared to the comparable national figure shown in table 2.2, further above. Thus, in 2000-01 at the beginning of the review period, South Australia’s budget allocation on community services was much lower than the national average (5.4 per cent compared to 6.7 per cent); and by 2004-05, the South Australian budget share allocated to community services has risen to 7.2 per cent which is equivalent to the Australian six State average.
Figure 2.9
Structural growth of the Community Services Budget:
per cent share of total outlays allocated to community services
South Australia and Australia
2000-01 to 2004-05

Source: (Commonwealth Grants Commission, 2006C)

Table 2.4
South Australian expenditure on community services components,
sub total and overall recurrent total budget
2000-01 to 2004-05

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family and child services</td>
<td>1.4</td>
<td>1.3</td>
<td>1.6</td>
<td>1.5</td>
<td>1.7</td>
<td>4.5%</td>
</tr>
<tr>
<td>Homeless and general welfare services</td>
<td>1.6</td>
<td>2.0</td>
<td>3.0</td>
<td>3.2</td>
<td>2.6</td>
<td>9.6%</td>
</tr>
<tr>
<td>Aged and disabled services</td>
<td>2.4</td>
<td>1.7</td>
<td>2.0</td>
<td>1.6</td>
<td>2.9</td>
<td>4.2%</td>
</tr>
<tr>
<td>Total Comm services</td>
<td>5.4</td>
<td>5.0</td>
<td>6.5</td>
<td>6.4</td>
<td>7.2</td>
<td>6.0%</td>
</tr>
<tr>
<td>Total Comm services</td>
<td>425.675</td>
<td>404.999</td>
<td>547.446</td>
<td>564.833</td>
<td>685.491</td>
<td>10.0%</td>
</tr>
<tr>
<td>Total Recurrent Budget</td>
<td>7,884.138</td>
<td>8,165.463</td>
<td>8,380.731</td>
<td>8,854.687</td>
<td>9,473.134</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

Source: (Commonwealth Grants Commission, 2006C)

Based on the data in Table 2.4, Figure 2.10 below, provides a graphical representation of the growth in the South Australian budgetary shares of each component of community services over the period 2000-01 to 2004-05 using index numbers. This graph gives an indication of structural change in the annual aggregate South Australian budget outlay as it relates to the three...
community services components over the period. The comparable data at the national level is graphed in Figure 2.4, further above.

Figure 2.10
Structural Change in the SA Budget:
Growth in community services component shares of SA Budget
2000-01 to 2004-05
Index numbers (100=2000-01)

Source: Commonwealth Grants Commission, 2006C

Summary

Figure 2.11, below, provides some key statistics summarising Table 2.3 and 2.4, above.
As has been observed, the largest beneficiary of the increased funding of community services (in both absolute terms and relative terms) was the category homeless and general welfare, expenditure on which grew by $117 million (nearly doubling) over the five years from $129m to $246m. This drove the share of the total budget allocated to homeless and general welfare from 1.6 per cent to 2.6 per cent a structural shift of 1 percentage point. Budget shares allocated to the other two categories grew in relative terms by a third of this amount (0.3 percentage points in the case of family and child services) and by half a percentage point in the case of aged and disabled services.
Figure 2.11
Summary measures of structural growth in the Community Services Budget components
South Australia 2000-01 to 2004-05

Source: (Commonwealth Grants Commission, 2006C)
2.3 Changes in the Structure of the Community Services Sector

The community services sector has not only grown strongly over recent years in terms of Government funding; it has also undergone profound structural changes in its ownership profile (for profit and not for profit), achieving strong efficiency gains by way of massively increasing labour productivity and consolidation in the number of organisations in some sectors. There have been important changes, too, in the sector’s use of voluntary labour. In this section we sketch these changes using the available ABS data. Before providing this dynamic analysis of the sector, we present below a brief static sketch of the size and composition of the sector in Australia and, to the extent the data will allow, South Australia.

It should be noted that most of the national data presented here is six years out of date and at the State level is almost non existent. To describe the workings of the sector in South Australia, we are relegated to relying on the national picture (out of data as it is) for context setting and using “bits and pieces” of statistical data from different sources which lack consistency and are of varying quality. These observations strengthen our conviction that State and national data sources in respect of the community services sector are in need of major overhaul if this important sector is to be accorded its rightful status as worthy of serious scholarly and policy research as a meaningful activity in its own right (delivering vital community services often the most disadvantaged people in our community) as well as an economic “heavyweight” of growing importance and economic impact.  [Employment in the South Australian community services sector is twice as great as it is in the mining industry and equivalent to combined employment in the industries of: electricity, gas, water supply and communications combined in South Australia (Australian Bureau of Statistics,2006F); and output of the sector in terms of its contribution to gross domestic product (see Section 2.3.2, below) is equivalent to the output of the cultural and recreational industry or slightly less than the combined output of the hospitality, cafes and restaurant industries (Australian Bureau of Statistics,2002:Table 21.2).]

2.3.1 Size and Composition of the Community Services Sector in Australia

Table 2.5, below, provides counts of non-government organisations in the community services sector in Australia as defined by the ABS in their survey of the sector in 2000 which is the latest

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2 The Australian Institute of Health and Welfare recently commissioned a report identifying factors inhibiting the development of a national integrated dataset describing the workings of the Community services sector workforce which can be used for strategic planning. See VAUGHAN G. (2006) Information relating to the community services workforce. Canberra, Australian Institute of Health and Welfare.
data available. (See Chapter 3, Table 3.3.) As with the data in Section 2.2 above, this definition of the sector includes aged care accommodation which is outside the scope of the Coalface survey – see more details in chapter 3.)

Table 2.5
Non government organisations in the community services sector*
Australia 1999-2001

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>(%) Share of total</th>
<th>No.</th>
<th>(%) Share of total</th>
<th>Total orgs</th>
<th>(%) Share of total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For profit orgs</td>
<td></td>
<td>Not for profit orgs</td>
<td></td>
<td>Total orgs</td>
<td></td>
</tr>
<tr>
<td>Nursing homes</td>
<td>452</td>
<td>57.0</td>
<td>341</td>
<td>43.0</td>
<td>793</td>
<td>9.5</td>
</tr>
<tr>
<td>Child care</td>
<td>2,002</td>
<td>56.0</td>
<td>1,573</td>
<td>44.0</td>
<td>3,575</td>
<td>42.8</td>
</tr>
<tr>
<td>Aged accommodation</td>
<td>2,454</td>
<td>56.2</td>
<td>1,914</td>
<td>43.8</td>
<td>4,368</td>
<td>52.3</td>
</tr>
<tr>
<td>Sub total</td>
<td>164</td>
<td>23.8</td>
<td>526</td>
<td>76.2</td>
<td>690</td>
<td>8.3</td>
</tr>
<tr>
<td>Res. care services</td>
<td>126</td>
<td>14.9</td>
<td>719</td>
<td>85.1</td>
<td>845</td>
<td>10.1</td>
</tr>
<tr>
<td>nec</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non res care services nec</td>
<td>51</td>
<td>2.1</td>
<td>2,400</td>
<td>97.9</td>
<td>2,451</td>
<td>29.3</td>
</tr>
<tr>
<td>Sub total</td>
<td>341</td>
<td>8.6</td>
<td>3,645</td>
<td>91.4</td>
<td>3,986</td>
<td>39.5</td>
</tr>
<tr>
<td>Total</td>
<td>2,795</td>
<td>33.5</td>
<td>5,559</td>
<td>66.5</td>
<td>8,354</td>
<td>100.0</td>
</tr>
<tr>
<td>Other industries**</td>
<td>5</td>
<td>379</td>
<td>384</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: (Australian Bureau of Statistics, 2001A: Table 1.1)

* Community services sector as defined by the ABS. Briefly, this includes the following ANZSIC categories: ANZSIC 8710 child care services; 8721 accommodation for the aged; 8722 residential care services nec.; 8729 non residential services nec; 8613 nursing homes; 7861 (part) employment placement services only supporting people with disabilities and interest groups nec; 9629 (part) interest groups - only community services advocacy.

** It should be noted that the small estimates here are considered by the ABS to be unreliable for general use.

The following points can be gleaned from Table 2.5:

Numerically, the sector is dominated by two sub sectors which together make up over 70 per cent of the sector. These are child care and residential care services nec. The other three sub sectors, nursing homes, accommodation for the aged and non residential care services nec account for about 8 to 10 per cent each.

Two thirds of the sector is not for profit. However, this figure, based on the totals at the bottom of Table 2.5, is misleading without further explanation. This is because three of the five sub-sectors are overwhelmingly dominated by the not for profit sector to a far greater extent than two thirds. Nearly all Non residential care services (98 per cent) are not for profit, followed by 86 per cent of the residential care services and 76 per cent of the aged accommodation organisations. Nursing...
homes and child care on the other hand are the two sectors with a much stronger for profit presence: a slim majority of such organisations are for profit, 56 per cent and 57 per cent respectively.

On the basis of the last dot point there are two clearly stratified groups in the sector with about the same number of organisations in each:

“Mostly not-for-profit sub sector” consisting of aged accommodation, residential care services and non residential care services making up about 4,300 organisations about the same total as the first group, but overwhelmingly dominated by the not for profit sector to the extent that about 8 in every 10 are not for profit (see Figure 2.12, below). Non residential care services make up 57 per cent of this group (or 2,451 organisations).

“Mixed for-profit and not-for-profit sub sector” consisting of nursing homes and child care services making up about 4,200 organisations - with child care dominating this group (about 3,600 organisations). About half of nursing homes and half of child care services are not for profit and half are for profit (see Figure 2.13, below) with slender margins in favour of the for-profit sector.
As will be clear in Section 2.3.2, below, the distinction drawn above between the for-profit and the not-for-profit sectors is a critical analytical prism through which the massive changes in the sector are being expressed under differing causal factors.

2.3.2 The changing structure of the community services sector

Table 2.6, below, presents some selected statistics illustrating some structural changes in the sector over recent years (Australian Bureau of Statistics, 2001A). The data relates to two snapshots the ABS took of the community services sector five years apart – relating to 1995-96 and 1999-2000 (which as for table x above is the latest data available). Tables 2.6 and 2.7 have been provided, (below) to compare the sector with the performance of the overall economy during the five year time frame presented in the Table 2.6 (1995-96 to 1999-2000):
Table 2.6  
Key ABS Statistics describing the structure of the  
Non Government Community Services Sector  
1995-96 to 1999-2000, Australia  

<table>
<thead>
<tr>
<th></th>
<th>For-profit</th>
<th>Not-for-profit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>95/96</td>
<td>99-2000</td>
<td>Abs ch</td>
</tr>
<tr>
<td>No. organisations</td>
<td>2,115</td>
<td>2,800</td>
<td>685</td>
</tr>
<tr>
<td>Direct service</td>
<td>56,445</td>
<td>60,082</td>
<td>3,637</td>
</tr>
<tr>
<td>provision employment</td>
<td>For-profit</td>
<td>Not-for-profit</td>
<td>Total</td>
</tr>
<tr>
<td></td>
<td>14,020</td>
<td>4,281</td>
<td>-9,739</td>
</tr>
<tr>
<td>Total employment</td>
<td>70,465</td>
<td>64,363</td>
<td>-6,102</td>
</tr>
<tr>
<td>Ratio of direct to</td>
<td>80.1</td>
<td>93.3</td>
<td>13</td>
</tr>
<tr>
<td>indirect employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteers</td>
<td>3,926</td>
<td>3,111</td>
<td>-815</td>
</tr>
<tr>
<td>Ratio of volunteers</td>
<td>5.6</td>
<td>4.8</td>
<td>-0.7</td>
</tr>
<tr>
<td>to total employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure on</td>
<td>1,862.5</td>
<td>2,113.3</td>
<td>250.8</td>
</tr>
<tr>
<td>community services</td>
<td>activities ($m)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average dir</td>
<td>26.7</td>
<td>21.5</td>
<td>-5.2</td>
</tr>
<tr>
<td>employment per org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average indir</td>
<td>6.6</td>
<td>1.5</td>
<td>-5.1</td>
</tr>
<tr>
<td>employment per org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average tot</td>
<td>33.3</td>
<td>23.0</td>
<td>-10.3</td>
</tr>
<tr>
<td>employment per org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average exp</td>
<td>0.9</td>
<td>0.8</td>
<td>-0.1</td>
</tr>
<tr>
<td>per org ($m)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average volunteers</td>
<td>1.9</td>
<td>1.1</td>
<td>-0.7</td>
</tr>
<tr>
<td>per org</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: (Australian Bureau of Statistics, 2001A: Table 2.1)
Output Growth

Table 2.6, above, shows that community services output (gross expenditure on direct community services activities) by organisations classified to the sector increased by a massive 34 per cent in the four years from 1995-96 to 1999-2000 from $6.8 billion to $9.2 billion. This compares with a growth rate of 26.8 per cent per cent overall in the economy (Table 2.7 below). So, on this measure of output growth, the sector grew at nearly one third faster than the rate of the economy overall. The not-for-profit sector grew twice as fast - at a rate 60 per cent faster than the average rate of growth of all industries. The for-profit increase in aggregate output was about half the rate of increase in the size of the overall economy.

Table 2.7
Expenditure on GDP
Australia 1996 to 2000,
Current prices, Seasonally adjusted

<table>
<thead>
<tr>
<th></th>
<th>Domestic final demand ($m)</th>
<th>Gross national expenditure ($m)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 1996</td>
<td>128,811</td>
<td>128,647</td>
</tr>
<tr>
<td>June 2000</td>
<td>162,725</td>
<td>163,071</td>
</tr>
<tr>
<td>(per cent change)</td>
<td>26.3</td>
<td>26.8</td>
</tr>
</tbody>
</table>

Source: (Australian Bureau of Statistics, 2006C)

The key conclusion here is that the spectacular growth rate recorded in the community services sector was underpinned by very strong growth in the not-for-profit sector which was responsible for the community services sector in aggregate terms outstripping growth in the all-industry average. Thus, the lion’s share of this growth both in terms of absolute and relative (percentage) growth emanated from the not-for-profit sector. Output in the not-for-profit sector grew by $2 billion or 42 per cent compared with a growth of $251 million or 13.5 per cent in the for profit sector over the period. Clearly, growth in the community services sector is being driven by the not-for-profit sector, although in terms of the number of organisations, the for-profit sub sector is growing at a rate three times faster (32 per cent or 685 organisations) than the not-for-profit sub sector. The number of not-for-profit organisations grew at a rate of 10 per cent or 535 organisations, which is less than the absolute increase in the for-profit organisations.

Juxtaposed against each other, these two measures indicate strikingly diverging growth patterns between the two sub sectors. The not-for profit sector organisations are on average getting bigger while on average the for-profit sector organisations are getting smaller even though both made roughly equal contributions to overall absolute growth in organisation numbers over the period – about 500 each. The rate of organisational growth in the not-for-profit sector is very
rapid - about 10 per cent per annum. In summary, for-profit organisations, while growing in number are declining in size, while the converse is happening in the not-for-profit-sector.

Employment Growth

Employment is another measure of industry growth. On this score, the indications are similar to the record of output growth sketched above, indicating powerful consolidating forces at work in the sector in response to efficiency pressures, as well as strong client demand growth for services. This is manifesting as strong employment growth overall compared to the performance of the wider Australian labour market and strong unit employment growth – at least in the not-for-profit sector.

Looking again at Table 2.5 above, total employment in the community services sector grew nationally by 12.4 per cent between 1995-96 and 1999-2000 (from one quarter of a million persons in 1995-96 to 282,000 persons in 1999-2000 – a rise of 31,000). All of this growth was accounted for by the not-for-profit sector employment, which rose by 37,000 persons. Offseting this was a decline in total employment in the for-profit sector of 6,000 jobs. The employment growth performance of the not for profit sector was about sixty per cent higher than the all-industry average of 7.7 per cent. This all industry benchmark employment growth is shown in Table 2.8 below, for comparison.

| Table 2.8 Employment Trend Estimates
<table>
<thead>
<tr>
<th>All Industries Australia 1995 to 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Full Time</strong></td>
</tr>
<tr>
<td>('000)</td>
</tr>
<tr>
<td>Jun-1995 6,236.384</td>
</tr>
<tr>
<td>Jun-2000 6,635.984</td>
</tr>
<tr>
<td>(per cent change)</td>
</tr>
<tr>
<td>5.6</td>
</tr>
<tr>
<td><strong>Part Time</strong></td>
</tr>
<tr>
<td>('000)</td>
</tr>
<tr>
<td>2,034.544</td>
</tr>
<tr>
<td>2,373.924</td>
</tr>
<tr>
<td>14.1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>('000)</td>
</tr>
<tr>
<td>8,270.928</td>
</tr>
<tr>
<td>9,009.907</td>
</tr>
<tr>
<td>7.7</td>
</tr>
</tbody>
</table>

Source: (Australian Bureau of Statistics, 2006B)

The ABS Community Services Survey provides no indication of the breakdown between full and part time job growth so as to provide an economy-wide benchmark for comparison. The rate of part time job growth in the Australian economy over this period was 14 per cent and so, regardless, the employment gains in the not for profit sector are impressive. Direct employment job growth in the not-for-profit sector was dramatic, at 33.4 per cent (over four times the all industry average!). On the other hand, direct employment in the for-profit sector delivering community services grew by 3,600 jobs or 6.4 per cent.

Available ABS employment data in respect of the period since 1999-2000 shows a continuation of the strong growth in community services recorded in Table 2.6, discussed above. This data however, sourced from the Quarterly Labour Force Survey (Australian Bureau of
Statistics, 2006D), has been compiled on a different basis to that of the Community Services Survey and so it cannot be "spliced" in to this earlier data. This Labour Force from 2000 to the present is shown in Table 2.9, below.

### Table 2.9
Community services and all industries employment* by sex
Feb 2000 to Feb 2006, Australia

<table>
<thead>
<tr>
<th></th>
<th>Community Services ('000s)</th>
<th>Total all industries ('000s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
</tr>
<tr>
<td>Feb-2000</td>
<td>34.1</td>
<td>156.0</td>
</tr>
<tr>
<td>Feb-2001</td>
<td>46.3</td>
<td>163.0</td>
</tr>
<tr>
<td>Feb-2002</td>
<td>49.0</td>
<td>188.2</td>
</tr>
<tr>
<td>Feb-2003</td>
<td>44.5</td>
<td>186.2</td>
</tr>
<tr>
<td>Feb-2004</td>
<td>49.2</td>
<td>191.1</td>
</tr>
<tr>
<td>Feb-2005</td>
<td>48.9</td>
<td>207.9</td>
</tr>
<tr>
<td>Feb-2006</td>
<td>51.2</td>
<td>221.6</td>
</tr>
<tr>
<td>Ann avg percent growth (%)</td>
<td>6.0</td>
<td>5.1</td>
</tr>
</tbody>
</table>

Source: (Australian Bureau of Statistics, 2006D)

* See footnote on this page explaining the conceptual differences between these employment estimates and those shown in Table 2.5, above.

The community services and all industry employment time series displayed in Table 2.9, above, are shown graphically as index numbers in Figure 2.14, below. The growth in community services employment outstripped the growth in overall employment by a factor of nearly three times between 2000 and 2006. The average annual growth of community services employment was 5.3 per cent (or 43 per cent over the entire period) compared to the all industry average of 1.8 per cent per annum (13 per cent over the 6 years shown in the graph).

---

* The main differences are attributable to the following three factors: 1) the Community Services Survey includes ANZSIC 8613, 7861 (part) and 9629 (part). These industries are included in the definition of Community Services in the Labour Force Survey and 2) The Labour Force data includes employment in Government and Non government establishments whereas the Community Services Survey data shown in Table 2 includes only non government organisations and 3) Unlike the Community Services Survey data, the Labour Force data does not distinguish between not-for-profit and for-profit employment.
Figure 2.14
Quarterly employment growth
Community services and Total all industries
Index Numbers Feb 2000 to Feb 2006
(Base= Feb 2000), Australia

Source: (Australian Bureau of Statistics,2006D)

Efficiency Trends (Staff Ratios)

Table 2.5 also gives an indication of the rapidly changing structure of the sector in terms of the size of the organisations. Once again, this experience is very different for the for-profit and not-for-profit sub sectors. As observed, the number of for-profit organisations increased at a faster rate than the overall direct employment base. The for-profit sector reduced its average employment per organisation by a third from 33 to 23 over the period. This picture of heavy rationalization of employment in the sector is very different to the experience of the not-for-profit sector. While consolidation occurred reducing the indirect employment overhead, the rate of this rationalization was, proportionally, nowhere near as great as in the for-profit sector. While the direct service workforce of the for-profits grew modestly at 6 per cent or 3,600 jobs, the not-for-profit sector direct employment workforce increased by a massive 46.7 per cent or 54,000 jobs. This meant that in terms of average employment, the not-for-profit organisations grew on average by 9.7 employees per organisation while, as observed above, the average employment in each of the for-profits organisations reduced overall by 31 per cent.

Volunteering Trends

Table 2.5 also gives an indication of some highly deterministic trends in the community sector’s use of volunteering. And, as for trends in employment more widely, these changes cleave on the basis of for-profit and not-for-profit activity. In short, the use of reliance on volunteers is diminishing in the for-profit sector and increasing in the not-for-profit sector. Further, the growth
in volunteering where it is occurring in the not-for-profit sector is greater than the growth in overall employment numbers indicating a growing concentration of the volunteering base of the sector. The opposite is occurring in the for-profit sector, as described below.

Volunteering in the community services sector has always been a huge part of its service delivery capability. Total employment in the sector at 282,000 is now virtually identical with the number of volunteers in the sector (latest data available 1999-2000). And the rate of increase in volunteering is much faster than employment growth (30 per cent increase between 1995-96 and 1999-2000 compared with 12 per cent total employment growth). Volunteering density (ie the proportion of volunteers in the total employment base) accordingly rose over the period from 86 volunteers per hundred employees to 100 volunteers per 100 employees.

Once again however the story is very different once the two sub sectors of for-profit and not-for-profit are compared. Volunteering density in the not-for-profit sub sector increased from 118 volunteers per 100 employees to 128 per 100 employees over the four year period equivalent to a 10 per cent growth rate. Volunteering density in the for-profit sector fell from 5.6 per hundred to 4.8 over the period a reduction of 13 per cent in this ratio. Similarly on a unit organisation basis volunteering has fallen by 40 per cent in the for-profit sector from 1.9 volunteers per organisation in 1995-96 to 1.1 in 1999-2000. In contrast the average number of volunteers in each organisation in the not-for-profit sector increased from 39.4 to 46.9 or 19 per cent over the period.

2.3.3 Describing the Community Services Sector in South Australia

Data Deficiencies and their Implications for Policy Development

Providing a reflective mirror of the national picture presented in Section 2.3.2, above to show structural change in South Australia’s community services sector is nearly impossible due to ABS data deficiencies.

Compared to the national picture presented in the last section, the statistical picture in South Australia is far more sparse, patchy and lacking in rigor. Take Table 2.5, above, for example showing national vital indicators of the operation of the sector and its changing structure. Although six years out of date and not entirely matching the NCC definition of community services on which the Coalface study is based, it nevertheless presents an official, integrated, statistical picture of the sector. The picture is based on agency, employment and expenditure counts from which a number of analytical ratios and indicators can be constructed, such as: average employment (direct and indirect), average expenditure, and average volunteers per organisation – all from the one data source. These indicators can be temporally and sectorally analysed. This is the minimum required to understand the workings of the sector and its future prospects, to inform rigorous policy development in the sector.

Alas, none of this statistical picture can be constructed from this data source for South Australia. This is in spite of the fact that South Australia was covered by the 1999-2000 ABS sample survey
on which it is based. To provide an idea of how sparse the available data is, the matrix of 12 rows and 13 columns in Table 2.5 has 156 cells. The equivalent South Australian table has less than 25 cells of usable data (Australian Bureau of Statistics, 2001B; Australian Bureau of Statistics, 2001A) – see Table 2.10, below. The vast majority have either been suppressed in an attempt to confidentialise the data or have been expunged (or earmarked ‘unusable’) due to do high sampling variability caused by miniscule State based samples.

Table 2.10
Key Statistics in the Community Services Sector 1995 to 2000
South Australia*

<table>
<thead>
<tr>
<th></th>
<th>For-profit</th>
<th>Not-for-profit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>95/96</td>
<td>99-2000</td>
<td>Abs ch</td>
</tr>
<tr>
<td>No. organisations</td>
<td>158</td>
<td>467</td>
<td>450</td>
</tr>
<tr>
<td>Direct service provision employment</td>
<td>11293</td>
<td>15350</td>
<td>4057</td>
</tr>
<tr>
<td>Indirect employment</td>
<td>7880</td>
<td>5041</td>
<td>-2839</td>
</tr>
<tr>
<td>Total employment</td>
<td>19173</td>
<td>20391</td>
<td>1218</td>
</tr>
<tr>
<td>Ratio of direct to indirect employment</td>
<td>58.9%</td>
<td>75.30%</td>
<td>0.164</td>
</tr>
<tr>
<td>Volunteers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ratio of volunteers to total employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expenditure on community services activities ($m)</td>
<td>394.7</td>
<td>585.8</td>
<td>191.1</td>
</tr>
<tr>
<td>Average dir employment per org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average indir employment per org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average tot employment per org</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average exp per org ($m)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average volunteers per org</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


* Shaded cells have bee suppressed by the ABS for confidentiality purposes or are considered statistically too unreliable for use.

Very little data of use can be gleaned from this table. Available data items are mostly confined to the number of organisations; however, most changes in this data between 1995 and 1999 do not
appear to be corroborated by the national trends depicted in Table 2.5 above. Nor do these numbers appear to be consistent with the population frame constructed for the Coalface survey - the total number of organisations in the community services sector in South Australia is known with certainty\(^5\) by way of the CISA Infosearch database (CISA - Community Information Strategies Australia Inc., 2005). Thus, the figure of 600 organisations in Table 2.10, above, appears to be understating the known total by about 40 per cent.

Due to this paucity of data, in order to describe the workings of the community services sector at the State level in South Australia, we are therefore left with partial indicators and having to rely on the national indicators presented in Section 2.3.2 as representing the South Australian experience. We have to more or less guess that the broad orders of magnitude of the relationships established for the sector nationally as established in that analysis apply in South Australia without quantification or the means of comprehensive verification\(^6\).

**Employment Counts from the ABS Population Census – South Australia**

The ABS conducts a census of the population every five years, the last one being in respect of 2001. This counts (not estimates) employment of males, females and persons classified by the industry and occupation in which they work, at a high level of detail, as well as their employment status (full time, part time etc). There are two disadvantages to using this data however. As at the time of writing, this data is five years out of date (with a new Census to be conducted in August 2006). As well, due to the limitations described above, concerning the lack of an agreed sectoral definition of the industry as reflected in the ANZSIC classified Census data, the data from the census cannot be lined up with either the ABS Survey of Community Services Sector (quoted in Tables 2.9 and 2.10 above) nor with the definition of community services adopted in the current study.

The ABS Population Census data is therefore only a partial indicator of employment in the community services sector in South Australia. With these caveats in mind, Tables 2.11 and 2.12, below, present South Australian employment data for the community services sector, classified by occupation and industry and broken down by gender from the 2001 Census.

**Sub-sector (‘Industry’) Employment**

In terms of employment, the largest sub-sector in the community services sector in South Australia is Non residential care services, nec. which accounts for nearly four out of ten workers in the sector (38 per cent of total employment). Child care services is the next largest sub-sector

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\(^5\) The construction of the population frame from this source is explained in detail in Chapter 6.

\(^6\) We explore in more detail these issues regarding the paucity of data describing the Community Service Sector in Chapter 3.
accounting for just over a quarter of employment. The remaining two sub-sectors (Residential care services, nec., and Accommodation for the aged) occupy relatively minor shares and account for around 2,300 and 1,500 employees respectively which together makes up just on a quarter of all employment (Table 2.11).

Table 2.11
Employment in Community Services industries* in the Community Services Sector, SA, 2001

<table>
<thead>
<tr>
<th>ANZSIC</th>
<th>Males</th>
<th>(%)</th>
<th>Females</th>
<th>(%)</th>
<th>Total</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8710</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care Services</td>
<td>257</td>
<td>8.2%</td>
<td>4,148</td>
<td>31.8%</td>
<td>4,405</td>
<td>27.2%</td>
</tr>
<tr>
<td>8721</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation for the Aged</td>
<td>204</td>
<td>6.5%</td>
<td>1,389</td>
<td>10.7%</td>
<td>1,593</td>
<td>9.9%</td>
</tr>
<tr>
<td>8722</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Care Services, nec</td>
<td>653</td>
<td>20.8%</td>
<td>1,678</td>
<td>12.9%</td>
<td>2,331</td>
<td>14.4%</td>
</tr>
<tr>
<td>8729</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Residential Care Services, nec</td>
<td>1,541</td>
<td>49.1%</td>
<td>4,589</td>
<td>35.2%</td>
<td>6,130</td>
<td>37.9%</td>
</tr>
<tr>
<td>Community services not able to be classified</td>
<td>485</td>
<td>15.4%</td>
<td>1,224</td>
<td>9.4%</td>
<td>1,709</td>
<td>10.6%</td>
</tr>
<tr>
<td>Total community services (as defined)</td>
<td>3,140</td>
<td>100.0%</td>
<td>13,028</td>
<td>100.0%</td>
<td>16,168</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: 2001 Census data cube (Australian Bureau of Statistics, 2001C)
*As defined in ANZSIC (Australian Bureau of Statistics, 1993)

Gender Segregation

Women occupy on average, 8 out of ten jobs in the community services sector (Figure 2.6, above). This ratio is much higher in the Child Care sector (94 per cent employment are women) and in the Aged Care sub-sector (87 per cent of employees are women). This degree of labour market segregation is far higher than in any other industry – including the highly “feminised” industries of retail trade, hospitality, and education which, together, only averaged about 56 per cent female employment. The average proportion of female workers across all industries in 2001 was 44 per cent (Australian Bureau of Statistics, 2002: Table 6.24, p 132).

Occupational Employment

The major occupations employed in the community services sector as defined in ANZSIC are shown in Table 2.12, below. There are 37 occupations listed in Table 2.12 at the finest (6 digit) level of ASCO detail. The overwhelming majority of these occupations (31 or 84 per cent) are ‘front line’ (direct service delivery) jobs. Together, these 37 occupations account for 75 per cent
of total community services employment (see Table 2.11, above). Just two occupations account for 45 per cent of the total sector employment shown in Table 2.12 – Aged or disabled person carers and Child care workers. The top 10 occupations listed account for 76 per cent of the employment aggregate in Table 2.12. Only one of these, General clerks, the tenth ranking, is an indirect support job. These ten occupations and their employment size in parentheses are as follows:

- Aged or disabled person carers (3,190 persons)
- Child care workers (2,273)
- Family day care worker (859)
- Community worker (517)
- Personal care assistant (468)
- Registered nurse (457)
- Social worker (384)
- Disabilities services officer (376)
- Children’s care workers nfd (376)
- General clerk (318)
### Table 2.12

**Major Occupations employed in the Community Services Industry as Defined by ANZSIC*, SA, 2001 Census**

<table>
<thead>
<tr>
<th>Occupation (ASCO 6 digit)</th>
<th>Non-Res. Aged or Disabled Person Carer</th>
<th>Child Care Worker</th>
<th>Residential Care Worker</th>
<th>Aged Care Worker</th>
<th>Not class’ed</th>
<th>Total</th>
<th>Cum. %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>3,973</td>
<td>4,044</td>
<td>1,816</td>
<td>1,190</td>
<td>1,091</td>
<td>12,114</td>
<td>100.0</td>
</tr>
<tr>
<td>Aged or Disabled Person Carer</td>
<td>1,478</td>
<td>15</td>
<td>887</td>
<td>506</td>
<td>304</td>
<td>3,190</td>
<td>26.3</td>
</tr>
<tr>
<td>Child Care Worker</td>
<td>22</td>
<td>2,225</td>
<td>18</td>
<td>-</td>
<td>8</td>
<td>2,273</td>
<td>18.8</td>
</tr>
<tr>
<td>Family Day Care Worker</td>
<td>8</td>
<td>842</td>
<td>9</td>
<td>-</td>
<td>0</td>
<td>859</td>
<td>7.1</td>
</tr>
<tr>
<td>Community Worker</td>
<td>249</td>
<td>41</td>
<td>75</td>
<td>28</td>
<td>124</td>
<td>517</td>
<td>4.3</td>
</tr>
<tr>
<td>Personal Care Assistant</td>
<td>202</td>
<td>-</td>
<td>50</td>
<td>170</td>
<td>46</td>
<td>468</td>
<td>3.9</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>182</td>
<td>14</td>
<td>53</td>
<td>127</td>
<td>81</td>
<td>457</td>
<td>3.8</td>
</tr>
<tr>
<td>Social Worker</td>
<td>277</td>
<td>10</td>
<td>37</td>
<td>6</td>
<td>54</td>
<td>384</td>
<td>3.2</td>
</tr>
<tr>
<td>Disabilities Services Officer</td>
<td>99</td>
<td>-</td>
<td>254</td>
<td>-</td>
<td>23</td>
<td>376</td>
<td>3.1</td>
</tr>
<tr>
<td>Children's Care Workers, nfd</td>
<td>5</td>
<td>361</td>
<td>3</td>
<td>-</td>
<td>7</td>
<td>376</td>
<td>3.1</td>
</tr>
<tr>
<td>General Clerk</td>
<td>128</td>
<td>60</td>
<td>32</td>
<td>21</td>
<td>77</td>
<td>318</td>
<td>2.6</td>
</tr>
<tr>
<td>Youth Worker</td>
<td>131</td>
<td>12</td>
<td>117</td>
<td>-</td>
<td>55</td>
<td>315</td>
<td>2.6</td>
</tr>
<tr>
<td>Child Care Co-ordinator</td>
<td>-</td>
<td>272</td>
<td>3</td>
<td>-</td>
<td>0</td>
<td>275</td>
<td>2.3</td>
</tr>
<tr>
<td>Carers and Aides, nfd</td>
<td>143</td>
<td>16</td>
<td>33</td>
<td>10</td>
<td>28</td>
<td>230</td>
<td>1.9</td>
</tr>
<tr>
<td>Welfare Worker</td>
<td>173</td>
<td>11</td>
<td>17</td>
<td>-</td>
<td>26</td>
<td>227</td>
<td>1.9</td>
</tr>
<tr>
<td>Project and Program Administrator</td>
<td>131</td>
<td>17</td>
<td>22</td>
<td>8</td>
<td>40</td>
<td>218</td>
<td>1.8</td>
</tr>
<tr>
<td>Cook</td>
<td>28</td>
<td>101</td>
<td>14</td>
<td>45</td>
<td>10</td>
<td>198</td>
<td>1.6</td>
</tr>
<tr>
<td>Kitchen Hand</td>
<td>21</td>
<td>6</td>
<td>29</td>
<td>101</td>
<td>17</td>
<td>174</td>
<td>1.4</td>
</tr>
<tr>
<td>Receptionist</td>
<td>89</td>
<td>16</td>
<td>15</td>
<td>15</td>
<td>34</td>
<td>169</td>
<td>1.4</td>
</tr>
<tr>
<td>General Manager</td>
<td>80</td>
<td>6</td>
<td>16</td>
<td>45</td>
<td>19</td>
<td>166</td>
<td>1.4</td>
</tr>
<tr>
<td>Enrolled Nurse</td>
<td>31</td>
<td>-</td>
<td>20</td>
<td>56</td>
<td>11</td>
<td>118</td>
<td>1.0</td>
</tr>
<tr>
<td>Counsellors, nfd</td>
<td>87</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>15</td>
<td>105</td>
<td>0.9</td>
</tr>
<tr>
<td>Secretary</td>
<td>50</td>
<td>3</td>
<td>10</td>
<td>15</td>
<td>13</td>
<td>91</td>
<td>0.8</td>
</tr>
<tr>
<td>Family Support Worker</td>
<td>48</td>
<td>4</td>
<td>12</td>
<td>-</td>
<td>10</td>
<td>74</td>
<td>0.6</td>
</tr>
<tr>
<td>Recreation Officer</td>
<td>18</td>
<td>-</td>
<td>14</td>
<td>16</td>
<td>10</td>
<td>58</td>
<td>0.5</td>
</tr>
<tr>
<td>Associate Professionals, nec</td>
<td>41</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>11</td>
<td>58</td>
<td>0.5</td>
</tr>
<tr>
<td>Family Counsellor</td>
<td>41</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>10</td>
<td>54</td>
<td>0.4</td>
</tr>
<tr>
<td>Customer Service Manager</td>
<td>24</td>
<td>3</td>
<td>14</td>
<td>3</td>
<td>10</td>
<td>54</td>
<td>0.4</td>
</tr>
<tr>
<td>Personal Assistant</td>
<td>28</td>
<td>-</td>
<td>6</td>
<td>9</td>
<td>9</td>
<td>52</td>
<td>0.4</td>
</tr>
<tr>
<td>Residential Care Officer</td>
<td>20</td>
<td>-</td>
<td>23</td>
<td>-</td>
<td>3</td>
<td>46</td>
<td>0.4</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>32</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>44</td>
<td>0.4</td>
</tr>
<tr>
<td>Accountant</td>
<td>20</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>38</td>
<td>0.3</td>
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<tr>
<td>Welfare Centre Manager</td>
<td>22</td>
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<td>8</td>
<td>-</td>
<td>3</td>
<td>33</td>
<td>0.3</td>
</tr>
<tr>
<td>Welfare Associate Professionals,</td>
<td>15</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>6</td>
<td>26</td>
<td>0.2</td>
</tr>
<tr>
<td>Welfare and Community Workers,</td>
<td>14</td>
<td>3</td>
<td>5</td>
<td>-</td>
<td>3</td>
<td>25</td>
<td>0.2</td>
</tr>
<tr>
<td>Rehabilitation Counsellor</td>
<td>15</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>24</td>
<td>0.2</td>
</tr>
<tr>
<td>Drug and Alcohol Counsellor</td>
<td>21</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>24</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Source: 2001 Census data cube (Australian Bureau of Statistics, 2001C)

*As defined in ANZSIC (Australian Bureau of Statistics, 1993)
Reconciliation with Coalface Estimates of Employment

Estimates of employment in the community services sector are presented in Chapter 3. Due to differences in the ANZSIC definition of community services used in the Census and the definition used in the Coalface survey, and the fact that the Census data is out of date, the employment data presented Tables 2.11 ad 2.12, above, is not able to be reconciled with the estimates from the Coalface survey. The discussion following suggests however, that the Coalface estimates are a justifiably close approximation of the ‘true’ employment levels in the sector in South Australia as defined in the Coalface study.

The aggregate of 16,168 shown in Table 2.11 could be expected to, at once, overstate and understate the ‘true’ employment figure, according to the definition used in the Coalface study. The aggregates shown in Table 2.11 could be expected to overstate the Coalface sector figure for the following two reasons:

- They include government employment in the sector
- They include employment in the residential aged care industry, some of which (high level nursing homes) is out of scope of the coalface definition

Conversely the aggregates shown in Table 2.11 could be expected to understate the Coalface sector figure for the following two reasons:

- They do not include employment in: employment placement services for people with disabilities; community services advocacy and political interest groups; rental housing managed by community or not for profit organisations, all of which are inscope of the Coalface survey and not included in the ANZSIC definition of community services.
- They do not include employment growth which has occurred in the sector since 2001.

We can to some extent eliminate the uncertainty alluded to in the second dot point above, which incidentally should be the largest influence on the discrepancy one way or the other. (But there is no way of knowing on balance whether the remaining three sources of ‘error’ listed above would provide a net over or underestimate and by how much.)

Concerning the dated aggregate in Table 2.11, we know from Table 2.9, further above, that the community services sector has grown nationally since February 2001 by 30 per cent. Applying the growth factor to the 2001 Census estimates in Table 2.11, above, gives an estimate in the region of 21,000 community sector jobs in South Australia in February 2006. As will be discussed in the next chapter, the estimate from the Coalface survey is about 19,000 jobs – within 10 per cent of the extrapolated figure from the 2001 Census.
2.3.4 Employment Growth Prospects

And so returning to the findings from the ACOSS study, quoted in the introduction to this chapter and our reference to increasingly unmet community services demand being expressed by agencies turning away eligible clients, there is growing evidence of high staff turnover, high levels of unfunded servicing through volunteers and staff members, and staff shortages:

“...average labour turnover (among responding agencies to the 2006 Community Services Survey)... is equivalent to 16 per cent which is high compared to the all industry average of between 10 and 12 per cent.....

and

.....fifty four per cent indicated that they had experienced difficulty attracting appropriately qualified staff in the past year compared to 46 per cent who indicated they had no difficulty” (ACOSS, 2006:7)

We can reasonably expect the sector to grow considerably in coming decades, in light of forecasts of employment growth by industry that suggest health and community services will be one of the sectors to record above average jobs growth nationally to 2010 – as it has done over the recent past. Furthermore, we can expect high levels of replacement recruitment as a consequence of the high levels of older workers in the sector at present. An analysis of mature aged workers aged 45-64 years old indicates that, with the sole exception of Education (with 46% of workers over 45 years old) the Health and Community Services Sector is one of the oldest workforces in Australia, with 43% of workers over 45 years old in 2005 (Commonwealth Department of Employment and Workplace Relations,2005). This compares with an all industry average of some 34% Australia wide. While the whole of the Australian workforce across all sectors could be seen to be facing a worker and skills shortage in coming years as a result of these demographic trends, the issue is particularly severe in Health and Community Services in South Australia, with a higher than national proportion of older workers as well as a higher than national proportion of older community members who are expected to need the services of this workforce (SA DFEEST,2005A:, SA DFEEST,2005B).

One caveat is that econometric modelling of likely changes in demand and supply of workers are at risk of considerable divergence between projections and actual changes. In part this is a function of policy volatility and associated uncertainty about the demand variability. But labour supply is also variable. It is true that the broad demographic predictions are firm, since the people of working age we are concerned with in the near and medium term future have already been born. Yet, even without the uncertainty of immigration policy decisions, labour supply can be dramatically affected over the medium term by labour force participation rates and the fact that at present we have considerable under-employment in the Australian workforce supply. Professor
Richardson of NILS recommends that predictions of changes in occupational demand should be made no more than 5 years out, and should be restricted to broad trends only (Richardson S. and Yan T., 2006). Nevertheless, it is one of the less controversial assertions that could be made in the area of workforce development to observe that there is a serious need to recruit and retain workers in the Health and Community Services Sector in South Australia.
3. STRUCTURE OF THE COMMUNITY SERVICES SECTOR IN SOUTH AUSTRALIA

This chapter begins in section 3.1 with an examination of how the community services sector is defined by the both the ABS and in common usage by analysts and professionals in the sector. In section 3.2 we explain how the sector was defined in the Coalface study and in 3.3 we present some statistics enumerating the sector in South Australia using the CISA Infosearch database.

In section 3.4, we provide information about the organisations operating in the community services sector in South Australia, gleaned from responses to the Coalface Survey, covering for example the size and location of service providers. In section 3.5 we sketch a portrait of the sector from the perspective of its workforce covering the number and characteristics of community services employees and volunteers.

The analysis of the sector presented in Sections 3.4 and 3.5 comes from the results of the 2005 Coalface Survey. We show that because of serious limitations in the way the sector is defined by the ABS, the statistics presented here describing SA’s community services sector obtained from the Coalface survey are the most comprehensive and up to date available from any source.

Problems relating to available data relating to the sector and their relationship to the lack of an agreed taxonomy have been alluded to in the literature for a long time (Disney H. and Rogan L., 1993). The most recent report examining these issues was commissioned by the AIHW. Its recommendations included:

- The specification of an agreed core dataset and standard measures for community services workforce data;
- The application of that core dataset definition without existing regular national community services collections;
- Further investigation of possible means of data collection for those sub-sectors identified as having little or no workforce data readily available;
- Further investigation of the means to readily identify workers in non-community service occupations who are providing community services, both within and outside the industry;
- Investigation of data sources and an evaluation of the data on unpaid or volunteer workers and carers;
- Investigation of data sources and an evaluation of the data on workforce supply and demand;
- Coordinated data development across the community services sub sectors and between government and non government service providers (Vaughan G., 2006:1,2)

Findings from the Coalface study of the community services sector in South Australia support these recommendations unequivocally.
3.1 Taxonomy of the Community Services Sector

In this section we examine the way the community services sector is defined by community services practitioners and policy analysts and contrast this with the official taxonomy of the sector as developed by the ABS. We briefly explain how societal changes and political trends over the last thirty years have extended the boundaries of the community services sector - at least according to the understanding of those working in the sector. We show that the official nomenclature of the sector is becoming increasingly out of step with these professional understandings of its boundaries.

We make the point that rigorous policy analysis and sector-wide planning is reliant on the compilation of statistical descriptions of the sector which fit with the “reality” of the boundaries of the sector as perceived by its professional workers. The lack of fit between on the one hand, the boundaries of the sector as they are commonly understood by the people working in it and on the other hand, the boundaries described in the official taxonomy, make it nearly impossible to achieve an analytical framework from which reliable, evidence based policy analysis and sector wide planning can be developed. We suggest that such a situation would not be tolerated by stakeholders in any other industry in the economy.

3.1.1 Definitional Problems and their Implications for Policy Analysis

Analysis of the community services sector is bedevilled by difficulties in its definition which make its statistical enumeration difficult. Unlike nearly every other industry sector in the economy, the community services sector cannot be routinely described in aggregated statistical terms that would provide unambiguous and up to date answers to questions such as: How many organisations, employees and service recipients make up the community services sector? What is the typical size of a community service provider and how many clients and employees do they have? How important is the sector in terms of contribution to Australia’s Gross Domestic Product? And how do all these measures of the sector compare over the recent and long term past and with the experience of other industries?

In contrast, the manufacturing, retail or financial services industries, for example, are statistically enumerated on a regular basis using a set of integrated statistical measures comparable temporally and across mutually exclusive industry sectors. No such integrated set of statistical indicators exist for the community services sector. In a statistical sense, the sector lacks an integrating discourse due to inadequacies in the way existing Australian Bureau of Statistics (ABS) definitional tools can be applied to the sector. Every time policy analysts or other interested researchers set out to describe the size and structure of the sector, the statistical discourse needs to be invented. Researchers rarely agree on the size, structure or importance of the sector due to the various ways in which the sector, and its boundaries with other industries such as health, aged care and training, are defined in each study.
3.1.2 Why is the Community Services Sector Hard to Define?

There are perhaps six main problems in developing a reliable taxonomy of the community services sector with broad consensus among analysts and workers in the sector. These are listed below and explored in greater detail in subsequent sections in this chapter.

- Diversity of the services and clients of the sector (and therefore their various professional and political interests) mean that there are inherent difficulties in its organisation under any commonly applied framework using a unifying, descriptive terminology.

- There can be ambiguity in defining the boundaries of the sector with other industries in the economy such as residential care, allied health, education, training, employment services and legal services.

- The services delivered by many organisations in the sector are indistinguishable from services delivered by organisations classified to other sectors except for the fact that community services are often targeted to specific groups such as youth, aged, and people with disabilities. Activity based nomenclature such as the ABS ANZSIC cannot be expected to always distinguish services or products according to client type.

- Many organisations operating in the sector deliver several services simultaneously. This means that it can be difficult to identify a particular organisation as belonging to a particular sub sector or sector. So, for example, providers of transitional accommodation will typically provide personal and social support, training and employment services and other functions to their targeted groups as applicable.

- An increasing number of community service organisations are for-profit, challenging existing beliefs about membership of the sector being based on public or community based management or ownership.

- The sector is growing in size and scope rapidly. The changing scope of the sector means its boundaries with other industries such as allied health and education are increasingly blurred.

The ambiguities listed above highlight important policy, political and social changes in the way the sector is funded, managed, owned and operated over the last fifty years in the progression of the sector from its nineteenth century origins in charitable welfare to a professionalised, secularised “industry” in its own right.
3.1.3 Commonly Used Definitions of the Community Services Sector

How do commentators and analysts define the community services sector? Mark Lyons, probably Australia’s most published analyst of the ‘Third Sector’ in Australia, defines the community services sector as comprising:

Those activities which assist or support members of the community in personal functioning as individuals or as members of the wider community. Services may include financial assistance and relief to people in crisis and housing assistance of a short term or transitional nature but exclude acute health care services, long term housing assistance and income support (Lyons M., 2001)

Lyons’ includes the following list of activities in this definition:

- children’s services,
- various forms of supported accommodation (for older people, people with disabilities, including psychiatric disabilities, women escaping domestic violence, younger people, families and single women and men;
- various forms of support to enable people with a disability to remain in their own home (including respite for their carers) and to enjoy as full a way as possible life in the community including:
  - help in finding paid employment;
  - child protection and substitute care;
  - youth work;
  - family support including
    - counselling,
    - financial counselling and emergency relief;
    - information and advice;
    - individual and class advocacy and
    - community development.

(Lyons M., 2001: 33)

Lyons summarises his definition by referring to the intent of community services as being to:

“remove the need for support or to enable people to achieve maximum feasible independence or autonomy either in their home and community, or in a setting that as closely resembles this as possible.” (Lyons 2001: 33)

Lyons’ definition is similar to that developed by the Australian Institute of Health and Welfare (Australian Institute of Health and Welfare, 2003: 2, 118-122) in the National Classification of

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Community Services (NCCS). According to the NCCS, community services include those activities which:

“assist or support members of the community in personal functioning as individuals or as members of the wider community” (Australian Institute of Health and Welfare, 1997:3)

The NCCS goes on to specify the following eight categories belonging to the community services sector (Australian Institute of Health and Welfare, 2003:Table A8):

1. Personal and social support (information advice and referral, personal support, community living support, community transport, counselling, mutual support and self help, adoptions and origins advice, housing tenancy advice, living skills development, daily living support, community nursing care, domestic assistance, social support escorting visiting and personal transport, food service)
2. Support for children families and carers (long day care, preschool, occasional care, outside school hours care, child protection, protective case management, intensive family support, adoption assessment, adoption placement, out of home care, assessment of substitute carers, family therapy and mediation, playgroups and toy libraries, development of family management household management skills)
3. Training, vocational rehabilitation and employment (pre-vocational training, vocational/on-the-job training, job search skills development, employment and job placement support, supported employment, vocational rehabilitation)
4. Financial and material assistance (financial relief, emergency financial assistance for accommodation, special equipment and materials, household goods clothing and furniture, food provision, concessions)
5. Residential care and supported accommodation (high level care for aged persons, low level care for aged persons, other residential care and supported accommodation for aged persons, group homes and other small community based accommodation, larger residential accommodation for people with disabilities, alternative family placement, transitional and crisis accommodation and accommodation support)
6. Corrective services activities for juveniles and disability corrective services (corrective supervision, corrective/ secure detention, attendance and treatment, court advice and advocacy, parole board advice)
7. Service and community development and support (advice and consultancy on service networks, coordination/ network development, provision of training and resources, volunteer resource development and placement, management consultancy and advice, community/ group development and support, community education, cultural group development, social planning, social group and social action group advocacy, welfare fundraising)
8. Other services and related activities
According to long-standing Ministerial COAG arrangements, the NCCS classification is used for example, in the annual Review of Government Services Provision (SCRGSP). The SCRGSP lists community services as follows:

- Personal and social support
- Support for children, families, and carers
- Training, vocational rehabilitation, and employment
- Financial and material assistance
- Residential care and supported accommodation
- Corrective services for young people and people with intellectual and psychiatric disabilities on court orders
- Service and community development and support

(SCRGSP (Steering Committee for the Review of Government Services Provision), 2006: Part F and Box F.1).

Implicit in the NCC and the Lyons definitions is the concept of targeting of services to people in need whether they are for example, people with a disability, indigenous people, or women in need of crisis accommodation. This is effectively the means by which services offered by the sector are distinguished from wider mainstream services.

Whether explicitly or not, most commentators and analysts of the community services sector appear to agree on the service recipients list in Table 3.1 below as sub-populations to whom community services are targeted.

<table>
<thead>
<tr>
<th>Table 3.1</th>
<th>Populations targeted by service providers in the Community Services Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People with disabilities including intellectual and psychiatric disabilities</td>
</tr>
<tr>
<td></td>
<td>People escaping domestic violence</td>
</tr>
<tr>
<td></td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>Young people</td>
</tr>
<tr>
<td></td>
<td>Families</td>
</tr>
<tr>
<td></td>
<td>Single men</td>
</tr>
<tr>
<td></td>
<td>Aboriginal and Torrens Strait Islanders</td>
</tr>
<tr>
<td></td>
<td>Migrant/ NESB and refugee support services</td>
</tr>
<tr>
<td></td>
<td>Gay Lesbian Bisexual Transgender Intersex persons</td>
</tr>
<tr>
<td></td>
<td>Homeless people</td>
</tr>
<tr>
<td></td>
<td>People from low SES backgrounds</td>
</tr>
</tbody>
</table>


Having established the boundaries of the community services sector as they are identified by researchers, analysts, and workers in the sector, we compare in the next section how the sector is described in the official nomenclature ANZSIC, the Australian and New Zealand Standard.
Industry Classification, as developed by the Australian Bureau of Statistics, which is used to describe each “industry” in the economy exclusive of all others as the basis for mutually exclusive statistical enumeration of its characteristics.

Development of the Official Taxonomy of the Sector

Figure 3.1, below, charts the development of the official (ABS) delineation and sub classification of the community services sector over the last three decades. Official taxonomy of the sector began to broaden and become reconceptualised away from the charitable welfare model in the 1970s under the influence of at least four social and political movements (Lyons M., 1993:29):

1. the concern to de-stigmatise the recipients of social support services by dropping the term welfare
2. the de-institutionalisation of caring services so as to provide that care in community settings as far as is possible
3. the concern to eschew the medical model of care whereby the recipient is seen as a passive patient
4. the emergence of a strong community development movement that sought to empower neighbourhoods and service users by encouraging them to set up and run their own service organisations.

The development of the ANZSIC and its precursor, the Australian Standard Industrial Classification\(^8\) (ASIC), over the last three decades reflects these changes - although with a time lag and sometimes with unexpected outcomes.

The ASIC structure in 1983 denoted a category called Welfare and Religious Institutions as consisting of three sub-categories: Welfare and Charitable Homes, Religious Institutions and Welfare and Charitable Services nec (Australian Bureau of Statistics, 1983:8304-8306). Notably aged nursing homes, whether providing services based on medical or nursing care or not, were unambiguously defined as community services under this early edition of the classification.

By the next release of the ANZSIC classification as it then became known, a decade later in 1993, the community services categories were expanded and renamed to include four categories: child care services, accommodation for the aged, residential care nec and non residential care services (Australian Bureau of Statistics, 1993:232,233). Religious institutions were relegated to a separate category outside the boundary of community services. Thus, insofar as the ABS was concerned, a professionalised, designated community services sector had arrived. According to the ABS, it consists of the core services of: child care, supported accommodation (for people with disabilities and others such as young people and women) home care and other services for

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\(^8\) The official system of classifying industries and economic units according to primary function, developed and maintained by the Australian Bureau of Statistics.
Careers at the Coalface

older people and people with disabilities, child protection services, family support services, the provision of emergency relief, information, advice, individual advocacy and community development (Lyons M., 1993:28). Residential aged care services based on medical and nursing care were hived off from community services to the hospitals sub sector of the health sector.

The attitudinal and societal trends cited above have continued and intensified since their appearance in the seventies, while other more recent “paradigm” changes have occurred which have continued to impact on the way the sector is organised and is perceived by itself and the broader community, for example:

- the extension of the “self-empowerment” health model cited above to cover a concept of health encompassing its psycho-social-economic dimensions and by extension to include other professions such as social work, counselling and rehabilitation, whereby greater agency is recognised in the recipients of community services to design and manage their own assistance (Jamrozik A., 2005:198)

- the development of a caring model which follows the person across a continuum of anticipated needs, depending on stages in a life cycle. Aged care nursing homes are a good example, whereby establishments offering aged accommodation will increasingly have a wing or a section offering more intensive nursing based care on the same campus as well as services which provide continuity between home care and hostel care. Commonwealth funding models increasingly encourage this continuity in service provision (Lyons M., 1993:28).

- growth of “user-pays” as a principle for the provision of social goods and social infrastructure (Pusey M., 1992).


- privatisation of community services and the growth of not-for-profit and for-profit community services delivery organisations (Alford J. and O'Neil D., 1995)

- growth in the formal acknowledgement of family and voluntary community workers in the delivery of community services and the implications this has for the development of, for example, a greater focus on the needs of carers and a greater awareness of family and labour force participatory changes which reduce the availability of (typically) female family members to undertake a traditional caring role in the family unit and in the extended family (Jamrozik A., 2005:Ch. 10.).


These changes have further blurred the distinction between the categories of functional service delivery, ownership and funding which were previously more obvious such as between the notions of: medical versus social understandings of pathology; state versus individual versus...
community based problems and solutions; public versus private service delivery and ownership; and between changing notions of personal obligation and responsibility.

The third edition of the official Australian industry classification, published in 2006 reflects some of these changes in its nomenclature and organisation (Australian Bureau of Statistics, 2006E). It does this not by including more non-core community services functions into the officially defined community services sector as it did in the 1993 edition, but by narrowing the definition of its core set of services. Thus, as will be clear from the discussion below, while the core of the sector continues to widen from the perspective of the sectors’ practitioners and analysts, the official industry classification fails to keep up with this thinking and arguably deals with the growing complexity, diversity and ambiguity of the community services sector by reducing its official scope. The title “community services sector” is no longer alluded to at all in the 2006 version of ANZSIC. Instead, its former constituents are separately discerned as parts of the newly named Health Care and Social Assistance Industry which comprises the four “equal” categories of: hospitals, medical and health care services, residential care services (with two sub parts, aged and other) and “social assistance” services (comprising two categories, child care and other social assistance).

Thus, in the 2006 ANZSIC edition, the services making up the community services sector are no longer separately designated as a community services sector but instead can be found among four “equal” categories arranged on a continuum from obviously health and hospital services to obviously “social assistance services” with residential care services (nursing homes and other specialist residential care, regardless of their medical or nursing content) in the middle and belonging to neither the medical care nor the community care “sectors”. Bundling “nursing” and “non nursing aged care” together, yet separately identified to both the medical and the community services ends of the spectrum, allows them to be claimed *holus bolus* by whichever side wants to.

In the previous edition of ANZSIC, residential care services including aged care were explicitly designated as under the category community services which was the other half of the much more clearly bifurcated Health and Community services industry. In the new edition of ANZSIC, nursing homes where nursing or medical care is a basic part of the service for groups such as the aged or people with disabilities have been moved from hospitals to a separate category called residential care services consisting of the two separate categories of aged care residential and other residential where the services might be the same but the clients are other than the aged, such as children, disabilities, crisis care. One important effect of this is that the classification of aged residential care loses the distinction afforded to it in the 1993 ANZSIC between basically medical or nursing services (in which case it was classified to hospitals) and aged residential facilities where medical or nursing care is not provides as a major service in which case it was classified to community services.
Figure 3.1
The evolving official nomenclature describing the Community Services Sector in Australia

Another important change in the 2006 edition of ANZSIC includes the separation of juvenile justice care facilities from community services to class 7714 Correctional and detention centres, thus hiving off another previously recognised core community service to a separate category outside the remaining “social assistance” rump.

Thus, the 2006 ANZSIC still leaves the growing list of services at the intersection of other industry sectors such as: education, law, housing, health and transport which many analysts and commentators would unambiguously call “community services” as being outside the officially recognised sector. Some of these are listed in Table 3.2, below.

Table 3.2
Community services which are part of NCC, Lyons* and COAG/SCRGSP definitions but not part of the ABS ANZSIC Definition.

- occasional care, outside school hours care (part ANZSIC classes 8410 preschool, in Education Division N; part ANZSIC 9529 personal services nec in Personal and other services Division Q)
- social action and group advocacy organisations (part ANZSIC 9629 Interest groups in Personal and other services Division Q)
- community development, training and support, cultural group development, community centre based development and support community education (part ANZSIC 8440 other education in Education Division N; part ANZSIC 9634 Community Health Centres in Health and Community Services Division O; part ANZSIC 9629 Interest groups nec in Personal and other services Division Q)
- job search skills, training, employment placement and support for people with a disability (part ANZSIC class 8440 other education; part ANZSIC 8424 special school education; part ANZSIC 8432 technical and further education in Education Division N; and part ANZSIC 7861 employment placement services Property and business services Division L)
- supported employment (part ANZSIC class 7876 contract packing services nec and ANZSIC 7861 employment placement services in Property and business services Division L)
- vocational rehabilitation (part ANZSIC 8634) community health centres in Health and Community Services Division O; legal and consumer advice to disadvantaged groups (part ANZSIC class 7841 Legal services. Property and business services Division L)
- community transport (part ANZSIC class 6123 Taxi and other road passenger transport, Transport and Storage Division L)
- some allied health services such as pregnancy counselling health education, drug and alcohol rehabilitation (part ANZSIC 8634 Community Health Centres in Health and Community Services Division O)
- rental housing owned or managed by community or not for profit organisations (part ANZSIC 7711, Residential property operators in Property and business services Division L).

*Lyons does not classify aged care nursing homes as community services where medical or nursing care is the predominate activity (Lyons M., 2001:33).

ANZSIC is far more than taxonomy. It is the blueprint by which statistics are compiled and presented to describe each industry according to the principle of mutual exclusivity (so apples are not counted twice) and commonality of aggregation (so apples can be compared with apples).

It is regrettable that the ABS is unable to incorporate a broader definition of the sector in the structure of ANZSIC which more befits its changing character and which reflects the consensus of views among commentators and analysts about what constitutes the core of the community.
services sector. If the ABS constructed its definition of the community services sector in this way, then the organisations primarily carrying out activities listed above would be categorised as belonging to the community services sector and reliable statistical counts of their attributes could be compiled. Thus when the ABS conducts its survey of manufacturing in Australia, for example, it uses the ANZSIC definition of this sector as a blueprint. To avoid double counting, it compiles its statistical measures strictly applying the ANZSIC definition of manufacturing. It does not ‘stray’ into other areas of ANZSIC to compile this list. It relies on ANZSIC to strictly control the scope of the statistical inquiry.

Thus, the routinely compiled industry-based statistical measures published by the ABS, such as employment aggregates from the five yearly Census or the quarterly Labour Force Survey under enumerate the community services sector and cannot be reconciled with other statistics which might incorporate the more widely accepted definition of the sector outlined above. It is truly ironic for example that the ABS itself could not use the ANZSIC definition in its Community Services Survey, in its most recent attempt to enumerate the sector in 2001. The ABS had to “cut and dice” its ANZSIC industry classification to fit a broader definition of community services that more befits the sector as defined by the NCC and the Productivity Commission and to conduct a one off survey to collect unique data from organisations so defined. The nomenclature used by the ABS to define the sector in the 2001 survey is shown in Table 3.3, below, which also shows how this strayed from the ANZSIC definition into other industries defined separately in the classification.
# Table 3.3
Definition of the Community Services Sector used in the 2000 ABS Community Services Survey

<table>
<thead>
<tr>
<th>Title</th>
<th>ANZSIC Code</th>
<th>ANZSIC 1993 Description</th>
<th>Examples from ANZIC Wording</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care services</td>
<td>8710</td>
<td>Organizations mainly engaged in child care services</td>
<td><em>Child care services</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Child minding centre</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Children’s nursery operation exc school</em></td>
</tr>
<tr>
<td>Accommodation for the aged</td>
<td>8721</td>
<td>Long term care accommodation or homes for senior citizens where nursing or medical care is not provided as a basic service</td>
<td><em>Accommodation for the aged</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Residential care for the aged</em></td>
</tr>
<tr>
<td>Residential care services nec</td>
<td>8722</td>
<td>Providing accommodation or homes for disadvantaged persons where nursing or medical care is not provided as a basic service (includes organisations providing corrective services for juvenile offenders.)</td>
<td><em>Children’s homes operation</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Crisis care accommodation</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Home for disadvantaged operation</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Juvenile detention centre operation</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Residential refuge operation</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Respite residential care operation</em></td>
</tr>
<tr>
<td>Non residential care services nec</td>
<td>8729</td>
<td>Providing welfare services not elsewhere classified. Also includes fund raising services for welfare services</td>
<td><em>Adoption service</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Adult day care centre operation</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Alcoholics anonymous operation</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Emergency housekeeping service</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Marriage guidance services</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Meals on wheels service</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Welfare counselling</em></td>
</tr>
<tr>
<td>Nursing homes</td>
<td>8613</td>
<td>Providing nursing or convalescent home facilities (including provision of nursing or medical care as a basic part of the service)</td>
<td><em>Nursing homes</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Hospices</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Convalescent homes</em></td>
</tr>
<tr>
<td>Employment placement services – only supporting people with disabilities</td>
<td>7861 (part only)</td>
<td>Providing personnel search, selection, referral and placement services.</td>
<td>*Employment and training agencies specialising in workforce preparation and placement of people with a disability eg HETTA</td>
</tr>
<tr>
<td>Interest groups nec – only community services advocacy</td>
<td>9629 (part only)</td>
<td>Clubs or organisations for the promotion of community interests, fund raising or political umbrella organisations promoting the political interests of community service organisations.</td>
<td><em>SACOSS</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>ACOSS</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><em>Peak bodies</em></td>
</tr>
</tbody>
</table>


It is, perhaps, no coincidence that the ABS Community Services Survey conducted in 2000 was only the second time in the history of the ABS that the sector has been described using statistical measures, such as expenditure employment output organisations, many of which are routinely
collected on a quarterly basis in respect of every other industry in the economy. To augment the ANZSIC definition and to recompile the statistics in the way required to meet widespread understanding of the boundaries of the sector must have been a much more expensive exercise than for the other industry sectors which more routinely follow ANZSIC taxonomy. So two of the consequences it seems of having the sector defined in ANZSIC in the current way is that:

- justification of costs of data collection is more difficult and so statistical compilations are less frequent; and
- more frequently collected official statistics, whether that be from the Labour Force Survey and the five yearly Census, can never be reconciled with the infrequent yet more comprehensive ABS collections since their definitional scope is so different.

Elsewhere in this report we have presented statistics from the latest ABS Community Services Survey, thus incorporating a broader definition of the sector than that available from the Labour Force Survey and Census. However, in the case of data from the Community Services Survey, the statistics are, at the time of writing, six or seven years out of date. The Labour Force Survey data, while much more up to date, under-enumerates the sector to an unknown degree, because this data is compiled on the basis of the ANZSIC definition.

### 3.2 Definition of the Community Services Sector for this Study

#### 3.2.1 Services and Targeted Recipients

In accordance with its terms of reference and advice from the Steering Group, the present study adopted the NCCS/SGRGSP and Lyons definitions as represented in Section 3.1 above. The one point of departure with NCSS and ROGS was the exclusion from the Coalface scope of the following two categories:

- Nursing homes for the aged where medical or nursing care is a basic feature of the service (excluded on the grounds that the major service provided is in the health sector).
- Overseas aid (on the grounds that services from these organisations are delivered outside Australia for non Australian residents).

---

9 The ABS is planning to repeat the exercise in 2007 to bring the 2000 estimates up to date, using the 2006 edition of ANZSIC which as explained above is even narrower in its definition of Community Services and so presumably the survey will need augmentation from other industries as defined by ANZSIC to greater extent than it did in 2001.

10 As mentioned, Lyons excludes nursing homes from the scope of the Community Services Sector. See LYONS M. (2001) The Third Sector: The contribution of nonprofit and cooperative enterprises in Australia, Sydney, Allen and Unwin. (Ch. 4.)
Table 3.4, below, shows the nomenclature adopted in the Coalface study covering 14 categories. For presentational reasons, this 14 category classification was subsequently telescoped into two more simplified versions: an 8-category classification and a 5-category classification.

### Table 3.4
**Taxonomy** of the Community Services Sector used in the Coalface Study

<table>
<thead>
<tr>
<th>Categories</th>
<th>Examples of activities</th>
<th>Examples of activities</th>
</tr>
</thead>
</table>
| 1 Personal Services for independent daily living support | • Domestic assistance  
• Personal care assistance  
• Escorting, visiting | • Home maintenance  
• Food service  
• Personal transport |
| 2 Personal services for community living support | • Social support  
• Food service  
• Social and personal devt  
• Recreation/ leisure | • Personal hygiene facilities  
• Living skills devt  
• Community transport  
• Community placement |
| 3 Personal support and counselling | • Needs assessment and case plans  
• Crisis counselling  
• Grief counselling  
• Sexual abuse counselling | • Drug and alcohol counselling  
• Financial counselling  
• Street work outreach services  
• Mutual Support & Self help  
• Domestic violence counselling |
| 4 Information advice referral and individual advocacy | • Individual advocacy  
• Information and legal advice  
• Information and financial advice  
• Court advice and advocacy – juvenile correction | • Information and consumer advice  
• General service availability and referral and advice  
• Parole board advice and advocacy – juvenile correction |
| 5 Child care | • Long day care  
• Occasional care | • Outside school hours care  
• Preschool and play groups |
| 6 Support for carers, families and children | • Respite care  
• Family therapy and mediation | • Family/ household management skills |
| 7 Alternative/ foster care and adoption support, child protection | • Assessment of substitute carers  
• Protective investigation  
• Out of home care placement | • Post placement supervision  
• Protective case management  
• Protective investigation  
• Intensive family support |
| 8 Employment services | • Job search skills development  
• Employment placement and referral  
• Vocational rehabilitation | • Supported employment  
• Pre voc, vocational on the job training  
• Supported employment |
| 9 Financial and material assistance | • Clothing furniture, household goods  
• Special equipment and materials | • Food provision  
• Financial relief  
• Concessions |
| 10 Residential care and supported accommodation | • Low level residential aged care  
• Residential rehabilitation for people with disabilities | • Residential accommodation for people with disabilities  
• Group homes and other small community based care accommodation. |
| 11 Transitional and crisis accommodation | • Transitional accommodation  
• Juvenile correctional and rehab supervision | • Crisis accommodation |
| 12 Community development social action and group advocacy | • Coordination/ network development  
• Provision of training and training resources Group advocacy  
• Social planning | • Management consultancy and advice,  
• Volunteer resource development and placement  
• Social action groups  
• Welfare fundraising |
| 13 Community centres | • Running and development of community centres | |
| 14 Peak body | • Umbrella body | • Social policy development |
This 14 category classification system is the most detailed used in the presentation of results from the Coalface Survey. It was used to code the population frame and the survey responses. Two shorter, telescoped, versions were also constructed and used for simplified presentational purposes throughout this report: one with 8 categories and one with 5 categories.

3.2.2 Non-Government Service Providers

In addition to the two dimensions defining service providers of interest to the Coalface Survey (the targeted recipients of services, listed in Table 3.1 in Section 3.1.3 and the services listed in Table 3.4, above), the third parameter used to subset service providers in the sector was their membership of the non government or “third sector”. Thus government owned services whether they be Commonwealth, State or Local Government are excluded from the Coalface Study. This is not to deny that much of the community services sector is directly or indirectly funded by various government agencies in the form of grants, fee for service or other concessional funding arrangements including loans, matching funding and reimbursements. The critical distinguishing characteristic based on government ownership is whether the service is provided by salaried or contracted government employees.

Table 3.5, below, lists the types of non-government service providers making up the community services sector.

<table>
<thead>
<tr>
<th>Types of non government service providers* in the Coalface Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not for profit community managed</td>
</tr>
<tr>
<td>For profit community managed</td>
</tr>
<tr>
<td>Privately owned for profit privately managed</td>
</tr>
<tr>
<td>Privately owned for profit voluntary community managed</td>
</tr>
</tbody>
</table>

* Meeting the definitions of inscope operations as per Table 3.1 and Table 3.4.
3.3 Size and Composition of the Community Services Sector in SA

This section presents counts of community service providers operating in South Australia using the CISA Infosearch database, from which the population frame\textsuperscript{11} for the Coalface Survey was constructed (CISA - Community Information Strategies Australia Inc., 2005). The following sections, 3.4 and 3.5, provide information about the sector - its organisations and its workforce - as gleaned from the completed Coalface Survey returns.

3.3.1 Counts from InfoSearch Database

There are 977 known organisations in South Australia meeting the definition of the community services sector adopted in the Coalface study. That is to say, meeting the three way criteria listed in Tables 3.1, 3.4 and 3.5, above\textsuperscript{12}. The derivation of this figure is described in detail in Chapter 6. As pointed out there, this figure was sourced from the Info search database which was used to construct the population frame for the Coalface survey. Info search is a listing of the functional and other details of agencies known to be operating in South Australia as contained in \textit{The Directory of Community Services in South Australia}.

3.3.2 Comparisons with the ABS Estimate

It was observed in Section 2.3.3 in Chapter 2 (Table 2.12), above, that the official ABS estimate of the number of community services organisations is 600 which is about 40 per cent less than the Infosearch listing. We believe the Infosearch figure is the more authoritative estimate for three reasons:

- it is a census count, not a statistical estimate as in the case of the ABS data. It therefore is not subject to "sampling variability";
- the Infosearch database is more than a count of agencies; it contains detailed information about each organisation such as its address, contact details, ownership details and services carried out. This gives the figure credibility in terms of it reflecting existing identifiable, "real world" agencies.;
- the Infosearch listing is compiled as the core business of a permanently staffed organisation operating for over a decade, specifically established with State Government funding to maintain the list of community service organisations in South Australia. This gives the figure both currency and provenance, thus minimising “non sampling variability”.

\textsuperscript{11} Chapter 6 provides a detailed explanation of how the population frame for the Coalface Survey was constructed from the CISA Infosearch database.

\textsuperscript{12} That is: from Table 3.1, services that are targeted to disadvantaged people as defined; from Table 3.4, covering the services listed under the 14 designated categories; and from Table 3.5, services delivered by agencies which are either for profit or not for profit but which are not owned by Government.
3.3.3 Agency functions

Aggregated counts from the Info search database of 977 organisations operating in South Australia within the scope of the Coalface study are shown in Figure 3.2, below. The data in Figure 3.2 are classified according to the Coalface nomenclature using the eight-category version.

**Figure 3.2**
Inscope Non Government Community Services Agencies in South Australia*, 2005 (N=977)

- Resi care & Crisis accomm: 228 (23%)
- Personal Support, counselling: 271 (28%)
- Community Centres: 47 (5%)
- Commy Devt, peak body: 49 (5%)
- Supported Employment Services: 54 (6%)
- Support for Carers, Families & children: 62 (6%)
- Personal services for independent daily & community living: 129 (13%)
- Child Care: 137 (14%)
- Source: (CISA - Community Information Strategies Australia Inc.,2005)

*Classified by CISA functions.
Figure 3.3 below shows a more aggregated version of Figure 3.2 above (using the five category classification of the Coalface taxonomy).

**Figure 3.3**
Inscope Non Government Community Services Agencies in South Australia, 2005


Over two thirds of non-government community service organisations operating in South Australia, listed on the Infosearch database are from six functional categories:

- Residential Care and Supported Accommodation
- Personal support and counselling
- Information Advice, Referral and Indiv Advocacy
- Child care (private and community licensed managed long day care providers and out-of-school-hours providers (but not include family day care givers or informal care givers).
- Personal Services for Independent Daily Living Support
- Support for Carers, Families and Children
Table 3.6, below, shows more detailed counts from the population of community service organisations in South Australia, using the most detailed (14 category) classification level of the Coalface taxonomy.

Table 3.6
Inscope Non Government Community Services Organisations
South Australia, 2005*, ranked by no. of agencies

<table>
<thead>
<tr>
<th>Function</th>
<th>No. agencies</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential Care and Supported Accommodation</td>
<td>182</td>
<td>18.6%</td>
</tr>
<tr>
<td>Information Advice, Referral and Indiv Advocacy</td>
<td>137</td>
<td>14.0%</td>
</tr>
<tr>
<td>Child care</td>
<td>137</td>
<td>14.0%</td>
</tr>
<tr>
<td>Personal support and counseling</td>
<td>118</td>
<td>12.1%</td>
</tr>
<tr>
<td>Personal Services for Independent Daily Living Support</td>
<td>83</td>
<td>8.5%</td>
</tr>
<tr>
<td>Support for Carers, Families and Children</td>
<td>57</td>
<td>5.8%</td>
</tr>
<tr>
<td>Employment Services</td>
<td>54</td>
<td>5.5%</td>
</tr>
<tr>
<td>Community Centre</td>
<td>47</td>
<td>4.8%</td>
</tr>
<tr>
<td>Personal Services for Independent Community Living Support</td>
<td>46</td>
<td>4.7%</td>
</tr>
<tr>
<td>Transitional and Crisis accommodation - med to long term rental</td>
<td>46</td>
<td>4.7%</td>
</tr>
<tr>
<td>Community Development Social Action and Group Advocacy</td>
<td>33</td>
<td>3.4%</td>
</tr>
<tr>
<td>Financial and Material Assistance</td>
<td>16</td>
<td>1.6%</td>
</tr>
<tr>
<td>Peak Body</td>
<td>16</td>
<td>1.6%</td>
</tr>
<tr>
<td>Alternative/ Foster Care and Adoption Services</td>
<td>5</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>977</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Source: (CISA - Community Information Strategies Australia Inc., 2005)
* Using Coalface nomenclature at most detailed level of classification
**Table Y in Chapter 6 shows a breakdown using the Infosearch Classification of major and minor headings.

Multiplicity of functions of organisations in the Community Services sector

The multiplicity of functions typically carried out by individual organisations in the community services sector (and hence, in part, the complexity of the sector) was mentioned in Section 3.1.2, above. Interrogating the Infosearch database provides quantifiable evidence of this. Each organisation in the Infosearch database is simultaneously coded by CISA to up to fifteen of two thousand possible sub categories in a nested, hierarchical classification system developed by CISA.
How the CISA classification system is used to reflect the multiplicity of functions in respect of a given organisation is typified by the following example. The Aboriginal Legal Rights Movement runs an organisation recorded in the Infosearch database and in scope of the Coalface survey called The Aboriginal Visitors Scheme. This is described on Infosearch as “An Aboriginal controlled program involving the Aboriginal community and the police. Aboriginal visitors provide care, comfort and support to Aboriginal people who are in police custody; ensure detainees are not alone and that they are treated properly; observe conditions and ensure that duty of care obligations are met by the police” (Infosearch 2005). The primary category that this organisation is recorded under in Infosearch is Community Organisation and Development. However, the Aboriginal Visitors Scheme is also separately coded (and could equally be regarded as primarily belonging) to the following major categories (with minor categories shown in brackets):

- Personal and Family Support (community aid/ welfare services)
- Law and Justice (correctional services/ law enforcement) and
- Public safety (law enforcement/ prison visiting).

Table 3.7, below, gives a quantitative indication of the incidence of multiplicity of functions of all the organisations in the Coalface survey population. Nearly two thirds of all organisations in the population have 3 or more different major functions recorded on Infosearch. Of the four functional categories making up three quarters of the population (the first four shaded rows in the table) two, Community Organisation and Development and Health had virtually all their organisations coded to 3 or more functions. Nearly half (48 per cent) of the Personal and Family Support organisations in the Coalface population were coded to three or more functions.
### Table 3.7
Incidence of multiple functions in the Coalface survey population (as recorded on Infosearch), ranked by primary function’s contribution to the total

<table>
<thead>
<tr>
<th>Primary category*</th>
<th>Number of organisations with.....:</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 function</td>
<td>2 functions</td>
</tr>
<tr>
<td>Personal and Family Support</td>
<td>107</td>
<td>41</td>
</tr>
<tr>
<td>Accommodation</td>
<td>130</td>
<td>3</td>
</tr>
<tr>
<td>Community Organisation and Development</td>
<td>1</td>
<td>118</td>
</tr>
<tr>
<td>Health</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Education</td>
<td>6</td>
<td>21</td>
</tr>
<tr>
<td>Finance, Income, Business</td>
<td>17</td>
<td>44</td>
</tr>
<tr>
<td>Employment</td>
<td>22</td>
<td>31</td>
</tr>
<tr>
<td>Law and Justice</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Material and Practical Needs</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Transport</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Citizenship, Nationality</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Communication and Information Services</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Public Safety</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>248</strong></td>
<td><strong>116</strong></td>
</tr>
<tr>
<td>Per cent of total</td>
<td>25.4%</td>
<td>11.9%</td>
</tr>
<tr>
<td>Cumulative per cent of total</td>
<td>25.4%</td>
<td>37.3%</td>
</tr>
</tbody>
</table>

Source: (CISA - Community Information Strategies Australia Inc., 2005)

* Using CISA Infosearch functional classification system.
3.4. Size and Composition of the Sector in SA – Results from the Coalface Survey
- from Agency Perspective

This section, and the following draws on the Coalface survey findings to provide a statistical snapshot of the size and composition of the non-government community services sector in South Australia. It does this by providing information about respondents to the Coalface survey in terms of their organisational characteristics, and characteristics of the workforces of these organisations.

3.4.1 Representativeness of the Coalface survey

The design and implementation of the Coalface survey of the organisations summarised in Table 3.6, above, is described in Chapter 6.

The Coalface survey yielded a large amount of information about these organisations based on a response rate of approximately 30 per cent. Based on the structure of the community services sector in South Australia, how representative are these responses? We tested this in two ways. In both cases the Coalface results are compared with a reliable source independent of the survey. The first test of representativeness (described immediately following) looks at the distribution of organisations; and the second test looks at the employment counts from the survey. (The second test is described in Section 3.5, when the employment results from the Coalface survey are examined for their representativeness against known employment counts from the ABS Census Population and Housing.)

Figure 3.3, below, provides a diagrammatic view of the functional distribution of the 298 Coalface survey responses, classified by the eight aggregated categories of the Coalface nomenclature.

**Figure 3.3**
Functional distribution of agencies:
from Coalface survey returns

![Functional distribution diagram](image)

Source: Coalface survey 2005
Comparing these proportions with those from the distribution of the population presented in Figure 3.2 shows a strong similarity in the functional structure of the responses received with those of the Infosearch population census listing. [The proposition that there is no significant difference between the two proportions can be tested formally using the Chi Square statistic. This shows that indeed there is no statistically significant difference between the distribution of the proportions of the population and that of the survey findings. And this test indicates that the survey findings can be considered representative of the ‘true’ population of community service organisations insofar as the findings from the survey questions can be expected to be influenced by this functional trait.]

The corollary of this finding about the similarity between responses and population from which they are drawn is that data from the survey can be taken to be representative of the population as a whole where such differences as may be expected to arise from the survey and the population could be influenced by the function of the organisations concerned. It is true that a response bias could also be introduced by responses coming disproportionately from those agencies who feel either funding or service delivery pressure more than other comparable agencies. However, analysis of the responses to be presented presently compares closely enough with the identification of issues by key informants for us to have confidence in the veracity of the findings.

### 3.4.2 Size and Composition of the Sector in SA – Results from the Coalface Survey

Aside from agency function, the main categorical variables collected in the Coalface survey concerned such agency characteristics as:

- clients served
- location of agencies
- agency size
- religious affiliation
- workforce age profile
- length of agency operation
- reliance on volunteers
- workforce skill profile.

These “structural” variables made up the “pivot” against which counts of other agency characteristics (such as employment and recruitment difficulties) were cross classified in order for differences to be observed between the experiences of the survey respondents from the point of view of their circumstances. For example, frequency counts from such cross tabulations were used to inform such research questions as:

\[ Z=0.14 \text{ p}[25.0] \text{ at 5 per cent level of significance and 15 degrees of freedom.} \]
are community sector agencies’ experiences and views relating to workforce retention, training and recruitment influenced by their location, function, size or workforce age profile?

• does the dependence on volunteers make a difference to agencies’ views about the need for employee recruitment?

• does reliance on part time and casual workers in the sector condition how agencies view the need for changing service delivery models?

• is turnover of staff a bigger problem for agencies with low ratios of professional to other service providing staff?

• are agencies’ views about changing service delivery models conditioned by their staff profile as it relates to employee tenure, rates of casualisation or overall size of the agency?

Findings informing these analytical questions are presented elsewhere in the report, for example in Chapter 7. The following analysis presents a sketch of characteristics of South Australia’s non government community sector agencies based on “one-way” frequency counts from these structural variables in the Coalface survey.
Agency Functions

Table 3.8, below, shows counts of the Coalface survey responses classified at the most detailed level of functional disaggregation, upon which Figure 3.3 above, was based.

Table 3.8
Coalface survey responses classified by function

<table>
<thead>
<tr>
<th>Coalface functional category</th>
<th>Count</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Personal Services for Independent Daily Living Support</td>
<td>26</td>
<td>9.0</td>
</tr>
<tr>
<td>2. Personal Services for Independent Community Living Support</td>
<td>30</td>
<td>10.0</td>
</tr>
<tr>
<td>3. Personal support and counseling</td>
<td>40</td>
<td>13.4</td>
</tr>
<tr>
<td>4. Information Advice and Referral</td>
<td>34</td>
<td>11.4</td>
</tr>
<tr>
<td>5. Child care</td>
<td>32</td>
<td>10.7</td>
</tr>
<tr>
<td>6. Support for Carers, Families and Children</td>
<td>23</td>
<td>7.7</td>
</tr>
<tr>
<td>7. Alternative/ Foster Care</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>8. Employment Services</td>
<td>14</td>
<td>4.7</td>
</tr>
<tr>
<td>9. Financial and Material Assistance</td>
<td>7</td>
<td>2.3</td>
</tr>
<tr>
<td>10. Residential Care and Supported Accommodation</td>
<td>43</td>
<td>14.4</td>
</tr>
<tr>
<td>11. Transitional and Crisis accommodation - med to long term rental</td>
<td>13</td>
<td>4.3</td>
</tr>
<tr>
<td>12. Community Development Social Action and Group Advocacy</td>
<td>7</td>
<td>2.3</td>
</tr>
<tr>
<td>13, Community Centre</td>
<td>17</td>
<td>5.7</td>
</tr>
<tr>
<td>14. Peak Body</td>
<td>11</td>
<td>3.7</td>
</tr>
<tr>
<td>Total</td>
<td>298</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Coalface survey 2005

Figure 3.4, below, further summarises the data in Table 3.8, above, by showing the shares of Coalface respondents at the more summarised 5-category level of aggregation.
Nineteen per cent of respondents were classified to Personal services for Independent and Daily and Independent Community living. This was the same as the proportion providing Residential Care and Crisis Accommodation. 41 per cent (or 4 out of ten) respondents provided personal services for independent and community living as defined, combined with broader personal services for community living such as support for families, children, community centres and supported employment and placement services. Other assistance such as counselling, advice, referral, personal advocacy or financial or material assistance accounted for over a quarter of the survey respondents (27 per cent). Responding agencies providing personal support services of this kind combined (at the broadest level of definition) made up over two thirds of the survey (68 per cent). Child care agencies made up 11 per cent of the survey respondents; while peak bodies, and agencies specialising in community development and group advocacy made up 4 per cent of the total respondents.

Respondents to the survey were given the opportunity to identify multiple functions in the list of 14 categories, above. The results are shown in Figure 3.5, below, confirming that the vast majority of Coalface respondents carry out more than one function (77 per cent). This is very similar to the finding mentioned earlier, in Section 3.3 (Table 3.7), about the prevalence of multiple functions in the South Australian population of community services agencies, where it was observed that 75 per cent of all agencies provided multiple functions. The Coalface survey results showed that 58 per cent of respondents provided services from three or more of the coalface functional categories. The comparable figure from the analysis of the population cited

Source: Coalface survey 2005
* Using Coalface taxonomy at highest level of aggregation.
above was 62 per cent. 42 per cent of survey respondents reported undertaking two functions compared to 37 per cent of the population of coalface agencies in South Australia.

**Figure 3.5**
Incidence of multiple functions undertaken by Coalface respondents

![Pie chart showing the distribution of functions undertaken by Coalface respondents.]

Source: Coalface survey 2005

**Client Groups Targeted by Community Service Providers**

The distribution of the ten client groups targeted by community services providers responding to the Coalface Survey is shown in Figure 3.6, below.

**Figure 3.6**
Distribution of client groups targeted by Community service providers

![Pie chart showing the distribution of client groups targeted by Coalface survey 2005.]

Source: Coalface survey 2005  *GLBTIP: gay, lesbian, bisexual, transgender, intersex persons*
In terms of their client targeting, the agencies responding to the Coalface survey fell into three groupings:

43 per cent of agencies provided services to the following three groups:
° people with a disability, 15 per cent of responding agencies
° older people, 14 per cent
° families, 14 per cent.

34 per cent of agencies provided services to the following three groups:
° young people, 12 per cent of responding agencies;
° women, 12 per cent;
° men, 10 per cent.

21 per cent of agencies provided services to the following three groups:
° ATSI, 8 per cent, of responding agencies;
° NESB and migrant groups, 7 per cent; and
° people escaping domestic violence, 6 per cent.

The remaining two per cent of the survey respondents specialised in providing services to the GLBTIP client group: gay, lesbian, bisexual, transgender, intersex persons.

The Coalface respondents provided services to a range of client groups and of course some of the designated client groups naturally overlap such as people escaping domestic violence and women. Figure 3.7, below, shows the extent to which respondents to the Coalface survey reported targeting their services to multiple client groups.

**Figure 3.7**
**Incidence of multiple client groups targeted by Coalface respondents**

<table>
<thead>
<tr>
<th>Number of Client Groups</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 client group</td>
<td>32%</td>
</tr>
<tr>
<td>2 client groups</td>
<td>17%</td>
</tr>
<tr>
<td>3-5 client groups</td>
<td>27%</td>
</tr>
<tr>
<td>6-10 client groups</td>
<td>24%</td>
</tr>
</tbody>
</table>

N=273

Source: Coalface survey 2005
Virtually a third of respondents (32 per cent) deliver services singularly targeted to one of the ten client groupings listed on the survey return. Two thirds targeted their services to more than one client group. Over a quarter (27 per cent) delivered services to 3 to 5 client groups and 24 per cent targeted 6 to 10 client groups.

**Agency Size (based on no. of sites)**

Half of the agencies responding to the survey (50 per cent) operated from a single service delivery site. 28 per cent of responding agencies operated from 2 to 5 sites, while more than one fifth of agencies (22 per cent) operated from more than five service delivery sites. Virtually one in ten agencies (9 per cent) delivered their services from more than twenty sites (Figure 3.8, below).

**Figure 3.8**
Size distribution of agencies based on number of sites

---

Source: Coalface survey 2005

**Agency Size (based on total workforce size)**

Figure 3.9, below, shows the distribution of agencies responding to the Coalface survey based on their workforce size.

Judged by workforce size, the community services agencies responding to the Coalface are in the main small with some notable exceptions. Nearly half (48 per cent) had five or less staff. Most of these (thirty per cent of the total) employed no staff. The proportion employing 1 to 5 staff was 18 per cent which was similar to the proportion of agencies with a workforce of between 6 and ten employees. A sizeable minority overall (9 per cent or virtually one in ten) had a workforce greater than fifty staff. 27 per cent of agencies responding to the Coalface survey employed between ten and fifty staff.
Figure 3.9
Size distribution of Coalface responding agencies based on their total workforce size

Source: Coalface survey 2005

The distribution of employment shown in the figure above can be construed as the average for all occupational groups. As such, it masks significant differences between the occupational categories employed by community services agencies. An occupational breakdown of these figures appears further below. The occupational groups shown are: professional staff, direct support staff, indirect support staff and management staff.

Location of Operation

The spread of respondents offering services in five regions of the State is shown in Figure 3.10, below. Sixty three per cent of agencies responding to the Coalface survey operated in the metropolitan area. This proportion was similarly split between inner and outer metropolitan (33 per cent and 30 per cent respectively). Over a third of agencies were present in the non metropolitan areas (37 per cent). 11 per cent of agencies provided services in remote areas of the State; and just over a quarter (26 per cent) were located in regional and rural areas (not considered remote).
Not only is it common place for community services agencies to be operating from more than one site (Figure 3.8, further above), it is also the norm for the community services agencies responding to the Coalface Survey to be operating in more than one of the four defined regions in South Australia. Fifty five per cent of respondents delivered services in more than one of the locations shown in Figure 3.10.

Religious Affiliation

Respondents to the Coalface survey were asked about their religious affiliation. The vast majority (89 per cent) of responding agencies were not religiously affiliated (Figure 3.11, below).

Agency Autonomy

A large majority of agencies in the survey operated as independent stand alone organisations (63 per cent), while those operating as head agencies (parent body) comprised 12 per cent of
respondents. Twenty-five per cent of respondents said they were subsidiaries of other agencies (Figure 3.12, below).

**Figure 3.12**
Distribution of agencies: autonomy of operations

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head agency or parent body</td>
<td>12%</td>
</tr>
<tr>
<td>Subsidiary of a larger organisation</td>
<td>25%</td>
</tr>
<tr>
<td>Independent stand alone agency</td>
<td>63%</td>
</tr>
</tbody>
</table>

*N=220*

Source: Coalface survey 2005

**Length of Agency Operation**

The overwhelming majority of responding agencies (77 per cent) had been in operation for more than ten years with nearly half (46 per cent) in operation for more than twenty years. Only 15 per cent were operating for between 5 and 10 years and 8 per cent were in operation for between 1 and 5 years. The incidence of new agencies (established less than one year ago) was minuscule (only 0.3 per cent), as shown in Figure 3.13, below.

**Figure 3.13**
Age distribution of agencies: length of operation

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1 yr</td>
<td>0%</td>
</tr>
<tr>
<td>1-5 yrs</td>
<td>8%</td>
</tr>
<tr>
<td>6-10 yrs</td>
<td>14%</td>
</tr>
<tr>
<td>11-20 yrs</td>
<td>32%</td>
</tr>
<tr>
<td>20+ yrs</td>
<td>46%</td>
</tr>
</tbody>
</table>

*N=219*

Source: Coalface survey 2005

**Size of Agency Volunteer Workforce**

Virtually half of responding agencies did not rely on volunteers (49 per cent). However, a sizeable minority had a volunteer workforce of greater than 50. A quarter of agencies responding to the Coalface survey (24 per cent) retained a volunteer workforce of between 1 and 10 workers, and another 16 per cent had a volunteer workforce of between 11 and fifty workers. A fifth had
more than 20 volunteers while the remainder 30 per cent had a volunteer workforce of between 1 and 20 persons (Figure 3.14, below).

![Figure 3.14](image)

Distribution of agencies: size of volunteer workforce

Source: Coalface survey 2005

**Occupational distribution of agency employment**

The Coalface survey collected information about agencies’ occupational employment. There were four categories used as listed in Table 3.9, below. These were reproduced from a similar study of the Queensland community services workforce undertaken in 2001 (Disability Support Services Queensland, 2001) which were in turn based on the NCC classification of community services activities (Australian Institute of Health and Welfare, 2003).
Table 3.9
Occupational categories used in the Coalface Survey

<table>
<thead>
<tr>
<th>Occupational Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionals</td>
<td>Support Workers, Personal Care Assistants, Residential Care Officers</td>
</tr>
<tr>
<td>Direct Support</td>
<td>Occupational Therapist, Social Worker, Psychologist, Speech Therapist, Community Worker, Key Worker, Residential Program Officer</td>
</tr>
<tr>
<td>Management</td>
<td>Team Leader, Coordinator, Manager, Chief Executive Officer</td>
</tr>
<tr>
<td>Indirect Support</td>
<td>Clerical/Administrative, Receptionist, Booking Clerk, Maintenance Worker, Payroll Officer, Fundraiser</td>
</tr>
</tbody>
</table>

Source: (Disability Support Services Queensland, 2001)

The following sections outline Coalface survey results relating to the agency distribution of employment in each of these four categories in turn. More information about the workforce of the community services agencies responding to the Coalface survey is detailed in Section 3.5 further below.

Agency Workforce Distribution: Professional Staff

Figure 3.15, below, shows the distribution of agencies responding to the Coalface survey by the size of their professional workforce.

Nearly one in five agencies employed a medium to large workforce of professional staff (more than 6 persons). Forty two percent of respondents to the Coalface survey employed no professional staff. Twenty nine per cent employed between 1 and 5 professionals. This was about the same proportion of agencies with a workforce numbering between 6 and 50 professional staff (26 per cent). There were some agencies (3 per cent) which employed more than fifty professionals. Most respondents to the survey (55 per cent) employed between 1 and 50 professional staff, while 43 per cent employed none.
Figure 3.15
Distribution of agencies: size of professional workforce

N=273

Source: Coalface survey 2005

Agency Workforce Distribution: Direct Support Staff

Figure 3.16, below shows the distribution of agencies responding to the Coalface survey by the size of their direct support staffing.

Figure 3.16
Distribution of agencies: size of direct support workforce

N=273

Source: Coalface survey 2005

A sizeable majority of responding agencies (68 per cent) employed no direct support staff, relying on the professional staff for direct services, and volunteers where direct services are not provided by professionals. Virtually one in three agencies (32 per cent) employ a medium to large workforce of direct support staff. Twelve per cent had a workforce of between 1 and five direct support staff. A further 16 per cent employed between 6 and 50 direct support staff and 4 per cent of agencies responding to the survey employed more than fifty direct support workers.
Agency Workforce Distribution: Management Staff

41 per cent of responding agencies reported operating without formal management staff, while 52 per cent of respondents had between 1 and 5 managers. Thus the vast majority of agencies operating in the community services sector in South Australia (93 per cent) operated with less than 6 managers. More than one in two agencies employed a small contingent of management staff (between 1 and 5 managers). This confirms the small scale nature of the sector with overhead costs such as management staff kept to a minimum, compared to say direct support staff or professional staff both categories both of which deliver services to clients. Thus only 7 per cent of agencies reported having more than 6 managers and none reported more than fifty managers. See Figure 3.17, below.

Figure 3.17
Distribution of agencies: size of management workforce (banded)

Source: Coalface survey 2005

Agency Workforce Distribution: Indirect Support Staff

Similarly to the distribution of management staff, only 6 per cent of agencies had a large workforce of indirect support staff (greater than five staff) and non had a workforce of more than fifty indirect support staff. Ninety four per cent of agencies employed less than 6 indirect support staff. Half of agencies responding to the Coalface survey (50 per cent) operated without an indirect support workforce, while 44 per cent reported that they operated with a workforce of between 1 and 5 indirect support workers. Six per cent of agencies had an indirect workforce staff of between 6 and 50 persons (Figure 3.18, below).
Figure 3.18
Distribution of agencies: size of indirect support workforce

<table>
<thead>
<tr>
<th>Size of Indirect Support Workforce</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td>50%</td>
</tr>
<tr>
<td>1-5</td>
<td>44%</td>
</tr>
<tr>
<td>6-10</td>
<td>3%</td>
</tr>
<tr>
<td>11-50</td>
<td>3%</td>
</tr>
</tbody>
</table>

N=273

Source: Coalface survey 2005

3.5 Size and Composition of the Sector in SA – Results from the Coalface Survey - from Employment Perspective

A large amount of data was collected in the Coalface Survey about employment in the community services sector in South Australia. This covered for example gender, skill, occupation, and employment status (casual part time etc).

Comparing the Employment Results from the Coalface Survey with the ABS Population Census Counts

Table 3.10, below, shows aggregate employment data from the Coalface survey, classified by the Coalface functional classification at its highest level of aggregation (5-categories) and by gender. The data shown includes counts of employment from the survey and population estimates derived from these counts by factoring them up according to weights (calculated from the ratio of the number of organisations in each cell in the population frame to the count of organisations submitting a completed survey return - a factor on average of about 3.5:1). The survey was not designed to produce population estimates through a process of stratified random sampling. However, the population estimates derived do present an indication of the representativeness of the survey findings about workforce ratios since they can be seen to reflect those applying in the population at large. The aggregate employment estimate of 19,032 persons appears to be commensurate with the likely population of employed persons in the sector in South Australia according to what little can be discerned from the available data (see Section 2.3.3 in Chapter 2, further above.)
Table 3.10
Coalface survey counts and population estimates of employment in the Community Services Sector function and gender, SA, 2005

<table>
<thead>
<tr>
<th>Function and Occupation</th>
<th>Males</th>
<th>Females</th>
<th>Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Survey Count</td>
<td>Popn Estimate</td>
<td>Survey Count</td>
</tr>
<tr>
<td>Resi care and Crisis accommodation</td>
<td>207</td>
<td>848</td>
<td>1,586</td>
</tr>
<tr>
<td>Personal services for independent daily &amp; community living</td>
<td>396</td>
<td>1,190</td>
<td>1,517</td>
</tr>
<tr>
<td>Personal Support, counselling, information advice, referral a</td>
<td>168</td>
<td>525</td>
<td>767</td>
</tr>
<tr>
<td>Child Care</td>
<td>16</td>
<td>69</td>
<td>420</td>
</tr>
<tr>
<td>Commy Devt, peak body</td>
<td>63</td>
<td>215</td>
<td>231</td>
</tr>
<tr>
<td>Total</td>
<td>850</td>
<td>2,848</td>
<td>4,521</td>
</tr>
</tbody>
</table>

N=273

Source: Coalface survey 2005

This approximate concordance between the derived weighted population “estimates” from the Coalface survey and the population counts from the ABS Census, adds confidence to the conclusions drawn from the survey findings about various workforce characteristics as indicated from analytical ratios such as:

- proportions of workers classified by employment status (part time, full time etc);
- male and female percentage breakdowns (proportions of part time and full time workers accord reasonably well with known proportions generally applying in the population – see also Table 2.13 in Section 2.3.3, Chapter 2) and
- the functional and occupational categories of the workforce on a percentage shares basis.

Expressed as “indicators” or percentage shares, these generalised inferences from the Coalface survey findings to the wider community services workforce “population” are presented in the tables and charts that follow, covering occupations, industries gender and employment status.

**Functional and Occupational Employment**

Table 3.11, below, shows employment data from the Coalface survey classified by function and occupation. Categories in the occupational classification were explained in Section 3.4 (Table
3.9). Categories in the Coalface functional classification (at the most detailed 14-category level) were explained in Section 3.3 (Table 3.4).

Key employment shares calculated from the Coalface respondents are presented in Figure 3.19, below. Eighty per cent of employment in the industry is accounted for by the occupations directly providing services to clients (professionals and ‘direct support’ staff).

![Figure 3.19](image)

Direct support staff make up the largest category of employment (44 per cent), followed by professionals (34.8%), while shares of management and indirect support staff are roughly equal, 10 and 11 per cent respectively, together accounting for 22.8 per cent of total employment. Occupations involved in direct service provision (professionals and ‘direct support’ staff).

As already observed, applying the population-to-‘sample’ ratios from the survey provides a total estimate of employment in the sector in South Australia of just over 19,000 persons. According to the occupational shares in Figure 3.19, below, 15,000 of the South Australian community services sector workforce are estimated to be involved in the direct provision of services (6,000 professionals and 9,000 direct support staff). And 4,000 persons in the sector in South Australia are estimated to be occupying management and ‘indirect support’ occupations. These estimates are also shown graphically in Figure 3.20, below.
### Table 3.11
Coalface Community Services Sector Survey Employment counts
Occupation and Functional Service Categories 2005, SA

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Professional</th>
<th>Direct support</th>
<th>Management f</th>
<th>Indirect support</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No (%)</td>
<td>No (%)</td>
<td>No (%)</td>
<td>No (%)</td>
<td>No (%)</td>
</tr>
<tr>
<td>Personal Services for Independent Daily Living Support</td>
<td>124 (24.7%)</td>
<td>294 (58.6%)</td>
<td>44 (8.8%)</td>
<td>40 (8.0%)</td>
<td>502 (100.0%)</td>
</tr>
<tr>
<td>Personal Services for Independent Community Living Support</td>
<td>134 (50.6%)</td>
<td>58 (21.9%)</td>
<td>28 (10.6%)</td>
<td>45 (17.0%)</td>
<td>265 (100.0%)</td>
</tr>
<tr>
<td>Personal support and counselling</td>
<td>282 (67.6%)</td>
<td>45 (10.8%)</td>
<td>28 (6.7%)</td>
<td>62 (14.9%)</td>
<td>417 (100.0%)</td>
</tr>
<tr>
<td>Information Advice &amp; Referral</td>
<td>87 (34.4%)</td>
<td>85 (33.6%)</td>
<td>39 (15.4%)</td>
<td>42 (16.6%)</td>
<td>253 (100.0%)</td>
</tr>
<tr>
<td>Child care</td>
<td>228 (52.3%)</td>
<td>127 (29.1%)</td>
<td>54 (12.4%)</td>
<td>27 (6.2%)</td>
<td>436 (100.0%)</td>
</tr>
<tr>
<td>Support for Carers, Families and Children</td>
<td>56 (17.1%)</td>
<td>194 (59.3%)</td>
<td>31 (9.5%)</td>
<td>46 (14.1%)</td>
<td>327 (100.0%)</td>
</tr>
<tr>
<td>Alternative/ Foster Care</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>119 (100.0%)</td>
<td>0 (0.0%)</td>
<td>119 (100.0%)</td>
</tr>
<tr>
<td>Employment Services</td>
<td>74 (22.4%)</td>
<td>161 (48.6%)</td>
<td>53 (16.0%)</td>
<td>43 (13.0%)</td>
<td>331 (100.0%)</td>
</tr>
<tr>
<td>Financial and Material Assistance</td>
<td>112 (42.3%)</td>
<td>98 (37.0%)</td>
<td>35 (13.2%)</td>
<td>20 (7.5%)</td>
<td>265 (100.0%)</td>
</tr>
<tr>
<td>Residential Care and Supported Accommodation</td>
<td>175 (11.0%)</td>
<td>1,219 (77.0%)</td>
<td>81 (5.1%)</td>
<td>109 (6.9%)</td>
<td>1,584 (100.0%)</td>
</tr>
<tr>
<td>Transitional and Crisis accommodation - med to long term rental</td>
<td>140 (67.0%)</td>
<td>40 (19.1%)</td>
<td>16 (7.7%)</td>
<td>13 (6.2%)</td>
<td>209 (100.0%)</td>
</tr>
<tr>
<td>Community Development Social Action and Group Advocacy</td>
<td>121 (54.3%)</td>
<td>28 (12.6%)</td>
<td>21 (9.4%)</td>
<td>53 (23.8%)</td>
<td>223 (100.0%)</td>
</tr>
<tr>
<td>Community Centre</td>
<td>303 (82.1%)</td>
<td>10 (2.7%)</td>
<td>17 (4.6%)</td>
<td>39 (10.6%)</td>
<td>369 (100.0%)</td>
</tr>
<tr>
<td>Peak Body</td>
<td>37 (52.1%)</td>
<td>2 (2.8%)</td>
<td>13 (18.3%)</td>
<td>19 (26.8%)</td>
<td>71 (100.0%)</td>
</tr>
<tr>
<td>Total</td>
<td>1,873 (32.3%)</td>
<td>2,361 (46.4%)</td>
<td>579 (11.4%)</td>
<td>558 (9.9%)</td>
<td>5,371 (100.0%)</td>
</tr>
</tbody>
</table>

N=273

Source: Coalface survey 2005
In terms of industry employment, the dominant category is Residential Care and Supported Accommodation which accounts for virtually thirty per cent of total employment in the sector, and employs an estimated 6,704 persons. There are a further two categories each with estimated employment between 1,500 and 2,000. These are Child Care and Personal Support Services for Independent Living. The next largest employing group (categories employing between 1,000 and 1,300 persons) contains the 5 categories of: Employment Services, Personal Support and Counselling, Community Development and Group Advocacy, Community Centres and Information Advice, Referral and Individual Advocacy. The remaining 6 categories shown in the ‘Other’ category in Figure 3.20, each account for less than an estimated 1,000 employees. These are: Support for Carers (estimated 810 employees), Transitional and Crisis Accommodation (740 employees), Financial and Material Assistance (606 employees), Foster Care and Adoption Services (595), Personal Support Services – Communal Living (406) and Peak Bodies (103 employees).

It was observed above that 78 per cent of employment in the sector is engaged in direct service delivery carried out by professionals and ‘direct support’ occupations. This figure represents a sector-wide average, masking significant differences between the various functional categories of service provision. Figure 3.21, below, derived from Table 3.11, further above, quantifies the share of direct service provision in each functional category in the sector. Of particular note is the fact that the largest employing category, Residential Care and Supported Accommodation also has the highest proportion of employees involved in direct service provision (88.0 per cent). Another Accommodation support service (Transitional and Crisis Accommodation) employs the second highest share of direct service delivery and well above average at 86.1 per cent.
Figure 3.21
Employment - Direct Service Provision and Indirect Support by Functional categories*

Source: Coalface survey 2005.
* Note that the Alternative/ Foster Care sub sector is mostly staffed by public sector employees. There were 120 employees in the sub sector reported by agencies responding to the Coalface survey.

There were 7 categories with a below average share of direct service in their respective workforces: Support for Carers, Personal Support Services – Communal Living, Employment Services, Community Development, Peak Bodies and Alternative/ Foster Care.

Gender

Overall, women predominate in the community services sector, accounting for an estimated 16,184 (equivalent to 85 per cent of the total). However, the share of employment varies across the occupational and industrial categories within the sector. Differences in the occupational and industrial distribution of women’s employment in the community services sector in South Australia are examined in turn in the remainder of this sub section.
The graphs in Figure 3.22, below, show the gender shares of each of the four main occupational categories. The highest female employment share shares are found in the Direct Support and Indirect Support Categories, with 88 per cent and 85 per cent of these two workforces respectively. Women are least represented, though still the majority, in the generally higher paid Management occupations (75 per cent share) and the Professional occupations (81 per cent share). Another way of looking at this is to firstly note that most of the jobs (virtually 8 out of every ten) in the community services sector are in direct service provision. While women predominate in both – as they do in the 2 out of ten jobs in the sector specialising in indirect service provision – they are most prevalent in the lower skill side of direct service provision as opposed to the professional, higher paid jobs. This story of segregation is similar, though arguably more glaring, in the lower paid indirect service provision jobs. In the indirect support jobs like management, women are much less represented than they are in the indirect support jobs where access to careers and higher skills and higher pay is lower than in management jobs.

Figure 3.22
Employment by Occupational Group and Gender
(indicators of female occupational segregation and segmentation).

<table>
<thead>
<tr>
<th>Direct Service Provision</th>
<th>Indirect Service Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionals (6,138 persons)</td>
<td>Management (2,175 persons)</td>
</tr>
<tr>
<td>Direct Support Staff (8,836 persons)</td>
<td>Indirect Support Staff (1,883 persons)</td>
</tr>
</tbody>
</table>

Source: Coalface Survey 2005

The phenomena of occupational segregation, whereby women and men tend to work in different occupations, and occupational segmentation, where the pattern of employment within an
occupation is different for women and men, have been studied by innumerable authors, suggesting this is the source of unequal power, earnings, job satisfaction, career prospects and access to training in the workplace (House of Representatives Standing Committee on Legal and Constitutional Affairs, 1992; Labour Market Analysis Branch, 1992; Pocock B., 1989; Labour Market Analysis Branch, 1991). Several authors have noted this characteristic of the labour market, apparently impervious to remedy through both public policy and changing societal attitudes. In spite of recognition of the problem of occupational segmentation and segregation for over thirty years, Australia’s labour market remains one of the most extreme cases in the OECD (McLennan W. and Goward P., 1997; Brown C., 1998:4). Thus,

“In Australia 6.7 per cent of employed women …(are)…. in managerial positions compared to 14 per cent of employed men and female managers earned on average 80 per cent of the wage of male managers …(and).....segregation of the workforce contributes to the gender wage gap through an occupational differentiation of wages. Those occupations regarded as “women’s work” receive lower pay and are generally regarded as of lower value than male dominated occupations” (Brown C., 1998:3,4)

Using Williams’ concept of the glass escalator (Williams C., 1992), Brown14 notes for example that:

“…men appear to have easier access to senior positions than women, even in occupations numerically dominated by women. A glass escalator is operating to propel men to positions of authority within occupations which are dominated by women … (for example, in)......social work, occupational therapy and physiotherapy”(Brown C., 1998:6)

The Coalface study indicates that such a “glass escalator” may be operating in the community services occupations, hindering women’s advancement in these traditionally female occupations in addition to the “glass ceiling” in traditionally male dominated occupations such as management (Huffman M., 1995).

As a further elaboration of the four pie charts in Figure 3.22 above, the Figure 3.23, below, gives an indication of the gender shares in each functional category of the community services sector in South Australia as revealed by the Coalface survey.

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Figure 3.23
Employment - Direct Service Provision and Indirect Employment
by Function and Gender
(indicators of female industrial segregation)

Source: Coalface Survey 2005

Women’s segregation is most pronounced in Child Care and Residential Care; and Crisis Accommodation. In both of these sub sectors, more than one in ten workers are women. In the case of Child Care the figure is as high as 96 per cent. In contrast, Employment Services, Community Development and Peak Bodies and Community Centres are below average employers of women and so women can be said to be least segregated in these functional areas.

Figure 3.24, below, gives an indication of the categories in which women are concentrated in the community services sector in South Australia. Predictably perhaps, given the size of the sub-sector, the biggest employer of women by far is the category Residential Care and Supported Accommodation. This accounts for an estimated 41 per cent of the female workforce, (equivalent to 6,000 women). This category combined with Personal Support Counselling, Child Care and Personal Services for independent and community living accounts nearly 8 out of 10 women workers in the community services sector in South Australia.
Employment Status of Workers in the Community Services Sector

It was observed in Chapter 2, Section 2.1.4 that the increasing incidence of precarious employment (or “non standard” work) in the Australian labour market is one of three contemporary economic phenomena which is leading to more unequal outcomes in the operation of the labour market\textsuperscript{15}, such that Australia is seeing the rise of the working poor where the holding of a paid job may no longer be an insurance against poverty. Non standard work includes casual jobs, temporary jobs provided through employment agencies and labour hire firms, as well as jobs filled by self employed dependant contractors and self employed independent contractors both directly and indirectly through labour hire firms, as well as the more traditional part time permanent and part time casual model (Watson I. Buchanan J. Campbell I. and Briggs C.,2003:65). The growth of non standard work arrangements is most prominent in the services sector comprising retail, hospitality, and health and community services. For this reason were keen therefore to include measures of the growth of non standard work in the Coalface survey of South Australia’s community services sector in order to make some assessments of the extent to which precarious employment models predominate in the sector.

The Coalface survey therefore collected information on the employment status of the SA community services workforce, in the following six mutually exclusive categories:

- Full time continuing
- Part time continuing
- Full time fixed term
- Part time fixed term
- Casual staff directly employed
- Casual staff from employment Agency

\textsuperscript{15} The other two being the persistence of hidden unemployment and underemployment.
The first two of these employment models are considered secure employment while the remaining four types of non standard models of employment characterized by job insecurity. We have carried out the following analysis of the results from the survey according to this secure/insecure jobs dichotomy with particular reference to gender based outcomes and their interaction with the industrial and occupational makeup of the sector. As a primer for this analysis, in the section immediately following we identify the prevalence of each of the 6 employment types.

Figure 3.25, below, shows the share of total community sector employment in each of these six employment categories. Three categories account for 87 per cent of employment in the sector: Part Time and Full Time continuing and Casual Staff Directly Employed. The largest single category is Part time continuing employment. Full time fixed term and Part time fixed term are numerically minor employment categories, as is casual staff from employment agencies. Each of these latter three categories make up less than 5 per cent of the workforce. However, the size of the total casual workforce (directly employed and those recruited from agencies) is substantial at just over 1 in 4 workers in the sector. Table 3.12, further below, gives a gender breakdown of these aggregates.

**Figure 3.2**
Total Community Sector employment estimates by employment status (percentage contribution to the total)

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casual staff from emp. agency</td>
<td>2.9%</td>
</tr>
<tr>
<td>Part time continuing</td>
<td>43.9%</td>
</tr>
<tr>
<td>Full time fixed term</td>
<td>3.5%</td>
</tr>
<tr>
<td>Part time fixed term</td>
<td>4.6%</td>
</tr>
<tr>
<td>Full time continuing</td>
<td>22.0%</td>
</tr>
<tr>
<td>Casual staff directly employed</td>
<td>23.0%</td>
</tr>
</tbody>
</table>

Source: Coalface Survey 2005

From Table 3.12, it is clear that women are more concentrated in casual jobs (26 per cent of jobs held by women versus only 20 per cent of jobs held by men.)
Table 3.12
Employment Estimates by Employment Status and Gender, Community Services South Australia 2005

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Males</th>
<th>Females</th>
<th>Persons</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full time continuing</td>
<td>863</td>
<td>3,374</td>
<td>4,190</td>
<td>22.0%</td>
</tr>
<tr>
<td>Part time continuing</td>
<td>1,083</td>
<td>7,281</td>
<td>8,364</td>
<td>43.9%</td>
</tr>
<tr>
<td>Full time fixed term</td>
<td>148</td>
<td>515</td>
<td>663</td>
<td>3.5%</td>
</tr>
<tr>
<td>Part time fixed term</td>
<td>203</td>
<td>674</td>
<td>876</td>
<td>4.6%</td>
</tr>
<tr>
<td>Casual staff directly employed</td>
<td>507</td>
<td>3,872</td>
<td>4,379</td>
<td>23.0%</td>
</tr>
<tr>
<td>Casual staff from emp. agency</td>
<td>91</td>
<td>468</td>
<td>559</td>
<td>2.9%</td>
</tr>
<tr>
<td>Total</td>
<td>2,848</td>
<td>16,184</td>
<td>19,032</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Coalface Survey 2005

Security of Employment

Of the six categories of employment status, two could be considered securely tenured: Part Time Continuing and Full Time Continuing. Fixed term jobs whether full time or part time as well as casual jobs lack tenure. The following analysis shows the distribution of tenured jobs (herein termed ‘Secure’) and non tenured jobs (termed ‘Insecure’). The Secure category consist of full time and part continuing. The Insecure jobs category comprises the remaining four jobs categories (of fixed term and casual). Table 3.13, below, provides the base data for the analysis classified by Industry and Occupational Categories. The numbers in the table represent Coalface survey counts of employment.
Most of the jobs in the sector are secured tenure (65 per cent). However, this average figure masks significant differences across the various functional categories and across the occupational categories of employment in the sector.
Front line, direct service provision jobs are more often insecure jobs compared to back office indirect services in the sector. The four graphs in Figure 3.26, below, illustrate this observation, using data from Table 3.13. Sixty one per cent of jobs in direct service provision are secure jobs. Four out of ten jobs in the Professional occupations and the Direct Support occupations are insecure. However, the proportion of secure jobs in the management occupations is much higher at 82 per cent and in the Indirect Support staff category secure jobs account for 76 per cent. Jobs in the indirect category are on average 82 per cent secure. Insecure jobs in the Direct service category (where 80 per cent of jobs are located) occur at one and a half times the rate they do in the Indirect Service Category.

Source: Coalface Survey 2005
Figure 3.27, below, distils some figures from Table 3.13 to demonstrate the differences in job security over the industry categories in combination with the occupational categories.

**Figure 3.27**
Job security employment status by industry* and occupational grouping.

![Graph showing job security employment status by industry and occupational grouping.]

Source: Coalface Survey 2005.

* Note that Alternative/ Foster Care is mostly staffed by public sector employees. There were only 120 employees in that area reported by agencies responding to the Coalface survey.

Higher than average rates of insecure jobs are found in:
- Community centres,
- Transitional and crisis accommodation,
- Personal support services – independent living
- Personal support services – community living
- Information advice and referral
- Support for carers.

In fact, insecure jobs outnumber or approximate the number of secure jobs in three of these categories: community centres, transitional and crisis accommodation, and personal support services – independent living. Together, these areas account for one in five workers in the sector overall.
The areas with very high rates of secure employment, making up one in two jobs in the sector, are as follows:

- Financial and material assistance
- Residential care and supported accommodation
- Employment services
- Personal support and counselling
- Peak bodies

As already observed, direct service delivery jobs number 4 out of every 5 jobs in the sector. A sizeable 39 per cent of these frontline direct service delivery jobs are insecure. The proportion of insecure frontline jobs is highest in the following sectors:

- Community centres
- Transitional and crisis accommodation
- Personal support services – independent living
- Personal support services – community living
- Information advice and referral
- Support for carers
- Community development and group advocacy
- Child care.

These areas all have above average proportions of insecure frontline service delivery jobs. Together they make up half the sector’s employment. This is a significant finding, meaning that the sector finds its greatest employment flexibility through an insecure model of employment in the predominant direct service provision occupations.

In the case of community centres, transitional and crisis accommodation, and personal support services – independent living, the proportion of insecure jobs in the front line service delivery occupations varies from 55 per cent to 66 per cent of the total.
4. SERVICE DELIVERY MODELS, FUNDING AND WORKFORCE DEVELOPMENT

4.1 Changing Service Delivery Models

Moves to adopt a ‘New Public Management’ model around the globe in the 1980s and 1990s increased the promotion of private sector methods in the public sector and led to the implementation of results-based management reforms. The privatisation of human service delivery by governments through contract governance is widely recognised as decoupling policy from service delivery, through managing outsourced public service provision via contrived markets.

On the one hand, the ideas of the competitive market have impinged more deeply in community services than in other industries, emphasising the idea of citizens as consumers, able to choose from a range of service providers (Carson and Couch 1999). This has been reinforced by a strong push for agencies to deliver services to clients in the community as part of de-institutionalisation, which is ostensibly about improving quality of services for the clients and their families.

On the other hand, the trend towards increased contracting out of service delivery has emerged hand in hand with an increased emphasis on treating citizens as the government’s customers. This has meant service targeting, by ever more tightly specified outputs being purchased by the government departments. Furthermore, the devolution of accountability and responsibility for implementing Government policies to contracted service providers has included requirements for agencies to monitor customer/client compliance with conditions of service.

A strong component of the push for community service agencies services to deliver services to clients in the community has been the process of de-institutionalisation, which is ostensibly about improving quality of services for the clients and their families. This is offset by more cynical views that service delivery change without commensurate resource provision is primarily a cost cutting and cost shifting exercise.

On balance, though, it can be claimed that successive Australian governments have sought to make service delivery models reflect an emphasis on quality service by strengthening requirements for agencies to achieve increasing efficiency and effectiveness in service delivery and be more responsive to the needs of the citizen as customer. These policy changes can be seen as strategies to redress concerns about perceived rising levels of service costs, and as discouraging dependence on the State by reinforcing individual and family responsibility. This service delivery change manifests itself in changing service delivery patterns to overcome functional and organisational silos. The effects are evident at both the organisational level and at the level of interaction with the individual client.
4.1.1 Coordinated, Integrated and Partnership Models of Service Delivery

At the organisational or whole-of-agency level the intention of changed service delivery models is to achieve efficiency and cost savings via an Integrated Service Delivery Model. “All of the available evidence points strongly towards the need for a paradigm shift in policy, funding and service delivery away from narrow single issue programs and towards ‘broadbanding’ of services” (NSW Dept of Community Services, 2005).

Terms associated with the Integrated Service Delivery approach include: one-stop delivery, one-stop access, service clustering, multiple service delivery channels. Overall they aim to develop innovative and flexible ways of delivering services to citizens. In practical terms this often involves integration by geographical location (involving regional planning authorities and community level projects) and integration of a variety of different services used by particular clientele.

Fine, Pancharatnam and Thomson (2001) describe this as a “shift away from specialised and bureaucratic patterns of service provision towards a more coordinated, integrative approach”. Moves to enhance linkages between services are also undertaken to “simplify consumer access to services, increase the cost-effectiveness of provision through the eradication of duplication and the inappropriate use of resources associated with poor preventative practices, and to help realise efficiencies of scale in service delivery” (Fine M, 2000 #60).

This more holistic approach, it is argued by advocates, can create synergies leading to innovation and streamlining of service delivery through information and skill sharing, although it can be argued by critics that it is inconsistent with competitive tendering because of the importance of agency level commercial-in-confidence information and confidential client information. This approach anticipates both savings and efficiencies from inter-organisational cooperation. It is often referred to as a “Partnerships ” approach, by Governments, with private public community partnerships encouraged as a means of building social capital and enhancing community capacity (Carson and Kerr 2003).

This approach is exemplified in the current Prime Minister’s Community Business Partnership platform which states that “Business and community are subsets of each other and are inextricably part of each other. Those who work with the community are conducting business, and those who operate in the business sector (large or small) are part of the community—the broad community and specific communities. Mutually beneficial collaboration between business and community, as well as engagement and participation at an individual level, can provide more efficient and long-term solutions to community issues and build greater social cohesion”.

This statement is in alignment with the government’s strong orientation towards the adoption of competitive business models, particularly via the imposition of a market based approach to
planning and funding to achieve the objective of a high quality, cost efficient community services sector.

4.1.2 Client Centred Service Delivery

As a complementary process to the integration of agencies and creation of partnerships to deliver services, there has also been an associated development and introduction of a range of Integrated Service Delivery models to promote a client centred focus. These are intended to ensure a continuity and coordination of care, planned with and designed to suit the needs of individual clients as consumers. Key terms used to define this service delivery paradigm and its delivery methods include: case management, coordination, personal care, individualised service delivery, and brokered service models.

All the variations of the model are underpinned by the concept of Individualised Service Delivery - described as working in partnership with the client, and by attempting to “fit the model to the individual/family” rather than “fit the individual/family into the model”. These service provision arrangements and professional ways of working require different responses from within organisations and across organisational and traditional professional boundaries. The paradigm has been described as concerned with “boundary spanning” strategies to ensure service provision is client-driven rather than organisationally driven. Changes in communication patterns, including the availability of more sophisticated information technology, will enable greater interaction between agencies where that is required and mandated. Yet the imperative is not technological, it is moral and cultural.

Trends in service delivery that are driven by social exclusion as an organising principle focus attention on particular client groups, such as the homeless or the disabled, across a range of jurisdictions. And, as a result, it is argued in some of the literature that different skill requirements are required in the community services sector (Disability Services Qld, 2001). For example, in the field of disability services, direct support staff who are experienced, creative and resourceful, who have a belief in the capacity of people with disability or disadvantage to learn and develop and who know how to work in a community context to actively address inclusion issues, are high in demand within the sector. (Disability Services Qld, 2001)

Similarly, the argument that the delivery of services to the homeless requires the development of special skills among workers continues to be a major point of contention. For example, commenting on the “rhetoric about services needing to be service user focused and placing clients in the centre of service planning and delivery, and focusing on outcomes for clients”, Oberin and Marchingo (2003) point out that there remain a number of problematic barriers to achieving this objective. Referring specifically to services for the homeless, they assert that these barriers are both internal/cultural and external/structural.
“First, many services still operate from a traditional welfare model approach, which is based on charitable helping. We argue that this contributes nothing towards social and political change and places ‘homelessness’ in the realm of individual human deficit rather than in a socio-political context. Second, on the other end of the scale, there are models of service provision which attempt to meld philosophical based theory into their organisational model and day to day practice – one of the desired outcomes for these organisations is to achieve social change not just respond to the individual client. Despite even the best intentions, however, services are not only often hindered by their own ‘culture’ and philosophical underpinnings, but also by the rules and performance indicators built into, and dictated by various government funding models” (Oberin and Marchingo 2003).

4.2 Changing Funding Models

The community services sector faces a range of intrinsic challenges and opportunities, including the geographic distribution and ageing nature of the population, ageing carers, and a projected rise in the demand for services a the same time as those services are increasingly being delivered in a community setting. All of these combine to create difficulties in attracting and keeping skilled, experienced staff in the sector, particularly in the role of personal carers.

The trends in funding mechanisms over the past 100 years - including the shift from a grants based system through a submission based system to a competitive tendering system - have been well documented elsewhere and we will not re-visit that discussion here. Australia has a long history of subsidising non-government welfare organisations to deliver services (Graycar 1980; Lyons 2003). The corollary is that unlike governments in other countries, such as the UK, at no time did the Australian Government provide much in the way of community services, so that the growth in this area has not been caused as profoundly by privatisation as it has in the UK and other countries. (A notable exception is the Employment Services Market where the creation of the Job Network has resulted in the largest exercise in contracting out of Government employment services by tender yet undertaken anywhere in the world.)

However, it is worth repeating that while non-government community service agencies in Australia have long been responsible for the bulk of service delivery, governments at the Commonwealth and State levels have been the major funding source for the services, and are able to specify the service outcomes they are prepared to purchase from service providers. As such, the governments' social policies and the associated funding and service delivery models they adopt as part of the social policy regime, are arguably the most significant drivers for change in the community services sector. This is a volatile force.

Since the early 1970s this has entailed a series of substantial institutional reforms accompanying each change of government, albeit in a context of an historical under-investment in infrastructure.
Careers at the Coalface

(see chapter 2). One of the most significant changes that occurred in the sector in that period is that it has experienced a period of rapid and sustained growth, as shown in chapter 3. This is strongly related to the impact of advocacy during the 1970s and 1980s from provider organisations and disadvantaged groups themselves, prompting Commonwealth funding for services to older people, children and homeless. At the same time this was accompanied by increased funding for a broader range of community care services designed to support care in the community as part of the de-institutionalisation agenda. These services include home care, supported employment services, child care centres and family day care.

The funding reforms that have shaped the community services sector have been predicated on a competitive tendering model and have emphasised open competition in the allocation of funding. As in other areas of government funding of programs, there has been a steady move towards open tendering, including by for-profit private sector organisations taking the opportunity to penetrate the new markets created in this area. This has been accompanied by an emphasis on efficiency and productivity, and increasing regulation of outputs derived from the accountability/efficiency/governance constraints evident elsewhere in the outsourcing of Government services.

All of these changes present important challenges and opportunities for the community services sector. Some of these challenges have been philosophical and values based, calling into question the fundamental original purposes of some organisations, including their motivation and mission for being in the sector, while other challenges have been experienced more at the level of organisational survival and sustainability, and still others at the operational and work culture level.

It is widely agreed that the current social policy climate – presenting both opportunities and threats as it does – has serious implications for the types of (entrepreneurial) management and professional skills which are valued and required for organisations to continue in the market, and to be recognised providers of high quality services in a competitive environment. Related to these challenges are requirements for agencies to comply with outcomes based on changing service delivery models informed by Government defined social welfare reform agendas. The 2001 Commonwealth Government Enquiry into the definition of Charities characterised the key reform principles as:

- communities being encouraged to take greater responsibility for developing their own solutions to their problems and needs, through an emphasis on community capacity building and development of social capital;
- a movement within the sector towards a greater focus on self-help, prevention and advocacy activities, and a less predominant emphasis on the provision of direct assistance
- an increased range and volume of government funded services being delivered by non-government organisations;
• changes in the relationship between governments and the sector, such as:
• government funding support to the sector being provided increasingly through outcome based funding agreements for the provision of defined services, as opposed to broader grant-in-aid funding;
• contracts for the delivery of government programs and services through non-government organisations being awarded increasingly on the basis of competitive tendering processes; and
• the community sector being encouraged to work in partnership with government and business in delivering outcomes for communities and individuals. (Enquiry into the Definition of Charities) {Commonwealth Govt, 2001 #86}

4.3 Workforce Impacts of Changing Policy and Service Models

It is commonly observed, both in Australia and elsewhere, that the changes experienced by the community services sector have profound implications for workforce issues in the sector. A range of researchers in Australia (Owen, 2001) (Spall, 2004) (Buchanan 2002) (Healy 2004) (Meagher and Healy 2003) (Wagner, 2003) (Yeatman and Penglase 2004) and the US and Canada (Nittoli, 2003) (Light, 2003) (Saunders, 2004) (O'Connor and Ilcan 2005) (McMullen, Brisbois 2003) have identified a range of commonly reported serious challenges as a result of changes in the community services including:

• increased responsibilities, (for organisations and their workers), with less funding
• a shift in the nature of funding
• competition for scarce resources
• a shortage of volunteers
• predominantly female employees being highly motivated by the desire to improve the lives of the people they serve, but impacted by heavy workloads, long hours, and high vulnerability to burnout – due to low pay, and talent and achievement not being well rewarded (Light, 2003)

and

• highly regulated rule-bound jobs leaving little latitude for discretion and driving out the most entrepreneurial workers
• the education and training that workers receive not matching the roles and demands actually encountered on the job (Nittoli, 2003)

In Australia, researchers such as Meagher and Healy have reported changes in Government funding policy leading to community services practitioners’ “perceptions of significant tensions between what they value about their work and their perceptions about what is valued by those managing and funding the agencies they work in” (Meagher, 2003). It is not a new perception
that community services workers are deeply committed to helping children, youth, and families, but that they are under-resourced, and under-appreciated. Onyx (1992) reported that the attraction to work in the community sector was often a values choice (commitment to social values/social change/improving the client group’s lot, and/or personal self-development/personal growth).

Nevertheless, there are certainly increasing reporting and accountability requirements that do have workload and skills implications. The additional emphasis on operational efficiency, efficacy and fiscal control with ever-increasing burdens of paperwork and reporting on outcomes as a primary requirement by funders is in many cases an additional workload which is not taken into account in funding formulae. Social policy in recent years in Australia has rewarded minimal spending on operational costs and infrastructure, sometimes without appropriate reference to the organisational implications and service delivery implications. This leads to managerial practices in non-profit organisations in the human services sector labelled by Wagner and Spence (Wagner, 2003 #1) as paucity management, which will be discussed presently:

“....‘paucity management’ is that set of strategies used by managers and workers to operate effectively and ethically under conditions of resource poverty”.

In sector and organisation terms, a dilemma for the community services sector is that there is evidence of deprofessionalisation of the labour force (Meagher 2003). This is so at an aggregate level, in that there is considerable greater growth in direct service and indirect service non-professional employment compared to professional employment. Growth in numbers of workers in direct and indirect service roles at the aggregate level is not in itself a cause for concern, but it can be a concern to the extent to which less-well trained staff are replacing staff who were more highly trained or credentialed, or to the extent to which qualified staff are working in roles for which their qualifications are unnecessary.

Furthermore, in individual terms, front line community service workers, according to Meagher and Healy’s research in the family services arena in NSW, also perceive a “dissonance between their practice goals and the administrative goals” of the various Departments that fund them.

That this dissonance of expectation, value base and resourcing is not unique to Australia can be seen by studies in the UK, the US and Canada. The Canadian Policy Research Network recently reported that the “passion and commitment of its employees are a non-profit organisation’s most valuable assets. But today’s unstable funding environment, low salaries, high workloads, and lack of opportunity for advancement, among other things, are making it difficult to sustain that passion (Saunders, 2004).

Likewise, the US Brookings Institution’s Centre for Public Service, for example, has observed that the human services workforce is a special one – noting that “its motivation to serve the public is unrivalled among the workforces studied over the past four years” but that “these workers are
asked to do more with less every year. Workloads often exceed recommended limits, turnover rates among the most qualified workers are high, and human services employees describe their work as both frustrating and unappreciated” (Light, 2003). Light et al (2003) define key factors that, by general agreement, pose the greatest challenge to this workforce in the US:

- Nonprofits, government, and for-profit employers cannot find sufficient numbers of quality staff
- When they do, too many of those workers do not stay
- Workers are paid less than those in other jobs at comparable levels
- There is limited opportunity for professional growth and advancement
- Workers receive poor supervision, and little guidance or support

Many of these factors resonate strongly with the critical issues reported as facing the community services sector in SA by Key Informants, survey respondents and focus group participants for the present study.

4.4 Conceptions of Workforce Development

Workforce Development has emerged to describe a relatively wide range of activities, polices and programs. The term often becomes a proxy for career and technical education but the spread of the term to replace the previous conceptualisation of ‘skill shortage’ signals a growing awareness that previous approaches in this area are inadequate to address emerging challenges in the face of demand surges and changing demographics (Jacobs 2002). New models of workforce development are consistent with the development of a client centred focus in the community services (as outlined above in section 4.1.2), being concerned with the development of a workforce with competencies to deliver the services deemed to be necessary as a result of broader sector assessments.

Workforce Development can be seen as a combination of managing the size and composition of the workforce, retaining and managing that workforce and skilling that workforce. An important aspect of the shift is a recognition of the need to provide for organisational as well as individual goals. The global imperative to address Workforce issues for the whole economy is aptly described in the South Australian Government Skills for the Future Final Report of the Ministerial Inquiry (SA Govt, 2003 #121), which stated:

Many of the old certainties about skill are disappearing in the face of profound economic and social changes arising from globalisation, technological change and international capital flows, the ageing of the population, changing community expectations and rising aspirations. In particular, the changing structure of the economy is, in turn, changing how firms, industries and regions compete and are organised. Innovation will become more central to economic competitiveness and will be increasingly dependent on a wider system of inter-
firm and inter-industry collaboration and flows of goods, services and knowledge which link firms and industries into clusters. In this process, there are quite fundamental, complex and multi-dimensional changes in the way work is structured and in the content of skill.

The definition of Workforce Development adopted by the State Government for this initiative, as cited in the Final Report, is:

Those activities which increase the capacity of individuals to participate effectively in the workforce throughout their whole working life and which increase the capacity of firms to adopt high-performance work practices that support their employees to develop the full range of their potential.

That Report goes on to say that “Skills need to be pulled back from an inward-looking education and training focus into a context of both work and community life…The vision is of a highly skilled and adaptable workforce which will provide South Australia with a measurable comparative advantage in the knowledge-based global economy while offering opportunities for all to participate in it according to their needs and to contribute to it according to their potential.”

Workforce Development is increasingly recognised as a major contemporary issue across the community services sector, with a range of initiatives being undertaken in the different sub-sectors and at a national, State and individual organisation levels.

It has already been observed that Workforce Development has emerged to describe a relatively wide range of activities, polices and programs. A common approach to Workforce Development can be characterised as focussing on supply and demand (forecasts of available workforce in adequate supply in the right place with the right skills to meet demand). Such a planning approach to Workforce supply tends to concentrate therefore on predicting population trends and service demands, and in particular matching the training uptake in preferred areas to forecast demand for skills to meet employment demand. This approach emphasises the need for workforce profile data for planning purposes, focussed on addressing factors necessary to guide investment in education and training, and addressing occupational and skill imbalances.- i.e. collecting data on workforce characteristics such as numbers, age, gender, skills, qualifications, wages, classifications, occupations, skills mapping, etc, or demand factors related to changing service requirements, client needs and complexity, population changes, policy changes.

An example of this supply based response imperative underpins the following statement from the Community Services and Health Skills Councils recently released Skills Council Report:

“Recent and comparatively sudden increases in government funding of child protection, mental health and drug and alcohol programs illustrate the need for strategic approaches. The community services workforce must be ready to respond to abrupt surges in demand”.(CSHISC, 2005 #76)
Careers at the Coalface

An alternative approach informed more by a Human Resources/Service Quality/Quality Management approach is exemplified by the following statement from a report prepared by the US based Centre for Studies in Social Policy for the A E Casey foundation

“Human service agencies should have the best and brightest staff. Vulnerable adults, families, and children served by these agencies need and deserve skilled, respectful, and compassionate partners to help them improve their lives. Research and field experience in child welfare services underscore that successful outcomes for children and families “require caseworkers to be responsive to unexpected problems and individualized needs, tenacious in navigating the complex bureaucratic maze of state and federal regulations, and able to form personal relationships that win the trust and confidence of a variety of children and families”

Attracting, nurturing, rewarding, and keeping such people is a challenge.

It requires adequate compensation, realistic performance expectations, manageable workloads, effective leadership and supervision, training and development opportunities, and a supportive work environment. Too often, these prerequisites are not in place (CSSP, 2002 #55).

Other studies take a more structural approach to the question, identifying a range of levels at which Workforce Development strategies need to be addressed – individual, organisational and systems based. Roche (Roche #88), in her work on Workforce Development in the Australian Human Services field advocates an emphasis on extending the definition of workforce development more broadly than the traditional emphasis on education and training of individual workers. She sees the need for change at organisational and system levels to ensure sustainability, including:

- strategic and operational planning;
- management and leadership skills;
- governance;
- recruitment and induction of new staff;
- performance management and review;
- professional supervision, and mentoring;
- team building and peer support;
- identification of training needs, professional development and the development of a learning organisation;

In line with Roche (2001), this Coalface study adopts a holistic systems based approach to Workforce Development as it resonates well with the complex and systemic nature of the expressed concerns in the sector as they have emerged from the Key Informants, survey respondents and focus group participants (to be detailed presently). Issues and constraints
raised that have an impact on the whole of the sector, include: the implications of competitive markets; funding levels; Industrial Award conditions; changing service delivery models, and strategies and issues of sustainability. These issues were overwhelmingly bigger than organisational level issues and can only be addressed successfully across the whole sector. Unfortunately, it is clear that there is no one common strategic approach or even agreement on the level or best framework to apply in addressing the issue across the community services sector.

4.4.1 Strategic System-Wide Issues - Valuing the Sector

Where task specific skills appropriate to the community services are seen by the general population to be closely aligned with generic soft skills, this exacerbates a reluctance to train workers, at exactly the time when the sector needs to be promoting the value of skills acquisition, and the image of the sector as containing highly skilled workers. In the interests of increasing recruitment, and increasing the pool of potential recruits, it is important to highlight that the skill sets appropriate to the sector can be learned, including by properly trained young people, and do not just emerge as an outcome of individual ageing and accumulation of life skills.

The Community Services and Health Industry Skills Council is a lead agent in the National Industry Careers Specialist (NICS) Consortium, and in March 2006 has produced an Environmental Scan of NICS based on responses of providers in this industry sector (CSHISC 2006). The report highlights the rapid rate of growth in the sector nationally in the last 5 years (2nd fastest growing industry) and predicts a rapid growth (of 30,000 new jobs per annum) to continue over the next 5 years. It also identifies skills shortages, particularly in the health occupations, and predicts these could be exacerbated due to the aged profile of the current workforce.

The report is particularly concerned to assess the attractiveness of the Community Services and Health Industry to young people and the availability of careers information for them. In the DEWR listing of ‘Occupations with Very Good Prospects’ 15 of a total 31 occupations are health related but the list does include child care workers, aged and disabled carers, and community and welfare workers. It takes as a positive that some 46% of employees in the sector, broadly defined, are employed part-time, which it sees as an employment option that is attractive to young people (CSHISC 2006, p.3). It has been observed above that there are currently more general debates about whether part-time and casual work is an attraction or a deterrent to potential workers in the sector. (In chapter 6 it will be seen that competing assessments of the merits of employment security are evident in this project’s survey and focus-group responses.)

The CSHISC reports that current community service careers information is limited (CSHISC 2006, p.21). While there is good career information on individual jobs in community services available from generic websites such as DEWR (Australian Careers) and DEST (Jobguide) and
some general information on childcare, aged care and disability services in Victoria and Queensland, there is no nationally available information providing a broad introduction to community services, outlining jobs, pathways and training available. A critical conclusion of this report is that the community services industry is not promoted or marketed in ways that could enable it to overcome negative or limited perceptions of students and parents. To the extent that there is interest in the broad industry, it is more in health related occupations than community services occupations.

The CSHISC is concerned to assess the attractiveness of the Community Services and Health Industry to young people and the availability of careers information for them, particularly through the VET sector (CSHISC 2006). Because of some of the general concern about the problematic nature of New Apprenticeships generally, and School Based New Apprenticeships in particular, employers in the community service industry, as elsewhere, have poor opinions of such training arrangements, particularly in aged care. Problems have emerged as a result of the complexity of School Based New Apprenticeships and, with this, a lack of effective coordination between schools, Registered Training Organisations, Group Training Companies and employers. This is an important issue in small community based organisations that have little extra time and few resources to otherwise assist young people to engage with the sector.

Criticisms of ineffective training plans are common, for example, where little training is given before the on-job component and where the onus for a school student’s learning is therefore left to the employer, and this leads to employers expressing concerns. More importantly, the criticisms have the effect of reducing agencies’ interest or willingness to participate in training arrangements.

This exacerbates the difficulty of workforce development at both the sector level and at the level of the individual agency.

4.4.2 Organisational and Agency-Level Issues - Valuing Work and Workers

In addition to broader sector-wide issues, there is another range of organisational level workforce issues, many of which can be seen to flow on as a consequence of the sector wide issues and constraints listed above, including:

- Management and Leadership Skills - Skills and Training
- Workforce Recruitment and Retention - Vacancies/ Turnover
- Workforce Structure - Balance and Composition
- Retention Strategies - Workplace Culture and Team-building, Remuneration packaging.

The difference between these and the issues set out above appears to be the level of autonomy and control that individual organisations have in dealing with them. While they may be issues
that are common to the community services sector generally, they are also seen as the responsibility of individual agencies or organisations to be addressed.

Overseas, Lowe and Schellenberg (Lowe, 2001 #126) examined the links between the quality of employment relationships and a range of employment outcomes as a part of the Changing Employment Relationships Project undertaken by the Canadian Policy Research Network. Their work focussed on the dimensions of trust, commitment, influence and communication, finding that strong employment relationships are associated with higher job satisfaction, which itself is linked to higher productivity; lower turnover; higher workplace morale; and lower absenteeism.

Lowe and Schellenberg found that “[t]he quality of employment relationships is more important to overall job satisfaction than pay or benefits” (2001, p. xiii). This puts trust, commitment, communication and influence on their list of job selection criteria” (2001, p. xv). Nevertheless, the perception of whether the job pays well was positively associated with all four dimensions! Accordingly, they suggest that the perceptions of pay are embedded in workers’ views about fair treatment by their employer.

Similarly, Ryan et al (Ryan, 2004 #8 in a UK study among a small group of community based dementia care workers, found that organisational support; day-to-day autonomy; the ability to maintain relationships with people with dementia and their families; and staffs’ feelings of contributing to and improving the status and quality of life of people with dementia were the main factors influencing this group’s relatively high level of job satisfaction.

These researchers point out that that such a high level of satisfaction is unusual in an industry where “the role of support workers is often not valued either materially or in terms of its status (Davies 1998). Not surprisingly, the job satisfaction of this essential component of the health and social care workforce is often low (Gillon and Downs 1997, Friedman et al .1999, Packer 1999). Consequently, staff turnover is high (Friedman et al 1999), and concerns about the recruitment and retention of staff who posses the right commitment and enthusiasm is ‘of enduring and intensifying significance’ (Henwood 2001)”.

Ryan et al go on to say that “Organisationally, the present study suggests that the availability of good support structures characterised by open channels of communication, the ready availability of senior colleagues, and a clear sense of organisational purpose and value, all promote feelings of genuine collegiality despite the potentially isolating and intensive one-to-one nature of support workers’ daily work”.

The ‘value’ accorded to the support worker role needs to operate at several levels:

At the micro level, ‘valuing’ is demonstrated in the immediate dyadic or triadic relationship between the support worker, the person whom they are supporting, and where appropriate, family carers. This emerged as the major determinant of job satisfaction in the study by Ryan et al and
has also been identified as important by several other authors (Olsson and Ingvad 1999, Samuelson 2000, cited in Ryan et al, 2003).

At an intermediate level, individual support workers and the role they play, has to be accorded value within the organisation within which they work. Fundamental to job satisfaction, and costing little in monetary terms, is “recognition and thanks for a job well done” from supervisors and managers (Grieshaber et al 1995, Gilloran and Downs 1997, cited in Ryan et al, 2003).

The most general level at which the support worker role must be valued is at the macro or societal level. Of course, this means that care work more generally must also be seen as important…“The relational aspects of care must be rewarded, both materially and socially so that workers continue to be motivated to engage in the most important non-instrumental tasks of care (Stone 2001, p. 173, cited in Ryan et al).

The concept of applying flat structures, collective decision-making and participation models in management decision-making also resemble the current human resource best practice conception of what makes a good job. This is, however, limited by managerial practices in non-profit organisations in Australian human services sector. As discussed previously, this has been labelled by Wagner and Spence (Wagner, 2003) as “paucity management”:

“….‘paucity management’ is that set of strategies used by managers and workers to operate effectively and ethically under conditions of resource poverty”. {Wagner, 2003 #1}

From analysis of the results of four separate studies of community services managers undertaken from 1998 – 2002, Spence and Wagner reported the finding that resource poverty was a widespread phenomenon and similar or common strategies of ‘paucity management’ were in evidence across the studies. Using qualitative and quantitative methods focussed on factors including job satisfaction, staff morale, staff recruitment and retention, and managerial responsibilities, the studies led to the development of ‘paucity management’ as a new category for the description and analysis of managerial practices in this sector to deal with resource-poor situations.

“The majority of the 157 organisations across all four studies reported a lack of resources to meet the requirements of ‘good’ service provision. This was expressed in terms of overwork and burnout; insufficient training, professional development and supervision; the use of volunteer labour; lack of equipment, specialist support, referral agencies; and more recently recruitment problems.

To foreshadow, the findings of our survey and focus group respondents we found similar attempts by managers of agencies to respond to broad sector level pressures through individual agency-level coping strategies that put increased pressure on workers in the agencies. As a option for supporting sustainability of organisations in the sector, this strategy has limitations.
Part-time workers have a much higher rate of job separation than full-time workers across all sectors (Shah and Burke 2003), so the community services sector is vulnerable to high levels of voluntary staff turnover, and thus needs to promote strategies at an organisational level to retain workers and their skills. Recent discussions about the motivation of generation X and Y workers and the rewards they seek from work have reactivated some of the discussion about workers motivations, expectations and reasons for working in the sector (KPMG 2006). In the interests of creating dramatic headlines there is a tendency in such discussions to ignore how much the reported distinctiveness of Gen X and Y is a life stage issue rather than a cohort issue. Furthermore, one does well to remember that within-group variation is often greater than between-group variation in these matters. It is a slim hope for the sector to predict that insecure working conditions is consonant with future workers desire for flexibility.

Workforce development strategies at the organisational level need to be more comprehensive than that. It requires, among other things, understanding how much retention difficulties are a function of internal or external factors. The combination of stressful work and burn-out of staff with the funding constraints faced by agencies in recent years can be seen to limit options for community service agencies to retain workers. If the sector is to become recognised as an industry of choice, with organisations being preferred employers there is a need to emphasise the distinctive and attractive qualities of work in the sector rather than its limitations.

Overall, there is ample evidence that workforce development is much more than assessing skill gaps on the organisation and initiating recruitment and training strategies to replace them. It is that, and more, scoping the future demand for, and supply of, workers. It requires adequate compensation, realistic performance expectations, manageable workloads, effective leadership and supervision, training and development opportunities, and a supportive work environment. To what extent do the key informants and senior staff of the non-government community service agencies in South Australia assess these factors to be in place? That is the content of chapters 5 and 6, to which we now turn.
5. KEY INFORMANT ISSUES

A critical component of phase 1 of the research was a series of interviews with Key Informants, to gather insights that were important in their own right, but also to structure the questions that were subsequently asked in the survey.

Comments were sought on any issues that they felt were important on the broad topic of workforce development in the community services sector, but post-hoc coding of the responses showed that they fell broadly into the following categories:

- The Competitive Funding Market
- Changing Service Delivery Models and Service Demands
- Nature Of The Work, Wages And Working Conditions
- Industrial Relations
- Ageing Workforce
- Workforce Balance and Diversity
- Imbalances In Training/ Skills Development

5.1 The Competitive Funding Market

Interviews with Key informants occurred before the Department for Families and Communities (DFC) had taken steps to redress some of the uncertainties and administrative burdens associated with competitive tendering funding. Informants’ comments were made in the context of a history of short term, project based, funding arrangements throughout the sector that constrained efforts of organisations to maintain, develop and grow their workforce in a planned way. Subsequent changes do not alter the fact that the structure and nature of the sector are shaped by the funding and purchasing regimes of the past two decades.

Key Informants reinforced the view that the introduction of competitive funding regimes in Australia had affected the sector at the macro systems level, affecting the way it is structured, as well as influencing the skills needed by the agencies and their staff. This view was very clearly underpinned by a recognition that the operational responsibility and accountability for services which had often previously been the province of Government, had largely been devolved to outsourced suppliers as a consequence of de-institutionalisation combined with contracting out and tendering of services by Government. Only operational control had been devolved, though, not strategic control.

Two of the most visible consequences of marketisation of community services in SA are reported as the rationalisation/corporatisation of community services agencies to achieve organisational critical mass, and the accompanying polarisation of the sector, with ever clearer differentiation between small specialty organisations and better resourced large multi focus (usually faith-based) agencies.
Many Informants expressed the view that the new efficiency-driven, competitive tendering model of funding and service delivery interfered with the “true mission” of caring, by causing an ever increasing focus on outcomes reporting regimes, at the expense of caring for people and their needs. This was exacerbated by pressures of competing and then subsequently accounting for the expenditure and outcomes achieved, with a funding base which is perceived to be inadequate to meet the needs of presenting clients – increasing in both number and complexity.

A strongly expressed opinion of key informants concerned what they saw as a contradictory underlying assumption on the part of Government funding bodies, namely that the charitable/community services sector can be relied on to add value to the welfare budget by enabling lower overall costs. The source of this “value-added” resourcing, the funding bodies argue, is expected come from the “benevolence”/philanthropy motive – of workers, organisations, public/donations and fund raising. Key informants were acutely aware that the task of fund raising becomes increasingly difficult in an materially driven society and that, in any case, Australia does not have a tradition of corporate or individual philanthropy to draw on, as in the United States.

Obvious aspects of cost shifting that was identified as a consequence of competitive tendering regimes and service contracting were the labour costs of speculative tendering for projects, and the costs of risk management and compliance reporting for successful agencies. Beyond those factors, one of the of the most obvious ways in which the cost of providing services is transferred to the sector, and in particular to the individuals who work in it, is through lower pay rates in the sector than in the public service or the private sector. This was also cited as a barrier to workforce development, with qualified, experienced professionals attracted to better paid tenured positions in the public service.

There was also widespread agreement that the impact of competitive funding contracts with variable funding periods, in particular those with short cycles (from 3 months to 3 years), is to increase organisational instability in the sector, with resulting instability for the workforce, as organisations are unable to offer more than short term employment contracts in line with funding periods.

There was, furthermore, agreement among key informants that issues such as the following were of importance:

- Industry competition has resulted in polarisation between small specialty and larger multi service agencies
- Compliance regimes in a competitive market do not encourage innovation, reflective thinking and collaborative service improvement strategies across the sector as a whole.
- The pressures of industry growth and competition have had a negative impact on services in rural and remote areas

Our Key Informants were not simply reactive, not were they relentlessly critical of the prevailing funding and accountability regimes but, rather, gave considered responses that acknowledged
some benefits of the changes for the sector. Notwithstanding considerable agreement on the issues outlined above, there were more mixed opinions among the key informants about other consequences of competitive tendering regimes. Those issues included, for example:

- the extent to which it provides opportunities for agencies to grow and expand the range and scope of services they provide offsets the instability it may cause.
- whether it has had a positive or negative impact on the ability of the sector to develop innovative service options.
- whether the increased entry of for-profit organisations to the market has had a positive or a negative influence on the community services sector.

### 5.2 Changing Service Delivery Models and Service Demands

Allied with the impact of policy issues, such as government funding regimes, is the effect of broad policy paradigms favouring efficiency and accountability on service delivery models. This change has partly been driven by a quest for effectiveness, and imposed on agencies via contractual requirements. At the same time, some of the change has resulted from the spread of models of individualised service delivery.

In general, key informants broadly accepted the notion of increased emphasis on a service delivery model that entails clients’ involvement in decision making and responsibility for directing their own lives and meeting their own needs. This was articulated as an acceptance that the sector needs to shift its attitude from “helping the poor” and “doing good works” to more of an outcomes focus, and that the sector needs to develop new skills to meet “modern”, assertive service “street level” delivery models.

There was nevertheless agreement that the changing service delivery models presented some challenges for organisations and their staff, particularly in skills development. Specifically, there was general agreement among the key informants interviewed that the change to individualized service delivery models, with case managers as service brokers, requires different skills from all involved in the community services sector - management, professionals, direct support staff, indirect support staff, and volunteers.

They also stressed that the challenge of increasing numbers of clients is exacerbated by the increasing complexity of the needs of many clients. While workers are facing increasing case loads, clients are presenting with increasingly complex needs which increases the difficulty of achieving consistent efficiency-based outcomes, as required for funding accountability. At the same time the workers area expected to facilitate the empowerment and support the clients increased personal responsibility for decision-making.

To address poverty, unemployment, addiction, mental health issues, homelessness, domestic violence in any one client or family situation, and facilitate positive outcomes as specified in a service funding contract is challenging, and requires complex, multi disciplinary practice skills. To
achieve this with many clients is extremely challenging. The need for workers to achieve a high level of customised services in an integrated service delivery setting designed around the individual client’s needs requires high level negotiation and coordination skills to deal with a range of related but external organisations and service providers, not to mention a high degree of resilience, determination and positive attitude.

It was a commonly stated view by our informants that the implications for workforce development are highlighted in a stark way when it can be seen that traditional skills training content for professional staff such as social workers, that had served well in the past, were not as aligned with the requirements of this “new” style of service delivery. This shortcoming in the match of training and skills with the requirements of the new service delivery models were perceived as all the more problematic because of the effect that de-institutionalisation policies and the ageing population have had in increasing the demands for services from community agencies.

Interviewees reported that the changed funding regimes imposed increased accountability reporting demands by funders. They also reported increased expectations and costs of risk management and insurance. While these requirements were not resisted in principle, the informants observed that additional costs of meeting these compliance reporting regimes and risk management costs were not, however, recognised as part of the service costs by funders. Moreover, funding is not indexed to keep up with costs, and this was widely seen to be a major problem. Interviewees were generally aware that there are currently positive moves underway to achieve funding indexation and address wages/conditions parity in SA, via a DFC Peak Bodies Sub Committee on the community services sector, and were looking forward to seeing the results of these discussions.

In addition to these core issues associated with changing service delivery models and the level and complexity of service demands they are experiencing, interviewees identified a range of other sector wide factors which they perceived as having a key influence on the current and future capacity of the non-government community services sector in SA to attract and keep a high quality stable workforce.

### 5.3 Nature Of The Work, Wages And Working Conditions

It was a commonly expressed view that the prevalence of short term funding contracts contributes to an unwelcome level of financial instability within organisations, particularly smaller organisations. Combined with the contractual, casual, episodic nature and short duration of much of the work that personal carers and other care-in-place services provide, this results in a prevalence of short term and casual employment contracts, and produces a lack of employment security in the sector, with the consequence that it is difficult to maintain high quality, experienced trained staff.
Furthermore, it was a widely held view of those interviewed, that at a more fundamental level the work of caring is undervalued – in particular for those who choose to be involved in caring for others as a career path in the community services sector. This was reinforced by the fact of low wage structures across the community services sector. It was constantly noted that wages and working conditions in the sector are consistently low when compared with other private and public sector employment. Community Sector Award rates across the five most commonly applied Awards in the sector range from 10 - 25% less than similar Government Awards.

At the same time as caring is undervalued, as evidenced by the reward structure, the paradox is that interviewees believed that work in the community services sector is seen by the general public (although perhaps not funding bodies) as complex and demanding. This perception as being “hard” work does not make it an attractive vocation to many, and this unattractiveness is compounded by a work situation where staff face high case loads and long waiting lists of clients with multiple and often intractable problems, working for low remuneration, and with tight resources. This was seen by our informants as leading to stress, burnout and staff turnover.

Interviewees from both larger and smaller organisations commented that economies of scale operate in larger organisations, which result in them being able to offer better career paths, and more job security for much of their workforce, along with flexible family friendly supportive work practices, which can meant that they can recruit to higher standards than smaller organisations, and retain staff with more success. Nevertheless, the response was not strictly determined by agency size, since there was variation in the reported experience of these issues at the agency level and the way they emphasised components of this set of issues. One large faith-based agency reported that it had difficulty recruiting experienced and qualified staff and it often had to settle for staff who had qualifications straight from university, rather than with prior experience. Conversely another large faith-based agency reported less concern with recruitment but more difficulty with retaining front line workers.

5.4 Industrial Relations

Interviewees were primarily managers and CEOs from a range of agencies and peak bodies representing the wide spread of services within the sector. They all had considerable experience in working within the sector, and in developing organisational strategies to address workforce issues.

Many of the interviewees talked about the ways in which they as managers attempted to alleviate and counteract the negative effects of high work loads, stress, burnout, low wages, compliance regimes, and insecure and short term contracts. They talked consistently about the need to develop human resources strategies and workplace cultures where staff supported each other, functioned effectively as teams, and were enabled to develop skills and experience across work roles to enable this mutual work support to occur; where staff were encouraged to communicate
with each other, were listened to and valued, and were recognised for their efforts; and where family friendly flexible work practices were practiced. The reported effect of these strategies is to maintain morale and motivation, and to attract and retain good staff who have a sense of commitment to the agency, and feel appreciation for what they do.

All interviewees expressed a concern from a number of perspectives (eg, OHS, risk management, worker connectedness, service quality) that there are an increasing number of mobile employees and contracted suppliers, often but not always casually engaged, who are working without a set workplace, typically in clients’ homes. This presents supervision, support, safety and liability issues. In some cases where the client is contributing to the cost of the service, and directing the elements of the work done, this can create tension and even conflict over who is actually the worker’s employer.

In general interviewees agreed that the industrial relations tools available to them to attract and reward a high quality workforce had some limitations due to the fragmented nature of the sector and its limited resource base. For example, one of the strategies available to counteract the disadvantage of the low wage structures in the sector is salary sacrificing. Salary sacrifice is limited, however, to organisations which can maintain or achieve to PBI status, so interviewees reported that this advantage is principally limited to the larger and longer-established organisations among the not-for-profits in the sector.

Other issues that were nominated as making it difficult to achieve workforce stability included the limited availability of entitlements such as Long Service Leave and Annual Leave, due to the contractual nature of much employment and, where these were available to workers, their lack of portability within the sector. Issues such as these highlight the fragmented nature of the workforce, and the difficulties entailed in achieving a degree of coherent industrial and human resources approaches across the sector.

Some interviewees, although not all, perceived Enterprise Agreements to be difficult to achieve in the sector, mainly because of the time they took away from core activities in a resource poor staff situation, and a perception that the industrial knowledge and negotiation skills needed to achieve them were not available in smaller organisations. It is likely that planned amendments to Industrial Relations Legislation in Australia will maintain rather than alleviate this fragmentation, and that over time other industries will experience more of the consequent effects of this workforce fragmentation experienced by the community services sector.

### 5.5 Workforce Balance and Diversity

Interviewees reported their concerns that the contract funding models, and the service delivery models for much of the personal services has resulted in a significant level of imbalance in the structure of the sector’s workforce. The principal concern about this issue was that there is a fundamental imbalance between the roles and security afforded to continuing positions and short
term casual contracts. As a consequence, a two-tier workforce has been seen to emerge in the sector. 0

In addition, interviewees were concerned that the relatively homogenous nature of the sector workforce, which was predominantly ageing, and female, not only presents a challenge to achieve a sustainable balance between older experienced and younger employees, but can also make it difficult to achieve a workforce which is in balance with its client base. (ages, gender, life experience, interests and cultural diversity). Interviewees were especially conscious that Indigenous staff are under-represented in the workforce compared with the client base.

5.6 Ageing Workforce

The community services workforce is generally understood to be an older/ageing workforce. This was not identified by those who were interviewed to be an intrinsic problem for the quality of care or commitment to the work, but there was a general agreement that, unless addressed, this will pose a problem for the sustainability of the workforce in the future.

Various approaches were suggested, ranging from developing strategies to attract new graduates, and young trainee/Apprentices, although attracting young people to work in the sector was reported to be difficult. The informants also discussed the need to develop strategies for attracting mature semi-retired and retired workers who may be interested in part-time casual work and be interested in “giving back” to the community, as well as developing strategies designed to actively retain the skills of mature workers in the sector.

There were some who considered that older workers are not motivated to upskill/re-skill to meet changing system demands, and that this poses a challenge when attempting to modernise practices, and that experienced mature staff do not have skills or time to undertake on the job training and/or mentoring with younger or less experienced entrants. Clearly this is a major issue for workforce development strategies in the sector in the near future.

5.7 Imbalances In Training/ Skills Development

Training, licensing, accreditation and quality service standards were closely linked issues in the interviews. The Key Informants observed that variation in the levels of training uptake across the sector were in part attributable to licensing and accreditation requirements operating differently to drive training uptake in sub-sectors (for example in Aged Care and Child Care).

Where there is less impetus to undertake training for accreditation purposes, the take-up of formal training is patchy across the sector. In particular where there is no funding subsidy for the costs of training, the onus falls on the individual worker to both pay for training, and find the time off the job to undertake it. Low pay rates and funding resources are barriers that make it difficult for workers and employers to upgrade skills via formal training.
Interviewees consistently recognised that the needs of both employed and voluntary staff, including Board members, were changing and increasing in all areas of professional, entrepreneurial and management skills. Larger organisations were seen to have the economies of scale and resourcing levels to meet these ongoing training needs in a range of ways, more easily than smaller organisations were able to.

Interviewees further reported that training standards are variable between RTOs and that many employing agencies did not have a good understanding of the content and the differences in expected training outcomes for various training programs, which made it difficult for them to assess the relevance and value of the qualifications gained by applicants.

At the time the interviews were conducted, Industry Training Advisory Boards (ITABs) were being replaced by Industry Skills Boards, and the future of work which had been undertaken by the State Community Services and Health ITAB was not clear. Interviewees expressed concern about the possible changes in the functions of ITABs and the fact that there was less representation of the sector’s agencies on the new Skills Board than there had been previously on the ITAB.
6. THE COALFACE SURVEY

This describes the design and implementation of the Coalface workforce survey of community sector organisations, which collected data from about thirty percent of the sector’s one thousand non-government organisations in South Australia. This chapter includes a brief description of the survey processes, the scope and coverage of the survey, the survey instrument, the construction of the population frame, the units of enumeration, and the survey response rates obtained.

6.1 Survey Processes

The Coalface Community Services Workforce Survey was conducted electronically via a custom built UniSA hosted, private, secure website. Each organisation in the population frame was provided with the same access PIN number, via email, and invited to log onto this site using the access number and to submit their answers to the questions. All communication with respondents was conducted via mass email despatches including three reminders despatched at regular intervals over the survey period. For collection control purposes, the web component of the system automatically generated a unique unit record identification number with the lodgement of each survey return. This unit record identifier had no relationship with the data in the population frame listing. No matching of incoming data with the population frame occurred (or could occur), since each set of survey responses was anonymously provided.

The online survey responses were down-loaded as unit records into an MS Access database from which statistical validation, aggregation and reporting was conducted. Answers to each question were tabulated separately regardless of response rates to other questions on a given survey return. Statistical significance testing and other analytical reporting was undertaken using SPSS Version 13.0. (SPSS Inc.,2005)

All data cited as part of the Coalface report were based only on aggregated responses to the survey.

6.2 Survey Instrument

The survey instrument (reproduced in Appendix 1) contained 191 questions comprising:

- 145 “categorical – qualitative” (including multiple choice “nominal” variables such as religious affiliation (‘yes or no’); and multiple choice ordinal such as attitudinal rankings on a scale of 1 to 5; and alphanumeric ;text strings for example, ‘do you have any other comments to make about ….’:
- 46 “scale – quantitative” or “continuous” for example ‘how many volunteers, employees’ in various categories.

The survey instrument was divided into five parts as follows:
6.3 Data Sources for Construction of the Coalface Population Frame

The Coalface population frame was mainly sourced from the Infosearch database (CISA - Community Information Strategies Australia Inc., 2005). Infosearch is an online searchable database comprising health and community services organisations in the following broad categories: health, welfare, housing, education, information, legal services and recreation. Infosearch is widely considered to be the most complete source of publicly available information about the operation of individual organisations in the community services sector available in South Australia. The listings include contact, ownership, location and functional details of about 1,700 organisations. The database is maintained by Community Information Strategies Australia (CISA) which is a not-for-profit organisation specialising in information management services for the community services sector. CISA receive ongoing funding from the South Australian Government through Arts SA and the SA Department of Human Services to maintain this database.

The Infosearch database includes organisations in South Australia that meet all of the following criteria (CISA - Community Information Strategies Australia Inc., 2005):

- provide, directly to the public or in a support or coordination role, services that help people living in South Australia to meet their basic needs and rights, or provide opportunities to participate in society
- provide services at state, regional or local level
- operate on a charitable or not-for-profit basis, or are subsidised by government, or provide services on behalf of government, or operate in the private sector providing services that are similar to those helping services provided by charitable, not-for-profit, government subsidised and government services
- have regular hours of operation, a reliable contact source or office space and an accountable management structure
- are established organisations, or projects or programs with funding for at least 6 months.

Table 6.1, below, shows the functional distribution of the organisations recorded on the Infosearch database as at February 2005. The table shows counts of organisations classified by CISA functional categories at their highest level of aggregation. Of the 1,714 community services organisations in South Australia as defined by CISA, three quarters are classified in the five
Careers at the Coalface


Table 6.1
Functional distribution of Infosearch database organisations - ranked counts and percentage shares of SA Health and Community Service organisations by CISA categories

<table>
<thead>
<tr>
<th>Category</th>
<th>No organisations</th>
<th>% of total</th>
<th>Cumulative %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation</td>
<td>432</td>
<td>25.2</td>
<td>25.2</td>
</tr>
<tr>
<td>Health</td>
<td>275</td>
<td>16.0</td>
<td>41.2</td>
</tr>
<tr>
<td>Community Organisation and Development</td>
<td>236</td>
<td>13.8</td>
<td>55.0</td>
</tr>
<tr>
<td>Personal and Family Support</td>
<td>197</td>
<td>11.5</td>
<td>66.5</td>
</tr>
<tr>
<td>Communication and Information Services</td>
<td>157</td>
<td>9.2</td>
<td>75.7</td>
</tr>
<tr>
<td>Education</td>
<td>151</td>
<td>8.8</td>
<td>84.5</td>
</tr>
<tr>
<td>Employment</td>
<td>63</td>
<td>3.7</td>
<td>88.2</td>
</tr>
<tr>
<td>Law and Justice</td>
<td>54</td>
<td>3.2</td>
<td>91.3</td>
</tr>
<tr>
<td>Finance, Income, Business</td>
<td>50</td>
<td>2.9</td>
<td>94.2</td>
</tr>
<tr>
<td>Citizenship, Nationality</td>
<td>25</td>
<td>1.5</td>
<td>95.7</td>
</tr>
<tr>
<td>Material and Practical Needs</td>
<td>21</td>
<td>1.2</td>
<td>96.9</td>
</tr>
<tr>
<td>Animals, Birds, Insects</td>
<td>15</td>
<td>0.9</td>
<td>97.8</td>
</tr>
<tr>
<td>Transport</td>
<td>10</td>
<td>0.6</td>
<td>98.4</td>
</tr>
<tr>
<td>Public Safety</td>
<td>9</td>
<td>0.5</td>
<td>98.9</td>
</tr>
<tr>
<td>Government</td>
<td>8</td>
<td>0.5</td>
<td>99.4</td>
</tr>
<tr>
<td>Religions and Philosophies</td>
<td>6</td>
<td>0.4</td>
<td>99.7</td>
</tr>
<tr>
<td>Rural Organisation and Development</td>
<td>5</td>
<td>0.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>1,714</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Source: (CISA - Community Information Strategies Australia Inc., 2005)

After the Coalface scoping rules were applied (as described in Section 3.2), the population listing sourced from the CISA database, presented in Table 1, was reduced by about 40 per cent to 1,004 organisations. The main points of departure between the Coalface Survey population and the Infosearch database were as follows:

- In the Infosearch Accommodation category, about 300 high level residential care establishments were deemed out of scope of the coalface survey.
- In the Health Category, about 150 direct health delivery organisations such as clinics and hospitals were out of scope of the Coalface survey.
- In the Education category about 60 schools or training institutions listed under Infosearch were deemed out of scope because their principal activity is education.
- About one hundred organisations listed on Infosearch in various categories were deemed out of scope of the Coalface survey on the grounds of government ownership.
Further adjustments were made to overcome a known deficiency in the inclusiveness of the Infosearch database in the category of Personal and Family Support. Infosearch incompletely covers for-profit organisations operating in the senior care sector and offering home support services such as personal care, cleaning, shopping and transport. Many of these services are purchased from contractors by Commonwealth and State Governments on behalf of eligible recipients. A listing of these organisations was obtained from Carelink, a Commonwealth Government service which brokers aged and disabled care services delivered in the community to eligible (mostly) aged and disabled recipients (Commonwealth Department of Health - Carelink, 2005). The inscope listing of 1,004 organisations derived from the Infosearch database was supplemented by 105 “Carelink organisations”, bringing the total inscope population to 1,109 organisations. The South Australian Council for Social Services and the Australian Services Union, both of whom were represented on the Steering Committee, checked the Coalface population listing against their membership records and minor adjustments were made accordingly.

6.4 Survey Coverage

Because the Coalface survey instrument was to be delivered online, it was critical that all potential respondents in the population frame were contactable by email. Of the inscope organisations identified in the population frame, 258 did not have email addresses recorded on the Infosearch listing. Intensive phone follow-up reduced the number of organisations in the population frame without email addresses to 132. Most of the inscope organisations missing from the coverage of the survey in this way were residential aged care facilities, child care centres and small organisations in the Personal and Family Support category offering services such as support groups for disorders and illnesses. It is not surprising that these very small organisations, some of which employ no staff and operate from non-commercial premises, would lack internet access due to the relatively high overhead costs involved. More surprisingly, we were told by several of the child care and aged care organisations contacted that, regardless of size, it is quite common for establishments in these two sub sectors to lack the operational need for internet and/or email access.

6.5 Final Population Frame

Discounting the organisations without email addresses, the resulting population listing of 977 inscope and in-coverage organisations formed the final population frame for the Coalface survey16.

For completeness, Table 6.2, below, shows the functional distribution of these 977 community service organisations comprising the Coalface survey using the Infosearch taxonomy.

---

16 The population counts classified by the Coalface taxonomy are presented in Section 3.3, above.
All 977 units in the population frame were individually reclassified according to the Coalface classification system previously outlined in Section 3.3. At its most detailed level, the Coalface taxonomy has 14 categories. Table 3.6 in Section 3.3.3, above, showed the resulting distribution of the Coalface population frame.

6.6 Units of Enumeration

The population counts in Table 6.2, below, include service delivery sites with common ownership. The unit of enumeration of the Coalface survey was defined as any in-scope and in-coverage service delivery site. A survey return was required in respect of each such in-scope site. This excluded from coverage those individual sites belonging to organisations operating multiple sites, the primary function of which was not service delivery, such as administration, storage and freight facilities.

The organisations with multiple service delivery sites, typically the so called “charity corporates” such as The Salvation Army and Society for St Vincent DePaul required special measures in the survey to ensure that a survey return was collected in respect of each of their inscope sites. In addition, response to questions on the survey form concerning employment workforce numbers needed to be coordinated to encompass all operating sites of a given organisation and to avoid double counting of employment numbers within the organisation.

From the Infosearch listings and from other information sources, a total of 123 sites in the survey population frame were identified as belonging to organisations with multiple service delivery sites. These sites were consolidated into a separate collection control register. Before the survey went “live to air”, negotiations were held with the management of these organisations to ensure an appropriate method of data collection was tailored to the needs and preferences of each organisation. Negotiated survey arrangements differed depending on the circumstance and preferences of the management of these organisations. In some cases for example, where corporate management was highly devolved, this entailed obtaining a comprehensive list of all delivery sites and contact names and email addresses. The survey proceeded in the usual way, except corporate management took responsibility for those aspects of the survey return requiring consolidation across the organisation. In other cases, corporate management handled the entire data collection internally on our behalf.
## Table 6.2
Coalface Survey Population Frame (Totalling 977 Organisations) classified by Infosearch Major and Minor Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal &amp; Family Support</td>
<td>363</td>
</tr>
<tr>
<td>Child Abuse Prevention</td>
<td>2</td>
</tr>
<tr>
<td>Child Care</td>
<td>31</td>
</tr>
<tr>
<td>Counselling</td>
<td>22</td>
</tr>
<tr>
<td>Family Support</td>
<td>6</td>
</tr>
<tr>
<td>Foster Care</td>
<td>2</td>
</tr>
<tr>
<td>Full Day Care (Pre-school)</td>
<td>28</td>
</tr>
<tr>
<td>Home Care &amp; Support</td>
<td>117</td>
</tr>
<tr>
<td>Independent Living Units</td>
<td>28</td>
</tr>
<tr>
<td>Occasional Care</td>
<td>11</td>
</tr>
<tr>
<td>Outside School Hours Care</td>
<td>5</td>
</tr>
<tr>
<td>Part Day Care</td>
<td>16</td>
</tr>
<tr>
<td>Respite Care</td>
<td>9</td>
</tr>
<tr>
<td>Support &amp; Resource Groups</td>
<td>16</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>6</td>
</tr>
<tr>
<td>Vacation Care</td>
<td>4</td>
</tr>
<tr>
<td>Accommodation</td>
<td>159</td>
</tr>
<tr>
<td>Accommodation Support</td>
<td>3</td>
</tr>
<tr>
<td>Emergency Accommodation</td>
<td>17</td>
</tr>
<tr>
<td>Residential Aged Care Facilities</td>
<td>8</td>
</tr>
<tr>
<td>Community Organisation &amp; Development</td>
<td>128</td>
</tr>
<tr>
<td>Advocacy Groups</td>
<td>9</td>
</tr>
<tr>
<td>Community Centres</td>
<td>50</td>
</tr>
<tr>
<td>Conference Venues</td>
<td>2</td>
</tr>
<tr>
<td>Function Facilities</td>
<td>11</td>
</tr>
<tr>
<td>Information &amp; Referral</td>
<td>14</td>
</tr>
<tr>
<td>Multicultural Welfare Services</td>
<td>20</td>
</tr>
<tr>
<td>Parks &amp; Reserves</td>
<td>12</td>
</tr>
<tr>
<td>Voluntary Work Sources</td>
<td>2</td>
</tr>
<tr>
<td>Volunteer Recruitment &amp; Training</td>
<td>4</td>
</tr>
<tr>
<td>Welfare Coordinating Services</td>
<td>4</td>
</tr>
<tr>
<td>Health</td>
<td>124</td>
</tr>
<tr>
<td>Disabilities, disorders physical</td>
<td>50</td>
</tr>
<tr>
<td>Disabilities, disorders intellectual</td>
<td>66</td>
</tr>
<tr>
<td>Parenting Skills</td>
<td>3</td>
</tr>
<tr>
<td>Personal Development</td>
<td>2</td>
</tr>
<tr>
<td>Physical Fitness</td>
<td>3</td>
</tr>
<tr>
<td>Other**</td>
<td>30</td>
</tr>
<tr>
<td>Life Education</td>
<td>3</td>
</tr>
<tr>
<td>Living Skills</td>
<td>19</td>
</tr>
<tr>
<td>Pre-school Education</td>
<td>52</td>
</tr>
<tr>
<td>Primary Education</td>
<td>3</td>
</tr>
<tr>
<td>Secondary Education</td>
<td>2</td>
</tr>
<tr>
<td>Student Exchange Schemes</td>
<td>3</td>
</tr>
<tr>
<td>Finance, Income, Business</td>
<td>62</td>
</tr>
<tr>
<td>Banking Services</td>
<td>9</td>
</tr>
<tr>
<td>Business Advice</td>
<td>2</td>
</tr>
<tr>
<td>Cooperatives</td>
<td>2</td>
</tr>
<tr>
<td>Financial Assistance</td>
<td>7</td>
</tr>
<tr>
<td>Financial Counselling</td>
<td>16</td>
</tr>
<tr>
<td>Fund Raising</td>
<td>10</td>
</tr>
<tr>
<td>Pensions &amp; Benefits</td>
<td>6</td>
</tr>
<tr>
<td>Tax Advice</td>
<td>10</td>
</tr>
<tr>
<td>Employment</td>
<td>53</td>
</tr>
<tr>
<td>Employment Assistance Programs</td>
<td>13</td>
</tr>
<tr>
<td>Job Placement</td>
<td>20</td>
</tr>
<tr>
<td>Job Seeking Skills</td>
<td>4</td>
</tr>
<tr>
<td>Job Training</td>
<td>16</td>
</tr>
<tr>
<td>Law &amp; Justice</td>
<td>24</td>
</tr>
<tr>
<td>Bereavement Counselling</td>
<td>6</td>
</tr>
<tr>
<td>Community Legal Services</td>
<td>3</td>
</tr>
<tr>
<td>Consumer Protection</td>
<td>1</td>
</tr>
<tr>
<td>Crime Victims</td>
<td>1</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>3</td>
</tr>
<tr>
<td>Family Law</td>
<td>1</td>
</tr>
<tr>
<td>Indigenous Issues</td>
<td>2</td>
</tr>
<tr>
<td>Legal Advice &amp; Referral</td>
<td>2</td>
</tr>
<tr>
<td>Legal Services</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>977</td>
</tr>
</tbody>
</table>

Source: (CISA - Community Information Strategies Australia Inc., 2005)
* Categories shown here are Infosearch classification categories.
** Material and Practical Needs, Citizenship, Nationality (settlement assistance), Transport (community transport), Communication and Information Services and Public Safety (accident prevention).

6.7 Survey Response Rate

Adjusting for blank returns, there were 298 completed returns containing useable data, representing a response rate overall of 30 per cent. Table 3.8, in Section 3.4.2, above, shows counts of survey responses in each Coalface functional category. Useable data varied across the questions on the questionnaire. Accordingly, where appropriate in reporting the results, we show the number of useable returns for each question as “N”.
7. SECTOR WIDE ISSUES

This chapter presents findings from the Coalface survey regarding policy and funding issues that were confronting agencies throughout the sector and strategies they used to address those issues. Subsequent chapters (8 to 10) present data derived from the survey responses on details of the workforce and labour market issues of recruitment, retention and training.

7.1 Competitive Funding and Sector Development

“…Win tenders or win the Lotto”

Many of the survey respondents took participation in the survey as an opportunity to highlight concerns about factors impinging on their agency, especially concerns about increased regulation and reduced resources that are familiar to analysts and practitioners in recent years. But their comments were not simply a list of perceived injustices or complaints about the sector being poorly resourced. As was the case with Key Informants, survey respondents were also able to present a balanced view of factors that had impinged on their agencies and to present positive aspects of the mechanisms put in place to deliver services in the new environment.

Nevertheless, it is true that many of the strategies to cope with changed staffing and service delivery imperatives represent primarily individual and local level coping strategies - more than might be predicted in light of widespread agency understanding of policy drivers operating at a broad sectoral level.

Figure 7.1 below shows that respondents were consistently critical of competitive funding mechanisms. In particular, the vast majority of respondents (85%) reported that competitive funding regimes had increased instability in the sector and also increased costs, due to the costs of tendering, administration and compliance regimes. This clearly has implications for effective workforce planning.
A majority of respondents also expressed concern about the differential impact on the sector that was produced by competitive pressures associated with the new funding regimes. Eighty-two per cent of respondents believed that such mechanisms resulted in polarisation between small specialised services and larger multi service agencies and 75% believed that they disadvantaged non-metropolitan agencies more than other agencies. However the arguments that funding regimes have contributed to polarisation between small specialised services and larger multi service agencies were not supported by variations in the responses of agencies in different situations (large/small, metro/non-metro, faith based/secular). For the most part the differences were not statistically significant, except where specifically indicated later in the chapter.

While we observed above that competitive funding policies are reported by 85% of respondents as increasing instability in the sector and increasing costs, respondents from the child care sector reported significantly lower impact (60%) from this factor than all other service types (Figure 7.2). This may be because funding arrangements for child care are managed and administered as a tax based subsidy of fees paid to users of the services. Residential care and crisis accommodation providers similarly reported a lower level of impact from competitive funding regimes, which may also be contributed to by differences in non tender based funding regimes applying in the aged, disability and crisis accommodation sub-sectors.
Figure 7.2
Competitive Funding – Impact On Types Of Agencies

Figure 7.3 shows that 68% of valid responses were in agreement that the “modern” entrepreneurial corporate service style required under competitive funding regimes conflicts with the caring, voluntary, community-managed human service tradition, and similarly that compliance regimes in a competitive market do not encourage innovation, reflective thinking and collaborative service improvement strategies in the sector. It needs to be stressed that not all responses were pessimistic about the impact of recent funding regimes on the sector. In fact, just over half of valid responses (53%) supported the notion that competitive funding provides opportunities for agencies to grow and expand their range of services and a large minority (43%) believed that competitive funding had a positive impact on the ability of the sector to develop innovative services. Innovations were born out of necessity, as the case study discussions will show presently. Even where there were comments about the extra work for the agency involved in meeting the accountability and compliance requirements of current funding arrangements, there was little sense that anyone was claiming that accountability per se was a bad thing.
There were statistically different responses between types of agencies on attitudes to entrepreneurial styles, and responses to the increase in for-profit agencies in the sector. For example 73% of small to medium size agencies (fewer than 50 staff) were critical of the new entrepreneurial styles as conflicting with voluntary, caring service traditions compared to just under half (48%) of the larger agencies agreeing with that observation. Given the points made in chapter 3 about the most significant increases in the community services sector being a consequence of the growth of for-profit agencies in the sector, it is interesting to note, as Figure 7.3 above indicates, that almost a third (29%) of our respondents were positive about the impact of the entry of for-profit agencies into the community services market.

Figure 7.4 below shows that a statistically significant higher proportion (53%) of the younger agencies (1-5 years old) consider that the increased entry of for-profit organisations has had a positive influence on the sector than do those agencies which have been established for longer (22-39%), in part because the newer agencies were for-profit agencies such as job network agencies.
### 7.2 Service Delivery Models and Service Demands

"...They close the institutions, but the dollars don't follow the clients into the community"

Responses to questions regarding demand for services, and ability to meet that demand, showed that nearly all agencies were concerned about these issues. Figure 7.5 below indicates that respondents overwhelmingly (over 96% of valid responses across the relevant subset of questions) agreed that:

- demands on community service agencies had been increased by de-institutionalisation policies
- unmet client needs are increasing
- clients’ service needs are increasingly complex
- there is a shortage of carers to provide in-home, family, community support and personal care

Such strong expressions as this clearly indicate that the sector is under severe pressure in coping with service demands.
2.3.2 Clients' service needs are increasingly complex

Moreover, Figure 7.6 below shows that such comments cannot be interpreted as a product of resistance to changing ways of doing business within the sector, since a high proportion of respondents (89%) have embraced/accepted the need to adapt and develop skills appropriate to “modern” service delivery styles. Similarly, a clear majority of respondents agreed that the sector needs to shift its attitude from ‘helping the poor’ to ‘more of an outcomes focus’ (78%) and that the change to individualised service delivery requires the development of new skills throughout the workforce.

2.4.3 “Sector needs to develop new skills to meet "modern", assertive service "street level" delivery models”

These sentiments were reiterated strongly in focus groups, where participants asserted that they are running small (and some not so small) businesses which are professional and accountable for outcomes, standards and funding, and that the new service delivery models require new skill sets from all involved.
Almost 100% of respondents reported the impact of de-institutionalisation as increasing demand for services, and that there a rising level of unmet need for personal care services. When the responses were analysed by agency type (primary functional category), there was a significant exception to the former from those in employment services (85%) and to the latter from those in child care (Figure 7.7).

Figure 7.7
Impact of De-institutionalisation on Agency Demand

These responses regarding the need for new and different skills in the sector will be discussed further later in this chapter.

7.3 Implications of Caring Work being Undervalued

“…We might be warm, but we aren’t fuzzy”…“we are running small businesses”

There was strong general agreement among survey respondents that the work of caring is seen to be both complex and demanding (81%) and also undervalued (91%) (Figure 7.8) and that the demands of high case loads, long waiting lists and the complexity of client needs were contributing to workforce burnout and staff turnover (93%).

The strong conviction that the work of caring is undervalued is reinforced by the widespread observation (97% agreement) that wages and working conditions in the sector are lower than comparable private and public sector employment and, in particular, that employment in the sector is predominantly insecure due to short-term and casual employment contracts (91%).
The consistent theme reiterated by the key informants and in the focus groups is well encapsulated by the survey respondents who wrote about the causes of workforce stress and burnout:

“…expectation that organisations will ‘do more with less’…increased pressure on staff…exacerbated by the increasingly high and complex needs of clients”

“…There isn't a lot to motivate (you) if you don't have a strong personal commitment to working in this sector”
8. SURVEY RESULTS: THE WORK FORCE

“There doesn’t seem to be the next generation of workers”

The need to address the implications of an ageing workforce was identified as a concern of both key informants and survey respondents, with 96% of respondents agreeing that there is a need to develop strategies to retain the skills of mature workers as well as attract young people and recent graduates to the sector. (More on both of these points in the next chapter.) Yet the sense of frustration in the face of challenges to developing a workforce for the future is well expressed by the following quote from a survey respondent: “everyone who ever wanted to work in aged care is already doing it”.

8.1 Wages, Tenure and Role Groups

Lack of security and tenure of funding within the community services sector has been identified as a consequence of funding changes in the sector, and that insecurity is seen to be challenging the stability of the sector as a whole. In particular, agencies are often unable to offer more than short term employment as a consequence of funding contracts that often run for less than a year and specify that employment in programs funded by such contracts cannot be continuing employment. This was consistently identified by key informants as a constraint on the sector being seen as an employer of choice.

Low wages were also identified as a deterrent, with Award wages consistently reported to be 10–25% less than Government Award rates for similar positions, a factor which disadvantages the community services sector in competing with better paid Government agencies for prospective workers, and this is exacerbated when combined with low rates of employment security in the sector.

Figure 8.1 shows the high level of agreement that the wages and working conditions are relatively low and perceived to be insecure, compared with comparable employers.
The survey questions sought to tease out this issue, asking information about tenure of employment around four levels of role groups relevant for workforce purposes – Direct Support, Indirect Support, Professional, and Management (as identified in Appendix 3 in discussing workforce development in the Queensland Disability Sector).

**Professional Roles**
This includes Hands On roles, e.g. Occupational Therapist, Social Worker, Psychologist, Speech Therapist, Community Worker, Key Worker, Residential Program Officer; Indirect roles, e.g. Accountant, Business Manager, Senior Administrative Officer, Senior Project Officer. Advocate and Volunteer Co-Coordinator.

**Direct Support Roles**
Examples of Direct Support roles are: Support Workers, Personal Care Assistants, Residential Care Officers

**Management Roles**
Examples of Management roles [Direct and Indirect] are: Team Leader, Coordinator, Manager, Chief Executive Officer.

**Indirect Support Roles**
Examples of Indirect Support roles are: Clerical/Administrative, Receptionist, Booking Clerk, Maintenance Worker, Payroll Officer, Fundraiser, IT Systems Manager, Human Resources Coordinator
It is clear from the data shown in Figure 8.2 that positions classified within the Management role group are more likely to be full-time continuing positions than those within the other three groups, and less likely as a proportion of the whole to be part-time, compared with other role groups.

Positions in the Direct Support role group are more likely to be casualised or part-time than those in any other role group.

As might be expected, a majority of respondents (78%) believed that the balance of full-time and part-time positions in the sector was not appropriate. This was complemented by a majority view that the gender balance of the workforce is not appropriate (74% of responses) and that indigenous and culturally diverse staff are under-represented in the workforce (79% and 70% of responses respectively) (Figure 8.3).
While there is a general view that there is an imbalance of indigenous staff compared to the client base, there are significant differences between respondents on this issue, with a lower proportion of respondents in employment and supported employment services (54%), and child care (65%) agreeing than those from community centres (93%) and peak bodies (94%) and family support / respite care services (94%) (Figure 8.4).

**Figure 8.4**
Under-Representation of Indigenous Staff
9. SURVEY RESULTS: LABOUR MARKET, RECRUITMENT AND TURNOVER

9.1 State of the Labour Market

A higher than desired rate of unfilled vacancies and high demand for skilled labour is typical of the current labour market in Australia in general, where the unemployment rate is currently at a 28 year low of 4.8% (ABS, August 2006). This has an impact on a diverse range of industries from mining and construction and manufacturing to health services sector, where concern regarding shortages of skilled labour is rising.

Two of the commonly accepted indicators of the state of the labour market within an industry are:

- the level of unwanted unfilled vacancies that exist within an industry
- the level of unwanted staff turnover—that is, how difficult it is to attract and retain suitably skilled people to the workforce in sufficient quantities when they are needed.

Both high levels of unwanted vacancies and staff turnover were reported by key informants. Consequently, the survey sought to document agency assessments of the situation across the sector in regard to these indicators, and to elaborate on measures such as tenure of employment, workforce balance, and recruitment practices within the four role groups identified above – Professional, Direct Support, Management and Indirect Support.

As indicated in Figure 9.1 below, survey respondents reported that the community services labour market is tight, with only a low proportion of respondents (21%) reporting that they found it easy to attract qualified and experienced applicants for job vacancies. There was, moreover, an indication that a majority of agencies (60%) often had to fill vacancies with candidates who were less qualified or experienced than ideal.

That general sentiment broadly confirms the balance of opinion among key informants, although there was considerable variation found in the previous interviews with informants on this matter. The differing assessments of the availability of suitable job applicants was not a simple association with agency size, function or client group, since on this issue we received conflicting opinions from CEOs of agencies with similar profiles.
One of the critical elements cited by the majority of respondents as contributing to the widespread difficulty of attracting qualified and experienced people to available positions was the relatively low level of pay, and insecure employment conditions prevailing in the sector (already presented in Figure 9.1 above). This is borne out by the large majority (79%) of respondents reporting that new staff, once in the job, considered that the salary and conditions were not well matched to the demands of the job.

Figure 9.2 below indicates that a majority (81%) agreed that it is difficult to attract young people to work in the sector, and 89% observed that recent graduate entrants are more attracted to better paid government positions. A majority of agencies (75%) held the view that larger corporate organisations can recruit to higher standards because they can offer better career paths for their workers. This perception of relative attractiveness is counteracted, however, by the fact that even the larger multi-site agencies reported concerns about competing with government agencies for suitable staff, and they reported difficulties in recruiting suitable trained staff as often as did smaller agencies.
The difficulty of attracting recent graduates in competition with better paid Government positions was deemed highly important (88-100%) by most services, but appears to be less important for services providing family support services, including respite care (78%), and personal support, counselling, referral and advocacy (75% agree) (Figure 9.3).

Figure 9.3
Competition for Recent Graduates

All childcare centres reported that they find it more difficult than other agency types (49% to 83%) to attract qualified and experienced candidates to fill vacancies (Figure 9.4). Interestingly, community centres appear to have the least difficulty in attracting suitable candidates (31%) – although this may be a factor of smaller staffing size. Childcare centres (96%) and to a lesser extent employment and supported employment services (83%) also reported more often that they have to hire candidates who are not as qualified or experienced as they would like to fill vacancies than other respondents (38% to 77%).

Figure 9.4
Attracting Suitable Applicants to Vacancies
As a specification of the generally expressed concern about low wages in the sector, almost all agency types disagreed that applicants consider the demands of the job and the salary/conditions offered to be well matched (Figure 9.5). Child care centres disagreed most often with that proposition (83%).

**Figure 9.5**
**Matching of Job Demands with Salary and Conditions**

The larger the size of the agency’s professional staff, the less likely it was to express concern about the mis-match (Figure 9.6 below).

**Figure 9.6**
**Size of Professional Staff Correlated With Ease of Attracting Suitably Qualified Staff**

Comments from survey respondents, such as the following, shed further light on the difficulties of attracting and appropriately rewarding suitable workers:

"Aside from the issue of pay differentials there is a dearth of professionally trained staff which is an issue in recruitment. Positions often need to be readvertised before being successfully filled or remain vacant. Better involvement of community sector agencies in the coordination of student placements by the Universities would help ngo’s recruitment. Increasing University professional training intakes would also assist."
“There is a great divide between professional roles and para professional roles. Para professional roles appear to be casual rather than permanent and are less attractive and low paid. There is a huge discrepancy between Tertiary Degree and TAFE Certificate 3, with lack of permanency attached to Cert 3. Smaller Organisations are often not attached to award wages.”

An interesting difference emerged from the data regarding the priority different types of agencies place on certain types of applicants when recruiting. The data indicates that faith based agencies appeared to place a greater emphasis on attracting recent graduate applicants than non-faith based agencies. No other statistically significant differences emerged from the data.

9.2 Unfilled Vacancies

“...we are advertising jobs at salary sacrifice pay rates instead of hourly pay rates to attract more candidates, but they often don’t take up positions …because of the real pay levels”.

Between 16% and 25% of all respondents reported that high levels of unfilled vacancies were causing problems within their agency in the four employment role groups as indicated in Figure 9.7. High levels of unfilled vacancies in direct support roles were more frequently reported to be a problem for the agency.

Figure 9.7
High Levels of Unfilled Vacancies.

Percentage of all respondents with high levels of unfilled vacancies by Role Groups

0 20 40 60 80 100

3.2.2 Extent of agency’s unfilled vacancies in: - Direct Support Roles
3.2.1 Extent of agency’s unfilled vacancies in: - Professional Roles
3.2.3 Extent of agency’s unfilled vacancies in: - Management Roles
3.2.4 Extent of agency’s unfilled vacancies in: - Indirect Support Roles
9.3 Unwanted Voluntary Staff Turnover

“...most people enjoy the job but can’t live on the wage we pay them so they have two jobs, so they leave for a higher paying job”

Unwanted voluntary staff turnover was reported to be a problem in all agencies to some extent across all four of the Role Groups we defined (Professionals, Direct Support Roles, Management Roles and Indirect Support Roles).

More respondents reported concern about turnover rates in direct support roles (46%) than in the other role groups, although between 26% and 31% reported concerns about turnover in the other three role groups, as indicated in Figure 9.8.

Figure 9.8
High Unwanted Levels of Staff Turnover.

It was particularly in Direct Support roles that there was a notable difference in high levels of voluntary turnover between the metropolitan and non-metropolitan agencies, as shown in Figure 9.9. There was a belief that the most common reasons for voluntary turnover were directly related to salary and conditions being less favourable in not-for-profit community service agencies than in the public sector or for-profit organisations (although figure 9.9 below shows that the most common destination of leaving staff was another non-government agency).
Figure 9.9
Differential Turnover in Direct Support Roles.

Turnover in Direct Support roles

- Non-metro only
- Both metro and non-metro
- Metro only

Figure 9.10 shows that low salaries was named as the reason for departures in 41% of all responses, (although 76% of child care respondents reported this as a factor). The demanding nature of the work was named in 39% of responses and insufficient opportunities for promotion and career development was named in 36% of responses. This picture is reinforced by the difference in responses from the child care sector regarding feelings of not being valued as a reason for staff exit (40%), compared with zero agreement with this from respondents providing support for carers, families and children including respite, and negligible rates of agreement (4%) from respondents providing personal services for independent daily and community living, and employment services.

Figure 9.10
Reasons for Voluntary Staff Exit.

When the responses regarding unwanted turnover are analysed by agency type, a significant and consistently higher level of unwanted turnover is revealed among the Child Care Centre respondents for three of the four role groups (professional 63%, direct care 77% and management roles 58%) (Figure 9.11). The family support and respite services category also recorded significantly higher levels of unwanted turnover for professional staff (57%).
Respondents were confident that they were aware of the destinations of departing staff (only 12.7% of respondents reported that they did not know, as Figure 9.12 shows). Overall, the single most common category of destination of staff who left voluntarily was to take up another job in a non-government agency (40%), and the next most common was to take up a job in the public sector (29%), or to leave the community services sector altogether (27.4%).

**Figure 9.12**
Destinations of Leaving Staff
Employment and supported employment services (67%), and child care services (64%) reported that their staff members are more likely to be leaving the community services sector altogether when they leave employment with their organisations (Figure 6.13). Community centres (44%) are facing more of an issue from retirement than other service types.

**Figure 9.13**
**Staff Exit Reasons.**

<table>
<thead>
<tr>
<th>Reason for Staff Exit</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low salaries</td>
<td>38%</td>
<td>20%</td>
</tr>
<tr>
<td>Insufficient opportunities for promotion and career development</td>
<td>22%</td>
<td>10%</td>
</tr>
<tr>
<td>Workers do not feel valued</td>
<td>25%</td>
<td>10%</td>
</tr>
</tbody>
</table>

This finding suggests that while there is a substantial level of circulation of workers within the sector there is also a considerable leakage of workers from the non-Government sector, to the public service, other sectors, and to retirement. These points need to be considered in turn.

First, the circulation of workers from one community sector agency to another suggests both negative and positive factors. A negative factor is that there were repeated instances of workers having to move as project funding came to an end, to be re-employed in similar circumstances but with loss of continuity in employment. A positive factor is that the skills developed in a job in one agency in the sector can be seen to be valued by another, reinforcing the argument that generic skills appropriate to the community services could be the basis of a more integrated sector wide recognition of prior learning.

Second, with respect to those who left to take a job in a government department, due to a combination of a pull (to better jobs) and a push (from agencies/jobs where the funding finished)
further work is warranted to determine what strategies can be developed to reduce that proportion. In a context of increasing demand for services, there is recruitment in the sector because of such leakages but insufficient recruitment for growth even if it is sufficient for replacement. A critical part of developing retention and recruitment strategies, including recognition of prior learning, is that improving the level of qualifications among those workers requires the increased funding to pay them if the strategy is to be sustainable and not just short term.

Comments provided by respondents about staff members’ reasons for leaving elicited a further range of responses which in the main focussed on:

- lifestyle and family reasons - eg parenting/family care, illness, partner re-deployment, moving to urban from rural areas, education, overseas travel
- contractual/ agency reasons – eg the contract or traineeship ended, funding ran out, redundancy/ restructuring
- career moves - eg, moving from casual to part time or full time work, escaping shift work, seeking better payment, move to full time from part time work on graduation from study, seeking new challenges/ experience.

Respondents’ comments ranged from the extremes of stability to instability as the following quotes from the survey indicate:

“Turnover has been minimal over the 15 years. Turnover has been attributed to other management/ geographical opportunities closer to where the worker resides.”

“We target 3rd-4th year students, who work part time until they have finished their studies. They then seek full time permanent positions in Government. There is also a fair portion of workers who travel overseas, particularly the UK, once they have their qualifications”

“We have survived the last eight years on short-term, one-off project money - and paltry sums at that. This means we have only been able to offer staff part-time, temporary and poorly paid work. We have experienced massive staff turnover as a result. Most workers can't stay longer than six months and those that can often don't want to.”
10. SURVEY RESULTS: RECRUITMENT AND SELECTION STRATEGIES

In a tight labour market, where the supply of skilled workers is insufficient to meet the demand, the conditions of employment become more critical, as do the recruitment strategies adopted by agencies. The survey sought information on the mix of applicants’ skills, qualifications, experience and personal attributes the agencies sought when selecting applicants for particular roles. This enabled an assessment of preferred skill sets and the implications of recruitment practices in each of the four role groups used for the survey (Professionals, Direct Support Roles, Management Roles and Indirect Support Roles).

Across all four of the role groups used for the survey, personal qualities were valued particularly highly and, for the most part, more highly than technical skills relevant to the job, previous experience in a similar position, or qualifications. For example, with respect to Professional Roles, personal qualities were valued highly (95%), and more highly than technical skills relevant to the job (77%), previous experience in a similar position (74%) or qualifications (70%) (Figure 10.1).

That pattern of relative importance was somewhat different for Management Roles, with personal qualities (94%), and technical skills valued very highly (89%), as were experience in a similar position (82%) and qualifications (78%).

In relation to Direct Support Roles, personal skills were rated as of supreme importance, with qualifications and previous experience rated predictably lower, at 62% and 49% respectively, although technical skills were rated relatively highly at 70%.

Only with respect to Indirect Support Roles did the technical skills rate as more important than personal qualities (87% compared to 83%), although even in the responses about these role groups, personal qualities were valued more than previous experience in a similar position (70%) or qualifications (54%).
Put another way, all respondents value personal qualities of empathy, sensitivity etc for all role groups (58% - 79%), with these qualities valued most highly for direct support staff, and somewhat less so for indirect support staff. For recruitment of Management and Indirect staff roles there is little variation in the priority placed by various types of agencies--technical qualifications are valued. Qualifications are valued more highly for management roles than for indirect staff, where previous experience is particularly sought. For recruitment of staff with the most client contact, namely professional and direct support staff, the attributes sought differed, in that qualifications were more highly ranked for direct support staff and technical skills were most sought after for professional staff. This is not surprising given that a basic level of qualifications is a pre-requisite for employment as a professional and does not represent a potentially distinguishing criterion.

All respondents ranked both qualifications and personal qualities highly for professional and management staff but there were significant differences in the preferences for these qualities for both roles in recruitment practices between child care centres and other services. Child care centres reported placing a higher emphasis (100%) on personal qualities (empathy, sensitivity, open mindedness, non judgemental) when selecting for professional roles, and also reported
placing a higher emphasis on qualifications (87%) when selecting for management roles than other respondents (28% – 45%) (Figure. 10.2).

Figure 10.2
Selection criteria.

While it might be tempting to attribute the pattern of emphasis on personal qualities to the ‘helping’ and ‘caring’ orientation of work in the sector, it should be noted that similar patterns are also evident in other industries (Carson and Corkindale 2004). Nevertheless, the significance of the responses lies in the overwhelming emphasis of respondents valuing personal qualities so highly. Such an emphasis has been associated in the workforce development literature with employer recognition of the importance of team work and flexible working arrangements (Carson et al 2004), and reinforces the awareness of our key informants of the need for workforce flexibility in the face of new service delivery models and funding constraints.

10.1 Training and Skills

A key aspect of the infrastructure that underpins any Workforce Development strategy – whether agency, sector or industry based - is skills development and training.

Respondents’ views were almost evenly split on the question of whether experienced staff have the skills or the time to undertake on-the-job-training for themselves, or engage in a mentoring program to support less experienced workers in the agency (54% of respondents agreed with the proposition that they do not) (Figure 10.3). Figure 10.3 also indicates that respondents were optimistic about the prospects of upskilling ageing workers, with a majority (60%) disagreeing that ageing workers are not motivated to upskill to meet changing system demands. There was no statistically significant variation on this issue between agencies of different sizes.
While the view may be rightly held that an ageing workforce is capable of and willing to participate in skills development, this begs the question of whether such training and upskilling is possible and available.

Low pay rates and limited funding resources were generally agreed to constitute barriers to the application of training strategies both on and off the job. Equally important, however, was the assessment that access to suitable training providers, affordability of training, and reliable standards of training are all key factors in effective Workforce Development and Planning – and not all of these are under the control of employers.

Agencies recognised the need to continually increase their staff skill levels through accredited training but feel hampered by: the requirements to fund the training activity; the need to cover for staff undertaking training; and the subsequent higher pay for workers where appropriate (Table 10.4). If major sector wide strategies are to be promoted to train and retain staff there are funding implications that cannot be ignored.
The point previously made by key industry informants, that the sector experienced a high level of tension over competing imperatives in relation to skills development, was reiterated by a clear majority of survey respondents (77%), who observed that the level of resources available for training is a major concern for agencies of all sizes across the sector.

The dilemma of limited funding available for workforce development was summed up by one respondent who commented:

“funding bodies don’t fund workforce development, only fund outputs based on direct client service provision”

Others commented:

“Short-term contracts make it difficult for employer to give time off for development which will benefit another employer”

“We have a 600km return trip to Adelaide to attend any relevant training. Also the costs are prohibitive and there isn’t the funding in the budget. All our money is consumed providing the service. There is no allocation of money by HACC to provide extra funding for training.”

While licensing and accreditation requirements are generally agreed as driving the take-up of training, the need to continuously improve standards and upgrade skills across the workforce is widely recognised and supported across the sector (92%). Ninety per cent of respondents
observe, however, that differing requirements by various major funding bodies has meant that training uptake across the sector has been highly variable.

This issue is allied with a more general concern that there is a lack of coordination of Industry Training needs, as well as strategies to meet these needs across the sector. A clear majority (87%) of survey respondents indicated they felt a lack of coordination of industry training needs, standards and development at the State and National level. This was exacerbated by recent changes to ANTA, and to the reconfiguration of National and State Industry Skills Boards.

Eighty three per cent of respondents also reported that providing training to upgrade current workers’ skills was made more difficult by the fact that training standards are seen to be variable between Registered Training Organisations (RTOs), and that training outcomes are not well understood by employers. This served to reiterate the points made in key informant interviews, where it was argued that selecting applicants on the basis of training qualifications was made more difficult by the variability of training outcomes from different providers, and the lack of a coherent picture of content and applicability of the various training components on offer across the sector (eg the relationship/overlap between youth, aged care and child care qualifications at each level).

The overwhelming majority of respondents (92%) are aware that the new service delivery and funding models require new and different skills from the workforce at all levels – management, professionals and volunteers.

Respondents also indicated, however, that the training and professional qualifications currently on offer from Training Providers and Tertiary Institutions have not yet caught up with the needs of a workforce which operates within the new service delivery models. As indicated in Figure 10.5, 85% of respondents felt that social work training does not necessarily equip professional workers for case management/brokerage roles in current service delivery models, and 80% indicated that Certificate III standard does not necessarily equip workers with the more complex skills required by individualised service/case management models.

Figure 10.5
Mismatch of Skills Needed and Training Offered
11. VARIATION BETWEEN SUB-SECTORS: SUMMARY OF CASE STUDIES

This chapter presents findings from focus group discussions undertaken to provide a richer picture of the variations in issues confronting four selected sub sectors, Aged Care, Disability Services Agencies, Community and Neighbourhood Houses and community-managed Child Care agencies, and to indicate the way in which differences in context, history, and approach were shaping and constraining responses to workforce pressures across the sub sectors. In the subsequent analysis, “Child Care” refers to all private and community licensed managed long day care providers and out-of-school-hours providers (but did not include family day care givers or informal care givers) and “Disability” covered all non-government providers of services for all types of disability.

It is clear from the responses to the survey that a common range of workforce issues are having an impact across the whole sector. At the same time, it is also clear that there were differences between types of community service agencies with respect to both the impact of drivers on their area and also the approaches that are taken within each sub sector to deal with these issues.

Some examples of the differing contexts affecting the sub-sectors are:

- Differences in funding and accreditation regimes which apply in each of the sub-sectors (e.g. disability services are mainly State funded – aged care others is primarily Commonwealth funded, child care is funded as part of the family tax rebate system to individuals [albeit the SA government declared a Childcare Strategy in 2005], neighbourhood houses are primarily funded through Local Government).
- Different sub-sectors and services are at different development stages (e.g. aged care services have a long established history, whereas formally recognised and funded child care services, and in particular community managed centres, did not exist before the early 1970s).
- In particular Child Care services have experienced the impact of rapid growth since the 1970s, with major change in funding regimes over the past 10 years, as well as significant encouragement for the entry of private sector operators into a previously predominantly community managed centre based market in the last 5 years.
- The Federal Government announced the removal of the operational subsidy for community-based Long Day Care Centres as part of Budget 1996 and quality assurance in Australian child care was first raised as a political issue in the lead up to the 1990 Federal election.
- In 2001, the Government introduced a scheme to encourage private operators to establish long day care centres in under-serviced areas. This scheme has been lucrative for private providers of child care in Australia, with ABC Child Care centres becoming a $2.3 billion corporation which now controls 20 per cent of Australian child care centres in that time as a result.
Careers at the Coalface

Accordingly, focus groups were undertaken to explore the different approaches and problems of four selected sub sectors, Aged Care, Disability Services Agencies, Community and Neighbourhood Houses and community-managed Child Care agencies, and to provide a richer picture of the way these differences operated for people managing and working “at the coalface”. This component of the study elaborated on the survey responses to indicate the way in which differences in context, history, and approach were shaping and constraining responses to workforce pressures across the sector.

These questions intended to address the broad issues deemed to be significant in the survey responses were:

*Drivers For Organisational Change*

How has your organisation’s scope and service profile changed in the past few years?

What are the primary drivers for change?

Do you perceive the changes in your organisation as driven primarily by external factors (eg funding and program changes) or more by internal impetus (eg organisational repositioning, business growth and development strategies)

*Future Workforce Scenarios*

What future scenarios do you foresee will occur with workforce supply over the next few years in the four role groups we have identified for our survey: Management; Professional; Direct Support; Indirect Support

( eg availability of qualified applicants, retention issues, age/ gender/ workforce balance, wages/ working conditions)

What are the main factors or forces you foresee which will contribute to these scenarios?

What strategies do you see will be most effective in addressing these scenarios?

- In your agency
- Across the sector

*Tenure Of Staff: Casual And Part-Time Employment*

How and why do you use casuals/ part time staff?

What can/ do you do to attract and keep them?

Are the Workforce development strategies you can/do use in your agency different for casuals, time limited contract part- timers, and full time/ tenured roles.
Careers at the Coalface

Are the barriers to training uptake different for differently tenured parts of your employee profile?

How much do you rely on volunteers to complement your paid workforce?

More detailed responses to these questions are presented in Appendix 2, but the following presents a summary of themes in the focus group discussions.

11.1 Drivers for Organisational Change and Sector Development

All of the Focus Groups saw government policy and funding regimes as a key external driver of service and sector changes. All four community services sub sectors reported that their organisations were experiencing many of the stresses that could be associated with growth, competition and change in any sector, whether externally or internally driven.

The way these external policy and funding drivers are experienced and responded to is quite different across the four sub sectors investigated. The critical issue highlighted by the focus group discussions was the difference between the sub sectors in the capacity of typical agencies to respond proactively to these external drivers.

Aged Care

Government funding is seen as a key driver to service changes among aged care agencies, but participants also asserted their organisations’ increasingly business-focussed Boards and management were making strategic choices and plans to position their organisations and their services in line with trends in mainstream health services as well as with their client needs.

Aged Care agency participants reported that their organisations were adopting a proactive approach, and in some cases reviewing their organisational structure, to identify innovations, make better use of resources and to develop their Community Service Business model. They were already developing strategic and marketing plans, changing organisation and board structures, targeting new and more diverse services/client bases, developing new business models, and actively broadening funding sources to achieve financial sustainability. Participants saw aged care service providers as becoming better money generators/ managers whilst maintaining their core business of caring and integrating community and residential services.

Each of the Aged Care focus group participants reported that their organisations had extended the range and scope of their service and funding base. Most organisations were building on their work with the aged to extend the range of client target groups they service (for example providing accommodation for homeless, disability/ mental health clients because they recognise that other clients have the same needs) or to extend the services they provide, (for example expanding mental health services, respite care, day care centres, low care and community care programs associated with ageing-in-place policies).
These changes, and the business of implementing them, was reported by aged care agencies as difficult, challenging, requiring culture change and involving both values assessment and workforce skills development. Yet while resourcing these changes was problematic, overall the aged care sub sector did not find them negative, unmanageable at an organisational level, nor impossible to achieve in the long term.

The tenor of aged care participant’s responses in the focus groups was that of organisations responding positively to the challenge of growth and recent change in their environment. They perceived that they had some degree of agency, at the organisational level, in the way in they have choose to respond in the past and position for the future. Moreover, although there are private providers in Aged Care, as there are in Child Care, there was not seen to be as problematic for the not-for-profit Aged Care Agencies as was the case in Child Care, as will be reported presently.

Disability Services

As with Aged Care agencies, participants from Disability Services agencies indicated that they, too, have been able to respond to external drivers via organisational development strategies – Each of the participants reported that their organisation had experienced significant growth in staffing, service range and geography and client base and over the past 20 years, and particularly over the past five years or so.

An example of an external driver for change in the scope of disability services was the issue of ageing in the disability client population: Dementia is a concern for both non-disabled and disabled as they age and this can be seen as both a problem and an opportunity for aged care and disability providers. Some organisations have identified this as a strategic priority, encouraging more explicit partnerships with aged care sector providers.

Most Disability Services agencies have already or are in the process of developing strategic and marketing plans, changing organisation and board structures, targeting new and more diverse services/client bases, developing new business models, and actively broadening funding sources to achieve financial sustainability.

As with Aged Care services, these changes, and the business of implementing them, was reported by disability support agencies as difficult, challenging, requiring culture change and involving both values assessment and workforce skills development. Yet while resourcing these changes was problematic, overall these two sub sectors did not find them negative, unmanageable at an organisational level, nor impossible to achieve in the long term.

The tenor of disability services participants’ responses in the focus groups was one of organisations in a context of growth, responding positively to the challenge of that growth and change which has occurred in the past 20 years and which is likely to accelerate in pace.
Community and Neighbourhood Houses

Community and Neighbourhood House coordinators reported challenges they faced primarily due to limited funding, and the need to scramble to manage to maintain a continuous income stream of any sort to keep the doors open, let alone grow and develop. When compared to aged care and disability agencies, neighbourhood house coordinators reported less of a sense of choice and proactive agency in dealing with the challenges they face. The main reported solution to this was to “try to think smart – eg to go for PBS status to access salary sacrifice” and to apply for more grants. As one participant remarked “I feel like I’m drowning in writing grants”.

Sector development, workforce development and quality programs such as those run by the CANH organisation were seen as a significant approach to developing funding agility, marketing of services and developing better brand recognition for the work that community and neighbourhood houses do on a sector wide basis. CANH was able to access funding through the Adult and Community Education (ACE) program, but this was not continuing funding. On a positive note, it was observed that, due to limited funding, community and neighbourhood houses had recognised the need to work together on sector development. Though difficult to achieve and implement, these programs were viewed as both necessary and desirable, and seen as proactive efforts undertaken by the sub sector itself to achieve sustainable change.

Community and Neighbourhood House focus group participants reported that their organisations had, of necessity, diversified and broadened their services (with subsequent workforce training) whilst limiting other activities due to insurance requirements and costs. Organisations had begun running as a business with an increased strategic focus, to become self-sustainable in the face of funding volatility and competition. Participants described the impetus towards organisational and service delivery change as a combination of external funding drivers and opportunistic internal changes to expand operations where that offered a possibility of minimising threats to survival.

Policy changes had caused the neighbourhood community houses to become involved in partnerships to deliver services in a range of areas - eg health, day care, and early intervention programs, which had ramifications for workforce attributes. As one participant said. “We get involved in whatever services are driven by the Government of the day”.

Child Care Centres

Child Care participants see their organisations as businesses, –whether private or not– required to operate within a strict budget but which are focussed on maintaining high standards of service and care with an emphasis on continuous improvement. These focus group participants reported an ‘Expansion though necessity’ strategy as a key driver of organisational change. Government policy and funding changes, increased demand for services, competition from corporate entrants to the market and the implications of quality and accreditation regimes in increasing costs were cited as influencing the way community child care centres are now managed. They reported
different external pressures to other sub sectors, with the effect of restricting and hampering the adoption of proactive strategies for growth and change.

They reported that the capacity for growth of community managed child care centres was seriously hampered to the point of almost complete standstill by the removal of Commonwealth infrastructure funding for child care facilities. At the same time, corporate for-profit organisations have been encouraged to enter the market and are fully capitalised. Encouraged by Government policy, they are able to expand both by establishing new centres (often reportedly in areas which place them in direct competition with established community child care centres rather than in under serviced areas), or by taking over existing centres to achieve dominance in the market.

In the face of this removal of a subsidy for expansion, community managed Child Care Centre managers did not report restructuring, changing business or service delivery models or targeting new client bases or funding sources – these options seemed to be less open to them than other sub sectors of community services. Moreover, unlike aged care, disability and neighbourhood houses, Child Care Centre managers do not seem to have the same opportunity to realign their Board structure and membership to fit changed strategic purposes. Community managed Child Care Centre Boards are made up of consumers - current users of the service who are restricted in the time they have available to give, not necessarily recruited on the basis of required skill sets or expertise, and interested in ensuring that the price charged for services is as low as possible, while ensuring that premium service quality standards are met. The time frame for Board members’ continuing membership is typically limited to the length of time they are users of the service.

This pressure to contain fees from the service users who are also in the decision making seat as Board members, generates a very different relationship between staff and consumer Board members when compared to that described by other sub sectors.

11.2 Future Workforce Scenarios

All four focus groups indicated that in the view of the participants:

- experienced people are leaving the industry,
- it is difficult to recruit new entrants to replace them,
- this will continue to play out in the future not only as a workforce shortage but as a developing skills shortage.

All four Groups were concerned that this difficulty in attracting new people to fill vacancies applied at the Direct Care worker level particularly at the present, and to a lesser extent at the experienced team leader/ manager level.

None of the Groups saw this scenario changing in the future, without:

- improved wages and conditions in the industry,
• a concerted effort to market the whole community services industry to a wider recruitment pool than it has traditionally attracted, in order to compete with “sexier” and better paid employment options.

• All four groups were adamant that the community services industry, the caring work that it does, and the people who work in it, need to be valued more highly, and to be recompensed accordingly.

• All participants though that a prerequisite, and perhaps a consequence, of achieving this is the development of a greater level of assertiveness in the community services sector and its workforce.

It is particularly notable that none of the respondents on the four sub-sectors presented an argument for perpetuating a funding and staffing regime that was predicated on the “caring ethos” of staff. All respondents talked openly and candidly about the tension between being caring human service providers and the need to run agencies as a business. All were adamant that they were running businesses efficiently, but all recognised that the funding for wages and training were not commensurate with their aspirations. The also recognised that the image of the sector was not sufficiently attractive to encourage potential workers to apply for jobs or undertake the necessary training that would deliver quality services and also help project the professional image that the sector needs.

Aged Care

The Aged Care focus group participants considered that the rate of change in focus and service delivery in the past decade has not been matched by business and staffing changes to accommodate the new requisite skills. Lack of training has resulted in a shortfall in the knowledge and skills necessary, with staff often not having the relevant skills required, as well as the organisation having to try to attract new people with the right skills to an industry which is not seen as “sexy”. The identified a key question in addressing this, i.e.:

“how do we attract people...unless we can show people that there is a direction – a pathway – where people can follow?“

A related imperative identified by this group was the development of an integrated model to describe the range and scope of occupations that exist within the community services industry and promote training and educational components that apply in the VET and other educational systems. This was seen as a tool for attracting and explaining training and employment pathways to new entrants to their workforce, in much the same way as other industries have done. This would also address one of the key issues associated with the community services industry, namely a lack of standardisation of terminology/nomenclature in general and lack of clarity of employment pathways within the industry as a whole.
This aspiration was, however, moderated by the short term employment strategies prevalent in the sector. Direct support staffing was seen as preferably casual by both workers and employers. A number of participants asserted that when given an opportunity to choose, the majority of carers wanted to remain casual. The strategy of using a combination of a core group of people who want to work part-time with casual workers was cited as allowing for more flexible cost effective rostering and at the same time meeting the individual clients’ service needs.

Disability Services

The sub sector’s client profile dictates the necessity for new recruits to have people with experience in and understanding of behaviour management. “We don’t find they’ve really got that when have a Cert 3 or 4. It’s complex work and there’s an underestimation of the complexity of the work. We put a lot of training into our staff, in behaviour management, so that we can write a program and have people follow it”.

All participants reported undertaking substantial training and development programs within their agencies, and some participants reported introducing year long programs in team leadership – to encourage and support learning to “step up” when career path opportunities occur and to assist in developing in-house capacity. Some participants reported extensive use of traineeships, although they also reported paying staff at award rates not traineeship rates.

Community and Neighbourhood houses

At the moment retaining staff is seen to be a problem by representatives of the Community and Neighbourhood Houses, as ongoing and short term funding horizons mean that there is no career structure available - and in particular it is difficult to attract and keep young staff.

Participants did not see this scenario as likely to change in the future without changes in funding levels. Participants were adamant that “funding is what helps community centres – which in turn help workers in the Centres”.

The typical size of community centre staff was generally reported as small and the centres commonly employed part-time core staff, but also relied heavily on volunteers. Participants raised the issue of the increasing expectation on both paid staff and volunteers to meet skill requirements with little or no monetary reward. Funding arrangements from different sources offer varying levels of support for training in the programs they fund. For example, Commonwealth agencies such as FACSIA do not fund any administrative wages costs in their grants as they are not considered to contribute directly to community development outcomes. Where Local Governments fund community centres or employ staff for them, there was reported to be a consequent higher level of support for training and administrative expenses.
Child Care Centres

Community-managed Child Care services appear to be in a far more dire situation in their ability to adopt proactive strategies for recruitment and retention of staff. This situation, and lack of strategic development options, may be the reason for a more single-minded and urgent focus on the need to increase wages in the child care area as a perceived key to survival. While this claim is also made in the other sectors, community managed child care agencies report fewer other coping strategies than the other sub sectors to compensate for the staffing pressures they face.

All participants reported that they were finding it difficult to attract both unqualified and qualified staff, and that the difficulty of recruiting administrative staff had not diminished. It was reported as particularly difficult to attract and retain staff who could deal with the complexity of the child care funding arrangements, when the hours which could be afforded to employ them were unattractive because they were relatively low. Participants were not optimistic about turning this trend around without serious action being taken to raise wages, to raise the profile of child care as a profession, and to take steps to decrease the level of stress that child care workers experience by having more appropriate relief and training budgets available to them.

Participants observed that pathways to a Directors’ position in a child care centre may once have taken 5 – 7 years to learn ‘on the job’. Of necessity, however, centres now tend to appoint Directors who, while they are qualified in child development, have less experience and do not necessarily have training or experience in small business management skills. (It was pointed out that a typical community child care centre may be managing a turnover of between $400,000 to $1.5m per year, and employ anywhere between 8 and 60 people.)

Participants expressed uncertainty about future State Government policy, in light of a current proposal in place to build integrated community child care and health services into school sites across the State, and the possible prospect of increased child care places being declared.

11.3 Tenure of Staff: Casual And Part-Time Employment

One of the most notable variations in the responses of Focus Group participants was in the area of tenure of staff, particularly staff in direct service roles. In contrast to the expressed preference for casual employees by the Aged Care focus group participants, for example, Disability Services participants reported creating as many permanent part time positions as possible because “people like tenure, and casual work is unpredictable”.

Aged Care

Both employers and workers in the Aged Care Focus Group reported that there was an established patter in this sub-sector of employing direct support staff on a casual basis. The preferred strategy was described as using a small core group of permanent part-time staff combined with casual workers, to allow for more cost effective rostering and that had flexibility to
meet the individual clients’ service needs. Organising part-time care work rosters was seen by the employers as fraught with difficulties because when clients drop from the program the available hours of work can drop below set (negotiated) part time contract hours, which is costly for the service provider. One participant reported using a workplace agreement to pay people permanent rates and plan their holidays in advance etc, but otherwise treat them as casuals, so the employer retained rostering flexibility. But this preference for casual direct service staff was not only on the part of the employers. One participant reported recently offering all casual direct support workers the opportunity to go to part time with set hours. Out of a total of thirty only five applied and one withdrew. Other participants reported similarly that when given an opportunity to choose, the majority of carers wanted to remain casual.

Disability Services

“THERE IS NO FULL TIME STAFF EXCEPT FOR MANAGEMENT”.

In contrast to the Aged Care focus group participants, Disability Services participants reported creating as many permanent part time positions as possible because “people like tenure, and casual work is unpredictable”. “People usually work in so many houses, close to full-time although still technically part –time hours. The team leaders are full time – the rest of staff could be permanent part time, doing up to full time hours. Casual staff are often people who have been permanent part time, and left to have babies etc, study, and want to stay on – we like that because that way they maintain their links and we maintain the benefit of our investment in their training”.

Community and Neighbourhood Houses

The typical size of community centre staff was generally reported as small and the centres commonly employed part - time core staff, but also relied heavily on volunteers. The typically small numbers of centre staff also meant that many centres did not have the resources to employ book- keepers or administrative staff of any sort, despite increasing requirements to comply with taxation, GST, risk management and other Government reporting regimes. This increasing reliance on volunteers by some centres at the same time as paid staff were limited meant that some were in the position of “needing to have a volunteer as the volunteer coordinator”. The focus group made a distinction between the “rusted on” volunteers with some level of disability or who were in the mature age bracket, and the younger volunteers who are in the job market. A high turnover was reported in the younger volunteer group, and particularly in graduates, who would see volunteering as gaining experience in the workplace before moving into employment.
Child Care Centres

As well as the reported difficulty with attracting any staff to available positions, juggling the balance and roles of part-time and casual employment was also seen by child-care centre participants to be a dilemma. All staff need to be suitably qualified and supervised to work with children – whether permanent full-time, part time or casual - and continuity of staffing was seen as vital to children in care as well as to parents’ confidence in the quality of the service provided, which determined their willingness to pay for it.

This was described as a combined issue of quality, standards, training budgets and rostering: Focus Group participants reported permanent full time staff wanting to reduce their work hours to part-time because of stress and life-work balance issues, but this required centres to be able to recruit more casual relief staff. This had implications for budgets, for training and for rostering issues in an already tight casual market place. Licensing terms and conditions do not allow volunteers to be used as contributing to the child-staff ratio in child care centres although parents of the children in care commonly volunteered to be on Boards of Management of the Centres.
12. SUMMARY AND OVERVIEW

In brief, it is clear that even though the recent growth in funding on community services in South Australia outstrips the national all-State average growth rate, it is now only at parity with the national expenditure pattern. Consequently, almost all agencies in the sector in SA have been constrained by under-funding and insecurity of funding over the past two decades. In light of the fact that there will be increased demand for community services in the next two decades, with an associated need to grow the workforce to meet this demand, the sector and its constituent agencies face considerable workforce development challenges in the short-term and medium term future.

The tension between the imposition of entrepreneurial business-like approaches to contracting, tendering, and organisational management, and the expectation that people employed in the sector will be motivated by dedication to the well-being of others, was fully and articulately expressed by key informants and survey respondents alike. However when agencies were asked to name the significant factors confronting the agency they typically nominated sector wide issues, whereas when they were asked to nominate strategies to address those issues, the strategies were predominantly agency-specific coping strategies, rather than sector level initiatives.

There is, nevertheless, a recognition by many people in the sector that for the community services in South Australia to deliver services effectively into the future, via a robust and high quality workforce, there needs to be a coordinated sector-wide approach taken to workforce development. This was evident through a detailed analysis of primary data from key informant interviews, a survey, and focus groups as well as the available secondary data on the SA community services sector. Key themes that lead to that conclusion are summarised below.

11.1 Costs of Accountability and Standards Regimes

While increased accountability and standards regimes are seen to yield improvements in service quality assurance, they have also increased costs. The increased costs involved in warranting high standards do not yield improved returns to organisations in the form of higher prices or new markets for services, as they may be expected to in an unregulated private sector market situation. Without creating increased revenues or improving the ability of organisations to innovate quickly to respond to changing market demands, then quality standards and accountability present a challenge to long term financial sustainability.

These increased costs are imposed directly and indirectly – with one major indirect aspect being the increasing costs of employing staff with wider skill sets in business and management areas as well as service delivery.
11.2 Competitive Funding and Government Procurement

Short term and competitive funding environments have led to the adoption of precarious employment frameworks which militate against efforts of organisations to maintain, develop and grow their workforce in a planned way. Project based and fixed term funding arrangements have also made it difficult to attract and retain a loyal and experienced workforce. They have made it particularly difficult to remunerate staff at levels commensurate with remuneration in other industrial sectors.

It is a critical development that the Department for Families and Communities has recently negotiated an exemption to the Government’s procurement legislation and policies for its funding to non-profit agencies for the delivery of community services. The revision to service procurement protocols and procedures will thereby reduce the emphasis on contestable processes. Such a shift, to an approach based more on cooperation and collaboration than competition within the community service sector, promises the opportunity to strengthen the integration and effectiveness of the community services system in South Australia. It is a cause for optimism that such a shift is being declared, and provided it is implemented in accordance with the declared intent, this is an important step forward. It is a necessary - but not sufficient - condition, that needs to be complemented by the development of a sector wide position classification framework, such as we are proposing here.

Across the sector there are still significant barriers to wage and condition improvements, in spite of a requirement for increasing skill levels from workers and management to address complex client needs. Even with new procurement processes, there are still significant barriers to wage and condition improvements across the sector, because in general fees for services are set by the purchaser, namely Government funding bodies.

11.3 Entrepreneurial vs Caring Values as Staff Motivators

Low pay rates are also not commensurate with the expectations that staff will have entrepreneurial business abilities and aptitudes, - particularly, but not exclusively expected of managers - to be able to adapt to compete successfully in the market place.

Organisations are accepting the challenge to focus on moving from “charitable good works”, with staff who are motivated by caring for people more than by the money they earn doing so, to being financially sustainable organisations providing financially viable human services to clients. They are, however hamstrung by not being able to apply standard business practices as well as offering remuneration and reward, as well as training and career progression for new and existing staff.
11.4 Workforce Development

At the outset, we foreshadowed a need for change at organisational and system levels to ensure sustainability, including:

- strategic and operational planning;
- management and leadership skills;
- governance;
- recruitment and induction of new staff;
- performance management and review;
- professional supervision, and mentoring;
- team building and peer support;
- identification of training needs, professional development and the development of a learning organisation.

ANTA, in its National Industry Skills Report (ANTA, 2004), has shown that industry has identified a mix of skill requirements, with task-specific and ‘soft’ or generic skills complementing each other and being necessary for future performance. Similarly, a list of employability skills has been created by the Australian Chamber of Commerce and the Business Council of Australia, although it has been argued that similar lists have existed for 10 years, under the rubric of Key Competencies (Finn, 1991). Yet this new list of generic skills emphasises a set of personal attributes believed to contribute to successful participation in the workplace. Community service employers seek both types of skills in varying mixes, as we outlined in the account of recruitment strategies for the four role sets we identified. Nevertheless, it is clear that not all agencies operate with a clearly articulated recruitment strategy that could be related to a consistent framework of position descriptions and associated skill specifications—a perquisite for a systematic workforce development agenda for the sector.

This framework would be expected to link with and consolidate training requirements across the sector. As indicated in chapters 5 and 6, agencies in the sector are giving strong and consistent message that training has not been well served by the existing training frameworks and the present configuration of the Universities, TAFE and RTOs. Because of some of the general concern about the problematic nature of New Apprenticeships generally, and School Based New Apprenticeships in particular, employers in the community service industry, as elsewhere, have poor opinions of such training arrangements, particularly in aged care. The message was that the results of training were variable to the point that there was little confidence in a systematic training mechanism unless the agency had prior experience with the particular arrangement and specific trainers.

Predictions for a rapid growth of 30,000 new jobs per annum in the sector Australia wide over the next 5 years mean that recruitment and skilling are critical. But we observed previously (chapter
4) that where task specific skills are seen by the general population to be closely aligned with generic soft skills, the reluctance to train young workers is even more problematic, at exactly the time when the sector needs to be promoting the value of skills acquisition, and the image of the sector as containing highly skilled workers.

Criticisms of ineffective training are common, with the result that small community based organisations with little extra time and few resources to otherwise assist people to engage with the sector, are reluctant to participate more fully in training arrangements.

11.5 Agency Level Strategies

Coping within Constraint at the Local and Organisational Level

The overwhelming message from the study is that agencies across the sector are acutely aware of the challenges that they face.

Management and Boards of small and large organisations are for the most part consciously and consistently involved in adopting the strategies available to them to combat these challenges. The strategies available to them range from organisational strategic change, to attempts to broaden their workforce recruitment base, to adoption of flexible work practices, and internally resourced training and development strategies. These methods are, however, in most cases constrained by resource limitations. And limited term funding carries the risk that agencies will adopt reactive measures rather than proactive measures which might be less costly in the long term.

Inevitably, organisational change strategies in response to the situation, while relevant, are limited in their emphasis to agency-level coping strategies. By this we mean that it appears that agencies are for the most part forced of necessity to focus on the strategies that enable each one to survive and cope on an individual basis, from contract to contract.

Key industry informants reported a high level of tension over competing imperatives experienced by the sector in relation to skills development. And this was reiterated in chapter 6 by a clear majority of survey respondents, who observed that low pay rates and limited funding resources make it difficult for workers and the employing agencies to arrange training to upgrade skills. That was true for agencies of all sizes. The level of resources available for training is a major concern for agencies of all sizes across the sector. Larger agencies may be able to be more sustainable by developing a larger geographic or service scope and by working on longer time frames, but they too are also essentially adapting and evolving as organisations, and seeking to develop workforce strategies to match individual agency needs.

While this is what a well managed agency should be doing, it leaves little time, energy or opportunity for sector members to effectively be involved in working on the wider issues and long term solutions required to address the workforce crisis in the community services sector as a whole.
Such a sector wide approach is often considered as including three prongs of attack:

- wages and working conditions
- training
- marketing the industry as an attractive employment option

We would argue that none of these strategies will be successful unless they are also accompanied by a concerted effort to develop a consolidated, transparent framework of career structures and known pathways of entry and progression across the sector – with consistent picture of career pathways and employment frameworks to match up with required training and experience for new and existing employees, and across union/Award, employer and practice or sub-sector boundaries.

11.6 The Need for Sector-Wide Strategies

With such significant and common workforce challenges being experienced by the majority of agencies in the sector it was observed by many of the survey respondents and focus group participants that there is a need to act in an integrated way across the sector to address these urgent workforce development problems. It has been argued often that a competitive funding context has increased fragmentation in the sector to the extent that agencies are be constrained in collaborating and sharing information; as well as contributing to some degree of polarisation between large and small agencies. In fact, while there is some evidence of limits to collaboration in the sector, and some polarisation in access to resources dependent on the size of the agencies, for the most part, our primary data do not support this assertion as much as was hypothesised.

More to the point, there are in fact significant parts of the sector aiming to develop integrated workforce development strategies for their sub-sector – including child care, aged care and disability services – at both State and National levels.(refer to Appendix 3). This is appropriate, as each of these sub-sectors have specific problems and have differences in the most urgent priorities they face, as demonstrated by the survey responses and the findings from the focus groups conducted in this study.

There are also, however, aspects of the sector’s workforce development issues which are common to the whole sector and will be most successfully addressed at a whole of sector level. Compared, for example, with other industrial sectors, such as retail or hospitality, the community services sector appears less transparent and accessible to potential workers, and entry points to it are less clear. Retail and hospitality sectors are in fact quite fragmented, made up of varying and different levels of workplace size and structure. Each are essentially providing services in communities, via small to large organisations, ranging from family to large corporate employers, throughout cities and rural areas, and can involve not for profit involvement and yet, each of these
competing sectors has achieved a far more structured training and employment framework over the past twenty years than has been achieved by the community services sector. While not by any means established in the same way, nevertheless each of these sectors compete with the community services sector for workforce recruits.

Whole-of-sector marketing and communications to attract potential workers and create recruitment pools, pools that have clearly communicated training frameworks to match a clearly articulated and integrated frameworks for career pathways across the sector, can be best addressed at the whole-of-sector level. This issue is partly addressed by the information generated through Community Services and Health Industry Skills Council about the Community Services and Health Training packages, but that approach is not sufficient for two reasons:

- it starts with, and is necessarily focussed on, training rather than on the employment opportunities to which that training is addressed.
- it can do nothing to address the fact that there is not an integrated job classification system in the sector.

We consider that a broader approach is relevant because the major competitors for staff are public sector employers. From this study, it would seem that the competitive benefits of the public service are:

- Higher rates of pay
- Security of employment
- Transparent career structures and known pathways of entry and progression

In the non-Government community services industry, individual agencies as well as peak bodies, including SACOSS, have sought to confront the first two of these challenges, but across the sector there is less attention to the equally difficult task of addressing the third factor. Workers in community services are employed to do a wide range of differing jobs in differing employment conditions, but there is not yet an overarching classification framework for comparing and contrasting jobs and their requirements. Such a framework would offer benefits to new applicants, existing employees and employers in that it would assist them to evaluate required credentials, skills and experience with remuneration expectations on a consistent basis, and enable better matching with training offerings.

At present, the community services sector does not offer prospective recruits a clear and consistent picture of career pathways and employment frameworks to match with required training and experience. Instead, the best approximation in the sector of providing a simple picture of entry and progression frameworks is via information presented in conjunction with the Community Services and Health and other Training/ Qualifications Packages. These packages provide an excellent context for understanding and applying the qualifications framework which applies to the broad sector. Yet while we would argue that this information is useful, it is at best a
fragment of the picture required to provide a framework for workforce development and marketing of the sector as a viable career option.

The sector needs to be able to address the advantages offered by competing industries, and to communicate coherently both externally and internally with prospective new applicants and those on the move within the sector regarding career advancement structures it can offer, and to have a more coherent framework for assessing experience and relating it to recruitment needs between organisations and indeed between sub-sectors of the organisations. A key aspect of the task is to develop an integrated classification system or employment framework for jobs across the whole sector, to match the qualifications framework and put it into an applicable framework to enable people to visualise a career path in community services and to encourage them to more readily consider a career in the sector.

A diagram setting out a summary of training qualifications and employment areas, as per the CSHISC website (2006), compared with the range of applicable sector Industrial Awards is attached.

11.7 **A Common Nomenclature and Classification System**

Not only does each of the five Industrial Awards operating in the sector use different classifications and nomenclature, each of the organisations in the sector can and do use different terms for the positions they offer staff. For example, a team leader position in one organisation may well not be the same in job content, level of responsibility, require the same training or experience or offer the same remuneration levels as a team leader in another organisation, or in another sub-sector.

The potentially confusing range of job titles currently used can be demonstrated by the results of a recent scan of two job advertisement sites for community services sector vacancies which yielded the following range of positions titles on offer:

<table>
<thead>
<tr>
<th>Community Support Leader</th>
<th>Case Manager</th>
<th>Youth worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Support Worker</td>
<td>Project officer</td>
<td>Care Worker</td>
</tr>
<tr>
<td>Team Leader</td>
<td>Development Administrator</td>
<td>Advisor</td>
</tr>
<tr>
<td>Key Worker</td>
<td>Service Manager</td>
<td>Counsellor</td>
</tr>
<tr>
<td>Co-ordinator</td>
<td>Support Worker</td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td>Community Co-ordinator</td>
<td></td>
</tr>
<tr>
<td>Group worker</td>
<td>Program Co-ordinator</td>
<td></td>
</tr>
<tr>
<td>Case worker</td>
<td>Manager</td>
<td></td>
</tr>
</tbody>
</table>
None of the positions was declared as being at an employment level or related to a common classification system as they would have been if advertised as public service positions. Nor could they be, as there is no common classification system or nomenclature applicable.

Other Industries such as tourism and retail have benefited from a whole of industry approach to workforce development – including the development of consistent and coherent employment frameworks, as well as appropriate training elements. We would argue that this is what is required for the community services sector in SA.

In much the same way as the sector has suffered from a lack of consistent nomenclature for its services and clients, which is currently being addressed, a fragmented approach to workforce classification and nomenclature is itself part of the challenge to effective workforce analysis and strategic planning for the sector.

Such an integrated framework of employment categories across the sector, matched to training access points could underpin a campaign to promote both career development across the sector, and improve the feasibility of the sector as an employment option for both young people and current working age people who are looking to re-enter the labour market. It would also open up issues of RPL as well as assessing the relationship of training to sector standardisation needs. This could help address the strong and consistent message from respondents in the key informant interviews, the survey and the focus groups, that training was not well served by the existing configuration of Universities, TAFE and RTOs. The message was that results of training were variable to the point that there was little confidence in any particular training program.

We would argue that this is what is required for the community services sector in SA. That is, a more consolidated approach to broader sector wide integrated workforce classification systems as an essential contributor to workforce development strategies. A diagrammatic representation of this whole of sector strategy is set out below.

A skills shortage as is currently being experienced in the sector can be approached by a focus on training and upskilling existing employees, and attempting to target and attract particular parts of the population who are currently not in the recruitment “frame”, such as semi retirement aged men, or young people.

Another approach is to advocate for public service conditions parity (both wages and profile raising). This approach requires more data than has previously been available in SA on the size and scope of the sector and the workforce challenges it is currently experiencing. This study provides some of the data that can inform these discussions.

Each of these approaches are useful, relevant and adaptive sector based strategies. Each is valuable, but they are insufficient without an integrated framework because there is a likelihood that the fragmented situation will continue.

There are two current efforts to introduce a sector wide approach in SA. One is the SACOSS initiative regarding advocacy and policy negotiations with the State Government. Another is the State CS Industry Skills Advisory Body project to undertake a skills audit and scope workforce needs and VET options for the sector.

The newly established SA Health and Community Services Skills Board Incorporated has adopted a three year strategic plan which aims to highlight important workforce development and skills issues facing the Health and Community Services industries. This will entail:

Identifying the emerging skill requirements of new employees

Commence to develop strategies for workforce and skill development for both new entrants and those currently in the workforce.

As part of its action plan for the first year of operation (2006), the Board intends to map the health and community services industries and develop links to key industry organisations and stakeholders. As part of its funding arrangements by DFEEST, the Board has a requirement to produce a report by late 2006 and make the data generated through that project accessible via the web.

SACOSS is currently coordinating a group comprising representatives from employer groups, the Association of Major Community Organisations (AMCO), the Australian Services Union (ASU) and the Liquor, Hospitality and Miscellaneous Union (LHMU) to address the issues that are threatening the sector’s future capacity. The purpose of the group is to work cooperatively, employers and unions alike, to pursue reform in the sector. It has identified the issues of staff attraction and retention, with an initial focus on salaries and workforce development, as the most significant barriers to ongoing viability currently facing the sector. The group has agreed to a range of eleven core principles that have and will continue to guide the goals and objectives of
Of these eleven principles:
The following four specifically relate to aims associated with achieving improved **wages and working conditions** within the sector:

- Jobs to be offered on a permanent or long-term contract basis.
- Jobs must be decent jobs and come with fair wages.
- Workers should be provided minimum guaranteed hours, with upward flexibility and reasonable workloads.
- Provide structures that distinguish differing modes of employment (e.g. working from home).

Five of the remaining six principles are focused on a developing an integrated cross-sector **strategy to attract and retain quality staff**, by identifying and facilitating career paths which are both attractive and recognized by new entrants and which facilitate retention of high quality workers within the sector.

- The sector needs to develop an attraction and retention strategy.
- The sector should provide structured career paths and development programs.
- Workers should be able to develop career paths that recognise their skills and experience.
- The sector needs to develop facilitative structures that allow mobility throughout the sector for workers.
- Ensure that job classification structures match the work performed.

The final principle refers to the need for **skills training** appropriate to equip the workforce for the business of high quality service delivery

- The sector needs to deliver a well-trained workforce, to maximise the quality of services to clients.

Overall, the SACOSS reform agenda identifies its first priority as identifying the basis for a potential industry-wide framework or agreement covering basic salaries and conditions. In the light of the findings of this study, these principles are appropriate.

The fact that the Department for Families and Communities is at present in the process of revising its funding procedures and service procurement protocols to reduce the emphasis on contestable processes is clearly an important development. There is a need to go much further, however, to complement the new funding regime with the development of a sector wide position classification system such as we are proposing here.
11.9 Wages and Conditions

Notwithstanding substantial increases of funding of the sector in SA in recent years to bring the State expenditure in line with other State’s expenditure on community services (as described in chapter 2), this study has identified increased funding levels earmarked for improved wages and conditions as a high priority across the sector. We found that poor wages and conditions are seen by a wide range of representatives of agencies in the sector as a major barrier to workforce attraction and retention, and thereby as a barrier to sector development. Operating as they do in a Government-funded and controlled market place, the capacity of many organisations to offer increased wages and conditions to compete for a sustainable workforce is limited by prospects for growth in Government funding.

As the SACOSS reform agenda says, “funding is not indexed to keep up with the additional accountability costs being placed on the sector through compliance reporting regimes, let alone to enable organisations to maintain pace with the salaries and training and development opportunities being offered in other sectors. Should this situation not change, funding bodies risk exposure to a diminished capacity on the part of the sector to meet funding obligations and continue to accept funding contracts”.

This study certainly indicates that wage increases across the board in all sectors are a major challenge, and that funding increases and/or indexation levels which allow for wage increases are clearly needed across the sector.

11.10 Cross Sector Approach to Reform

In addition to devising a sector wide occupational framework, the sector needs to:
- adopt a proactive whole of sector approach to the reforms necessary to achieve a sustainable workforce.
- agree to a framework for future collaboration that ensures the ongoing viability of the sector

We would argue that this second priority is just as critical as it is clear from this study that the issues involved in reform for workforce sustainability cannot continue to be tackled on a piecemeal organisation by organisation basis.

Each organisation has differing resources, and each sub-sector also varies in the level of challenge it faces, and the degree of flexibility available to it to address these issues. Nevertheless, there is general agreement that the scope of the problems of workforce development, and the key strategies needed to address them, cannot be addressed by any one organisation alone, or even by any one sub-sector alone. The community services sector in South Australia needs to take a lead from other areas of employment to adopt an integrated and consistent employment framework across the sector as a priority for addressing its workforce development and training needs.
APPENDIX 1: COALFACE SURVEY

Questionnaire for Community Services Employers

Section A: Information About Your Organisation

1. Which of the following best describes your position within your organisation/agency?
   - [ ] CEO
   - [ ] Chairperson of Board of Management
   - [ ] Regional or local manager
   - [ ] Other (please list)

2. How long has your agency operated in the field of Community Services?
   - [ ] Less than 12 months
   - [ ] 1 - 5 years
   - [ ] 5 – 10 years
   - [ ] 10 – 20 years
   - [ ] More than 30 years

3. How many worksites does your agency operate within SA?
   - [ ] 1 only
   - [ ] 2 only
   - [ ] 3 – 5
   - [ ] 5 –10
   - [ ] 10 – 20
   - [ ] 21 – 30
   - [ ] More than 30

4. In which of the following does your agency operate (select more than one if applicable)?
   - [ ] Metro
   - [ ] Rural/Regional

5. Please outline the total staffing numbers in your organisation as at Feb 28th 2005 and projected change over the next 2 years.

<table>
<thead>
<tr>
<th>Numbers Feb 2005</th>
<th>Projected Feb 2007</th>
</tr>
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<tbody>
<tr>
<td>Total EFT Employed</td>
<td></td>
</tr>
<tr>
<td>Full-time staff numbers</td>
<td></td>
</tr>
<tr>
<td>Part-time staff numbers</td>
<td></td>
</tr>
<tr>
<td>Casual staff numbers directly employed or supplied by an agency</td>
<td></td>
</tr>
</tbody>
</table>

6. What is the age and gender profile of your staff?

   Gender Profile
   - No. of Males | No. of Females

   Age Profile
   - 15 – 19
   - 20 – 24
   - 25 – 29
   - 30 – 34
   - 35 – 39
   - 40 – 44
   - 45 – 49
   - 50 – 54
   - 55 – 59
   - 60 – 64
   - 65 +

7. Which of the following Community Services does your agency deliver? (tick all that apply)

   - [ ] supported accommodation
     - [ ] low care residential
   - [ ] support to enable people with a disability to remain in their own home
     - [ ] respite for carers
     - [ ] personal care
   - [ ] employment services
     - [ ] help in finding paid employment
### Section B:
**Information About Positions In Your Organisation**

9. If possible, please provide from your payroll records, a list of all staff currently employed at your site, with title of position, length of time in the job, type of employment (casual, full time, part time, short term, tenured) rate of pay, hours per week, Award classification, qualifications at entry to position.

Please do NOT include the names of your employees in this list.

If you choose to provide info on your staff by attaching a payroll list, please go to Qn 11
If not, please go to Q10

10. Of these staff clusters, how many of your staff do you currently employ in each of the following

<table>
<thead>
<tr>
<th>Direct Support Roles (Examples of Direct Support roles are: Support Workers, Personal Care Assistants, Residential Care Officers)</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Total EFT Employed</td>
<td></td>
</tr>
<tr>
<td>o Full-time staff numbers</td>
<td></td>
</tr>
<tr>
<td>o Part-time staff numbers</td>
<td></td>
</tr>
<tr>
<td>o Casual staff numbers directly employed or supplied by an agency</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional Roles (This includes Hands On roles, eg. Occupational Therapist, Social Worker, Psychologist, Speech Therapist, Community Worker, Key Worker, Residential Program Officer; and Indirect roles, eg. Accountant, Business Manager, Senior Administrative Officer, Senior Project Officer)</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Total EFT Employed</td>
<td></td>
</tr>
<tr>
<td>o Full-time staff numbers</td>
<td></td>
</tr>
<tr>
<td>o Part-time staff numbers</td>
<td></td>
</tr>
<tr>
<td>o Casual staff numbers directly employed or supplied by an agency</td>
<td></td>
</tr>
</tbody>
</table>
## Management Roles
(Examples of Management roles [Direct and Indirect] are: Team Leader, Coordinator, Manager, Chief Executive Officer.)

- Total EFT Employed
- Full-time staff numbers
- Part-time staff numbers
- Casual staff numbers directly employed or supplied by an agency

### Indirect Support Roles
(Examples of Indirect Support roles are: Clerical/Administrative, Receptionist, Booking Clerk, Maintenance Worker, Payroll Officer, Fundraiser.)

- Total EFT Employed
- Full-time staff numbers
- Part-time staff numbers
- Casual staff numbers directly employed or supplied by an agency

### 10. Please indicate how many staff are covered by each Award:

<table>
<thead>
<tr>
<th>Award</th>
<th>Full-time staff numbers</th>
<th>Part-time staff numbers</th>
<th>Casual staff numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>SACS Award</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability Services Award</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CETSS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerks Award</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 11. Which of the following problems has your agency experienced in its recruitment and hiring of new staff between Dec 31st 2004 and Jan 1st 2005. Rate each problem on the following scale:

<table>
<thead>
<tr>
<th>Recruitment Problems</th>
<th>0 not problematic</th>
<th>1 somewhat problematic</th>
<th>2 highly problematic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of qualified candidates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries not competitive with comparable positions in other non-government agencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries not competitive with comparable positions in government agencies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived imbalance of the demands of the job and salary offered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short term/ casual contracts not perceived as attractive to candidates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 12. Which of the following problems has your agency experienced regarding preventable turnover of staff? (i.e. other than due to retirement, death, parenting) between Dec 31st 2004 and Jan 1st 2005? (Please refer to exit interview information wherever possible). Rate each problem on the following three point scale:

<table>
<thead>
<tr>
<th>Retainment Problem</th>
<th>0 not</th>
<th>1 somewhat</th>
<th>2 highly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. Do you know where staff go after leaving your agency? Numbers of those who have left between Dec 31st 2004 and Jan 1st 2005.

<table>
<thead>
<tr>
<th>Reason left</th>
<th>Direct Support Roles</th>
<th>Professional Roles</th>
<th>Management Roles</th>
<th>Indirect Support/Admin Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Left to take up a job in another non-government disability agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left to take up a job in the government disability services area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left the disability field</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not known</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Provide a YES or NO response to the following statements about recruitment and staffing within your agency/organisation.

<table>
<thead>
<tr>
<th></th>
<th>Direct Support Roles</th>
<th>Professional Roles</th>
<th>Management Roles</th>
<th>Indirect Support/Admin Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time staff positions are filled by our own part-timers or casuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Part-time staff positions are filled by our own casuals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruitment of appropriately trained and suitable staff is relatively easy to accomplish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New staff are most often recruited from other service providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. Do you currently have unfilled vacancies in your agency/organisation?

- [ ] YES
- [ ] NO

If you answered YES to question 15 above, which of the following applies to such vacancies?

<table>
<thead>
<tr>
<th>Reason/s for vacancy/vacancies</th>
<th>Direct Support Roles</th>
<th>Professional Roles</th>
<th>Management Roles</th>
<th>Indirect Support/Admin Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of vacancies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reasons for unfilled vacancies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In process of being filled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insufficient funding to fill position</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Have advertised but cannot locate appropriately trained person

### Have advertised but cannot locate appropriately suitable person (applicants were appropriately trained but not suitable)

### Other (please specify):

16. Are there any areas of training for which it is difficult to find an appropriate service? (Please list any such areas and comment on any perceived reasons for this difficulty).

<table>
<thead>
<tr>
<th>Area of difficulty in accessing training</th>
<th>Perceived reasons for difficulty</th>
<th>Additional information</th>
</tr>
</thead>
</table>

17. Would you be prepared to be involved in a second stage of this study, to follow up in more detail on workforce development issues in the sector?

- [ ] YES                      - [ ] NO

Please complete

- Name of respondent: ________________________________________________________
- Organisation: _______________________________________________________________
- Contact Details:_________________________________

We will only use this information to contact you for points of clarification.

Thank you for completing this survey. Your input is valued by UniSA and will be kept confidential.

Responses will be collated and analysed and used to write a report about the Non Government Community Services sector in SA.
APPENDIX 2: FOCUS GROUP DATA

Focus Groups with Managers from Aged Care, Disability Services, Community And Neighbourhood Houses and Child Care

Focus groups were undertaken to elaborate on the survey responses and to explore the different approaches and problems typical of four selected sub sectors, Aged Care, Disability Services Agencies, Community and Neighbourhood Houses and Community Managed Child Care agencies. The intention was to provide a richer picture of the way these differences manifested for people managing and working in these areas. This component of the study elaborated on the survey responses to indicate the way in which differences in context, history, and approach were shaping and constraining responses to workforce pressures across the sector.

These questions intended to address the broad issues deemed to be significant in the survey responses were:

Drivers For Organisational Change

- How has your organisation’s scope and service profile changed in the past few years?
- What are the primary drivers for change?
- Do you perceive the changes in your organisation as driven primarily by external factors (eg funding and program changes) or more by internal impetus (eg organisational repositioning, business growth and development strategies)

Future Workforce Scenarios

- What future scenarios do you foresee will occur with workforce supply over the next few years in the four role groups we have identified for our survey: Management; Professional; Direct Support; Indirect Support (eg availability of qualified applicants, retention issues, age/ gender/ workforce balance, wages/ working conditions)
- What are the main factors or forces you foresee which will contribute to these scenarios?
- What strategies do you see will be most effective in addressing these scenarios?
  - In your agency
  - Across the sector

Tenure Of Staff: Casual And Part-Time Employment

- How and why do you use casuals/ part time staff?
- What can/ do you do to attract and keep them?
- Are the Workforce development strategies you can/do use in your agency different for casuals, time limited contract part- timers, and full time/ tenured roles.
Are the barriers to training uptake different for differently tenured parts of your employee profile?

How much do you rely on volunteers to complement your paid workforce?

**Focus Group Arrangements**

The organisations involved in the focus groups assisted in gathering together a group of people from their sub sector who had a deal of experience in their field, were at management level, or similar, drawn from a range of small and large organisations and as far as possible represented non-metropolitan areas as well as metropolitan areas.

We are grateful for the assistance in organising them offered by the individuals and organisations that assisted with each one.

**Child Care (NetworkSA)**

This group included managers and program directors from seven community child care centres and OSHC services, including one indigenous child care centre, and a member from Network SA.

**Aged Care (Aged Care Services Association)**

This group included 5 community service and education managers from a range of not for profit and one for profit aged care service provider.

**Community and Neighbourhood Houses (CANHSA)**

This group included managers and program directors from eight community and neighbourhood centres, and CANHSA staff.

**Disability Support Services (ANGOSA)**

This group included 6 managers and CEOs of a range of not for profit disability support service providers.

The following section draws together the findings from four Focus Groups conducted as part of the study.
1. AGED CARE COMMUNITY SERVICES

Assistance with organising the Aged care community services focus groups was received from Ms Irene Young at Aged Care (Aged Care Services Association). Focus Group participants were drawn from aged care organisations, most of which offered some level of residential care facilities. The participants were 5 community service and education managers from a range of not for profit and one for profit aged care service providers. All participants were involved in managing the community services provided by their agencies but not principally in managing residential care.

Drivers for Organisational Change

Changes to Organisational Scope and Service Profile

Each of the aged care focus group participants reported that their organisations had extended the range and scope of their service and funding base. Most organisations were building on their work with the aged to extend the range of client target groups they service (eg providing accommodation for homeless, disability/mental health clients because they recognise that other clients fit the same needs) or to extend the services they provide, for example, mental health services, respite care, day care centres, low care and community care programs associated with ageing-in-place policies.

Participants reported that their organisations were adopting a proactive approach, and in some cases reviewing their organisational structure, to identify innovations, make better use of resources and to develop their Community Service Business model. Participants saw aged care service providers as becoming better money generators/managers whilst maintaining their core business of caring and integrating community and residential services.

Government funding is seen as a key driver to service changes, but participants also asserted their organisations’ increasingly business-focussed Boards and management were making strategic choices and plans to position their organisations and their services in line with trends in mainstream health services as well as with client needs.

The Impacts of Community Service Growth – “touched with the Florence Nightingales”

A participant summed up the situation this way … “I think that’s part of the evolution of the program into a sophisticated level of performance – … you know we’ve all been touched with the Florence Nightingales – that’s not to be offensive – but you know the community services created in the last ten yrs in SA have been very innovative – they’ve been national and sometimes world leaders – and so we have got great things to be proud of – but I do think that some of us have actually lost sight of financial and human resource accountability – so that we’re growing the business, and what’s happened – in my business what happened, is actually we started making
losses because we were over servicing and we didn’t know when to stop. We didn’t know when to actually stop giving. And our care workers were the same and our coordinators were the same and our managers were the same. Its not sustainable – and what we find we’re actually doing is we’re putting all sorts of pressure on, and that can lead to staff disenchantment, and …, and staff turnover – there have been all sorts of issues around it”.

Re-assessing Core Business

Changes in funding and organisational strategic choices based on vision and mission have contributed to aged care providers’ adopting a proactive approach of addressing increasingly complex and difficult areas, by working collaboratively and “being there” for people with psychiatric illness or mental health issues or homelessness.

The challenge of integrating the newer service range with the old models of service was reported to be driving participant organisations to revisit the question of where they are heading – ie are they organisations providing a range of services to a single target client focus, or are they expanding their client/ service profile to become multi client / multi service providers, and if so why?

The other imperative reported as a result of service growth was the need to integrate community services and residential services – not to achieve full integration of services, but integration in regard to vision and purpose. Participants reported that though there is often a physical interface due to co-location, but there hasn’t been a true integration of the different kind of service delivery models that each adopts, with a consequent impact on both organisational culture and change management, and transferability of staff between “care models”, within organisations and within the sector as a whole.

Organisational Structure

With new and expanding services, staff and management working in an organisation traditionally focussed solely on residential care for the aged now face the need to both adjust the model of care within the residential facility, and to integrate other outreach based models of community care within their practice.

Where an organisation is also moving to address the needs of addiction, disability, homelessness, young families, and mental health issues, barriers and poor exchange of knowledge can result from each part of the organisation focusing on their own specialty area, seeing each other and residential care as separate and they “don’t meet”. Organisational structure can inhibit or facilitate this, and in some cases was under review as a result of diversified services, on the basis that reorganisation will assist the organisations to identify innovations and make better use of resources.
In general, it was also agreed that the changed funding and service delivery models have attracted a range of different players to the industry which drives the business in different ways. People who make up the Board memberships have changed – “ten years ago we would have been led by someone with a collar, whereas now we are led by business people.”

**Community Services Business Model**

Participants asserted that the current lack of integration within organisations is an unresolved aspect of the introduction of changing service delivery models – and in particular highlights the need to define what they called the “community services business model”.

Participants reported that competitive funding models led them to be driven to “grabbing” any funding that is available rather than on the basis of and systematic research and development addressing demand in the community for services in mental health, disability, respite, in home care, day dare residential etc. The typical strategy was to attempt to attain resources to meet what were seen to be needs for service, and to support and feed business growth.

Organisations are applying for more than they have the capability to deliver in the face of workforce limitations, and it was generally agreed that over-reach, although it has been inevitable, and has been a factor in over-stretching staff, which also is exacerbated by a tendency to over-service in the sub-sector. Participants agreed that this tendency to underquote and over service is a factor which needs to be closely looked at in the development of the CS Business Model.

“We hope to only get half of what we apply for – because then we'll be able to roll it out”

The whole sub-sector has matured and changed and reinvented itself through a desire to do better and with a substantial push by the funding source to change funding strategies. The next wave of this change process for the community services sector was seen to be the Commonwealth Government initiative to review Community Care - A New Strategy for Community Care – The Way Forward. (This review will focus on Eligibility and Assessment, Packaged Care, Planning and Accountability, and HACC Renegotiation) (Dept of Health and Ageing 2005). Responding to The Way Forward was assessed by participants as somewhat daunting because of the uncertainty about expectations from the sub-sector, and at the same time, uncertainty about implementation.

**Quality - Measuring Value vs working to a Value System**

The community services model was implemented only relatively recently but practitioners feel that now, having established their model of practice, they are being asked to justify the model and its outcomes. Participants believed that change in the community services sector represents much
the same as the process residential care services went through a number of years ago when accreditation was initiated.

Regarding the tension between quality regimes, social values and economic rationales, one participant made the point that “when I talk about qualitative stuff, that where it sits with me is that we’re getting into these KPIs and I understand that, and its fine but what I don’t want us to lose is that quality stuff… its fair and wise to articulate some things in money, but there might be other qualities – other things that we bring – that are of value to the world – to our community - than just purely – we’ve gone in and made the beds and whatever it is we do”.

Skills and Workforce Training

Ten years after the introduction of the community services model in aged care, participants reported that organisations have had to become much better money generators as well as money managers at the corporate level through confronting the need for sustainability of programs and the organisations’ input to them. All this while not losing sight of the fact that their core business relates to caring.

Participants considered that the rate of change in focus and service delivery in those ten years has not been matched by business and staffing changes to accommodate the new requisite skills. Lack of training has resulted in a shortfall in the knowledge and skills necessary, with staff often not having the relevant skills required, as well as the organisation having to try to attract new people with the right skills to an industry which is not seen as “sexy”.

The issue of dealing with internal staff skills and attitudes was expressed in the words of one participant:

“In the past ten years – because we’ve gone from social welfare – very much giving out as much as you can in any way we can – bending over backwards to do everything – we’re actually now at the stage where we are actually saying well now we have to come up with a business plan. The unfortunate thing is that we’ve got the same people working. …most of my energy goes into…helping people change – to adapt to the new way of thinking. Because they’re still stuck in – “well we used to get the beds then for that client and we bought it - and that was just as easy” – and we’d say “well, no, that can’t happen – we can’t be just buying everyone a new bed”. I agree with you about attracting new staff – but I also think that because of the changes, that the workforce that we’ve got at present, most probably find it very hard because we’re actually pushing them”.

The participant made the distinction between the difficulty of matching managers and direct care workers to the job:
“when you’re looking for managers for tenured work …we will interview – we will …choose the person who has a really good balance of the values stuff and who can manage the money and who can talk the QA talk …whereas maybe, I don’t know, 15 yrs ago you’d have gone for the “nice” person. If you talk about that level, your workforce issues are definitely around some skills that you can articulate …and they are short on the ground…” …“the workforce issues around care workers are completely different, …there may be some areas where they mesh over, but our difficulties with getting care workers are to do with other things”.

**Future Changes in Workforce and Service Delivery**

A major issue highlighted was the issue of how current workforce practices and prevailing culture/attitudes were hampering efforts to bring existing workers along the change path. Participants raised the problem of managers wanting to put all resources into program service outputs to benefit current clients, without also looking at what the program needed to develop in the longer term. A real tension was stated as existing between this strategy and the lack of resources for program development: Planning, funding applications, education and training etc were being seen by workers as available only “by not doing things for clients”.

“…my coordinators that work for me – they – one of the hardest things for me to say is “you will be going to this conference, its for your benefit (I don’t say it quite in that way), you will benefit from this and it will make you a better person or it will give you greater skills – the first thing they say is “but my clients”. There’s where my dilemma is – that we’ve put the clients so much ahead of ourselves that some of that - its actually not valuing you as part of that organisation – so my dilemma now is getting them to recognise that they are just as important - and looking after themselves because they’ve been very much serving – and so – that’s when I talk about that changing …once they’ve noticed that they need to learn something that they feel its ok”.

Participants were of the view that they were in danger of being” being milked by the funder” and that this was having implications on the way organisations resource their staff and how they could afford to educate and develop them.

An example of this issue was that of lack of resources for “backfill” or relief for training: “…we’re in a position where we say we need to send people to these things – however we can’t backfill them because that’s how we catch up with the money that was spent …its really quite bad – and then so there is me that is meant to be managing ends up stepping down – and therefore we burnt that bigger picture stuff …you’re caught between your strategic and your operational roles”.

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**Community Services in South Australia; Workforce Development**

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FUTURE WORKFORCE SCENARIOS

A - Future Scenarios

The picture presented by focus group participants regarding current and future workforce scenarios was of:

- extreme difficulty recruiting direct care workers
- shortage of coordinators with implications for programs

Participants foresee that workforce shortages will impact on clients by reducing the accessibility of services to accommodate requirements for flexibility from casual and part time carers. This prediction was in part attributed to the future pattern of recruitment for carers, and likely labour supply such as for single mums or mums returning to work who cannot be expected to provide personal care out of school hours.

“What will happen in the future – at the moment if you want your service at 11 00 on Tuesday morning that’s when you will get it – but I don’t think that will be available to me – I either have my service when the service can do it – its going completely against what we always said we will do”

B - Contributing Factors or Forces

Recruitment of Direct Care Workers

Participants were of the view that despite the money available to fund community care work the demand for care workers could not be matched by the supply because “anybody who ever wanted to do it – ever in the world – has got a job doing it”.

Participants could not foresee this situation changing, partly because of the low pay rates on offer.

Neither did participants see the recruitment of younger people into the community services as providing a short term fix, since a Certificate III qualification alone did not deliver sufficient experience to work as a sole practitioner in a care package. A solution to this was suggested in bringing the new recruits into residential care facilities for training via ‘buddy” programs.

Internal Churn - Manager/ Coordinator Skill Sets

Participants reported a shortage of coordinators, which is exacerbated as program funding grows. This has resulted in the movement of staff internal to organisations… “which then leaves a program short – because expressions of interest go out, and people express interest, they move and it actually leaves your co-colleagues without a key staff person”.

Community Services in South Australia; Workforce Development
Careers at the Coalface

“We have this internal difficulty because we start to move the knowledge out of one area into another area to try to replace that knowledge at that level – we’re not bringing the candidates in so we start to diminish the knowledge base and the skill set at the coordinator/team leader level”

Recruitment for these positions was also seen as likely to remain difficult, with advertisements for coordination staff or program managers receiving limited response, even where increased rates of pay are offered.

Participants were in agreement that the critical issues were not just about retention, but that the industry also “needs new blood – new employees – you can’t remain where we are at this stage”.

C – Strategies to Address Workforce Issues

Several positive suggestions were made to resolve these issues: These included Industry self-promotion- marketing aged care as attractive to “the graduate or tertiary qualified 30 plus who wants change from social work in the bureaucracy somewhere”. It also included identifying employment pathways from VET.

One focus group participant pointed out that other sectors describe and connect the range and scope of occupations in their industries with the training and educational components that apply in the VET and other educational systems, as a tool for attracting and explaining employment pathways to new entrants to their workforce:

“I’ve asked many times and nothing exists within the aged care sector. So I question how do we attract people in there unless we can show people that there is a direction – a pathway – where people can follow?“

Another participant pointed out that an Aged Care Services SA committee has been developing such a VET occupational diagram, to “come up with the different areas that exist within the aged care sector and say ok you can enter at that vocational level – you can come in as a carer – but there are plenty of places you can actually move to – and you can move vertically within the structure – and ok for us baby boomers we want to see a long term career path – but maybe the Y generation wants to see what are the things that – what are the opportunities for the Y generation – what are the things that you can pick up which suit your immediate needs – but there isn’t a clear map I can actually define – ok – here are the career opportunities. Here’s how you can plug in – here’s where you can move to next”.

Identifying employment pathways with standardised job titles was certainly seen as a useful tool by participants. This issue launched a lengthy discussion on the increased benefit of a standardised terminology of employment categories within the sector, as this would contribute to sub-sector integration and improve the ease with which both employees and employers could negotiate movement within and between agencies and across the sector.
It was less clear to participants who the responsible agent or body was that would be best placed to undertake this task.

CASUAL and PART-TIME EMPLOYMENT

Direct support staffing was seen as preferably casual by both workers and employers.

One participant reported recently offering all casual direct support workers the opportunity to go to part time with set hours. Out of a total of thirty only five applied and one withdrew.

For employers, part-time care work rosters were seen as fraught with difficulties because when clients drop from the program the available hours of work can drop under set part time contract hours, which is costly for the service provider.

Other participants reported similarly that when given an opportunity to choose, the majority of carers wanted to remain casual.

The strategy of using a combination of a core group of people who want to work part-time with casual workers was cited as allowing for more flexible cost effective rostering and at the same time meeting the individual clients’ service needs.

One participant reported using a workplace agreement to pay people permanent rates and treat them as casuals, so they have holidays etc, and yet the employer retains rostering flexibility.

Training was not an issue addressed by these focus group participants.
2. DISABILITY SERVICE PROVIDERS

Assistance with organising the disability service providers’ focus group was received from Denice Wharldall and Lis Burtnick at Disability Support Services (ANGOSA). Focus Group participants were drawn from disability support services and supported accommodation providers and all were members of ANGOSA. The participants were 6 CEOs and training managers from a range of small and larger not for profit disability support service providers, with representation from both metropolitan and non-metropolitan SA.

DRIVERS FOR ORGANISATIONAL CHANGE - “IF YOU’RE NOT FINANCIALLY SECURE YOU’RE DEAD”

Each of the participants reported that their organisation had experienced significant growth in staffing, service range and geography and client base and over the past 20 years, and particularly over the past five years or so.

The drivers for these changes were seen as both internal and external, with the need to establish relatively independent financial security for the organisation as the strongest driver. Organisations have reacted to this imperative by focussing on establishing their position in the “new” market place, where the focus was previously exclusively on clients and their needs for services and support.

The principal external driver was reported to be the inadequacy of Government funding. The Government’s lack of interest in supporting new growth initiatives means organisations have needed to broaden services they offer, as well as undertaking some organisational restructuring. This has been done with the aim of enabling them to influence the growth process, rather than rely on the more traditional ‘supplicant’ arrangement of submission based Government funding.

The Impacts of Community Service Growth

Growth was typically characterised as including

• increased staffing size, (eg one organisation reported starting with four staff eighteen years ago and now have a staff of 16, while another had grown from 25 – 150 staff – 54 FTE - in 17 years with most of that increase occurring in the past 5 years)

• extended and broader range of services and client base

• increased geographic range for services – increased locations

Participants reported that their organisations originally focussed on specific client groups with particular disabilities, reflecting the needs of the people who were involved in establishing the community organisations i.e. families caring for members with intellectual disability who required support up to 24 hrs a day, or who were autistic. In recent years, Boards of the participants'
Careers at the Coalface

organisations have engaged in debate about broadening their focus to service a wider range of people and related disability areas. At least two participants reported that they had changed their constitution to formally recognise this broader scope. For example, an organisation previously dedicating itself to servicing people with intellectual disability may expand its scope to include people with physical disability. Organisations had done this for two reasons: (1) they had developed a level of expertise which meant they can serve a broader client base and (2) the need to grow the organisation – opportunities broaden with a wider range of clients.

Another reported external driver for change in scope of disability services was the issue of ageing in the disability client population: Dementia is a concern for both non-disabled and disabled as they age and this can be seen as both a problem and an opportunity for aged care and disability providers. Some organisations have identified this as a strategic priority, encouraging more explicit partnerships with aged care sector providers, and the disability agencies are recruiting aged care specialists on to their boards to assist and advise on such future partnerships.

Re-assessing Core Business

Dedication to customer service only is not seen as sufficient for organisations and there is a definite and conscious trend within organisations to reposition themselves by developing new tools and services to support families and people dealing with disability. Much attention has been given at Board and management level to marketing, positioning, income generation, donations, foundations and partnerships with other organisations etc. Board membership and the diversity of skills and interests of Board members was seen as a significant aspect of this change towards running the organisation as a business, with participants reporting active recruitment of people with skills to fill gaps in marketing and finance, and investment in training board members and mentoring programs.

In response to a query about where the future CEOs and leaders will come from, most participants believed that current CEOs would be replaced by different types of people recruited by their Boards. Future CEOs would not necessarily be ‘hands on’ or from a disability background but instead more emphasis is likely to be placed on their business experience and skills in promoting the market profile of the agency. “They might like the current CEO, but might replace them with someone different when the time comes.”

Organisational Structure and Culture

Board and service scope changes were seen by participants to reflect a move away from the belief that the skills and ability to solve all problems could and should reside within an organisation. One CEO reported that they had created a fund to use consultants to give them
skilled and knowledgeable advice, an approach which required a cultural shift within the organisation.

The change in focus from being community service organisations to taking a strong business focus has meant an identity and culture shift that is not always well received within the organisations and sometimes by clients, who see that the face of the organisation is a little colder and harsher than it used to be.

The issue of managing staff culture shift is a real one. With other external drivers such as increased accountability and compliance, accreditation and quality assurance increasingly imposed, participants report that community service organisations are no longer able to operate where they may have begun, “from a tin shed in someone’s back yard”.

The benefits of this were seen as positive by participants as “Dragging organisations that were still living in the 70’s to the new millennium – now staff and board and managers know about KPIs, how to measure performance, we know about our accountability, reporting on funds – these are benefits”.

**Community Services Business Model**

Participants were adamant that whilst they provide community services, “you are a business as well – we are a human services business. Not all families are happy with the money we now spend on glossy brochures etc – they say if you’ve got money, spend it on services – don’t waste it on self promotion. But we have increased service delivery by the corporate style – its good to have people complain, it keeps you honest, it keeps your focus on the people – its easy fall into a corporate approach where people aren’t in the equation. You have to maintain a balance.”

**FUTURE WORKFORCE SCENARIOS**

**A - Future scenarios**

Participants reported less of a problem with retention than with attracting new suitable applicants for positions, particularly care workers but also supervisor and team leader positions. Head hunting, and poaching of staff from other organisations was reported as a consequence of consistently little or no response to advertising and other traditional methods of recruitment.

**B - Contributing factors or forces**

Applicants who are attracted to work with people with disabilities commonly mention being familiar with people with disability. Even where staff are Certificate 3 trained, a common believe seem to be that the area needs “special” people to work with “special” people. Such an attitude is
potentially limiting in terms of dealing with workforce development issues and prospects for linking with agencies in other areas of community services.

C – Strategies to address future issues

The sub sector’s client profile dictates the necessity for new recruits to have people with experience in and understanding of behaviour management. “We don’t find they’ve really got that when have a cert 3 or 4. It’s complex work and there’s an underestimation of the complexity of the work. We put a lot of training into our staff, in behaviour management, so that we can write a program and have people follow it”.

All participants reported undertaking substantial training and development themselves, and some participants reported introducing year long programs in team leadership – to encourage and support learning to “step up” when career path opportunities occur and to assist in developing in-house capacity.

The block grant basis on which State funding to disability organisations flows is different from Commonwealth funding. It was suggested in focus group discussions that the State funding process makes a difference to how successfully disability services organisations can structure their casual and part-time workforce balance whilst still having budget flexibility to maintain training budgets. For example, one organisation reported that they had included a Training guarantee levy in their salary budget when this was mandatory, and had retained this when the training guarantee levy was removed.

Some participants reported extensive use of traineeships, although they also reported paying staff at award rates not traineeship rates.

Recruitment of Direct care workers

Because of the scarcity of applicants, participants reported finding that they ‘take a chance on people’ now that they previously did not, that they have extended the staff members orientation and probation period, with a consequent tightening up of the appraisal process in that time. The agencies now give unsuccessful employees notice, and discontinue their employment before the three months probation period is up.

Internal Churn - Manager/ Coordinator Skill Sets

For team leader positions, a Cert 4 minimum requirement is applied, although a degree is preferred. One participant reported that it took six months to get two people into two jobs and that they still have one job to fill. Internal promotions were attempted with two people who had essentially failed in the job: “they found it far too stressful, couldn’t do it, part of the issue is people just don’t want to take the responsibility – they just want to do support work, to work at a level where they can do their work and go home and switch off, which is related to the level of
pay. **Look at the difference between support worker and a team leader or manager can be a dollar an hour – or not even that – why would you want to do it?**

Funding and pay and conditions are seen to be critical to maintaining and growing the quality and quantity of workforce that will be required. It was clear that participants considered that the future workforce scenario will be determined by is the need to recognise the complexity and value of the work done, the qualifications required with adequate pay and conditions.

**Casual - part time** *“There is no full time staff except for management”.*

In contrast to the Aged Care focus group participants, Disability Services participants reported creating as many permanent part time positions as possible because “people like tenure, and casual work is unpredictable”.

One respondent reported that the initial care work contract is for a three month probationary period and is casual - sixty hours over a four week period. Within six months, recruits tend to work more part –time hours (close to full-time although still technically part –time). “People usually work in so many houses up to full time hours – it fluctuates – most of the staff are on a 25 – 30 hour contract, Mon – Fri. The team leaders are full time – the rest of staff could be permanent part time, doing up to full time hours. Casual staff are often people who have been permanent part time, and left to have babies etc, study, and want to stay on – we like that because that way they maintain their links and we maintain the benefit of our investment in their training”.
3. COMMUNITY and NEIGHBOURHOOD HOUSES

Assistance with organising the community and neighbourhood houses focus group was received from Ms Marie Smith at Community and Neighbourhood Houses (CANHSA). This group included managers and program directors from eight community and neighbourhood centres, and CANHSA staff. All were female. As Directors of Community Neighbourhood Centres, the background of participants was diverse and some came from child care, some from nursing, others from health or Local Government.

DRIVERS FOR ORGANISATIONAL CHANGE

Focus group participants reported that their organisations had, of necessity, diversified and broadened their services (with subsequent workforce training) whilst limiting others due to insurance requirements and costs. Organisations had begun running as a business with an increased strategic focus, to become self-sustainable in the face of funding volatility and competition. Participants described the impetus towards organisational and service delivery change as a combination of external funding drivers and opportunistic internal changes to expand operations where that promised minimise threats to survival.

Policy changes had caused the neighbourhood community centres to become involved in partnerships to deliver services in a range of areas - eg health, day care, and early intervention programs, which had ramifications for workforce attributes. As one participant said. “We get involved in whatever services are driven by the Government of the day”.

The Impacts of Community Service Growth.

Participants had experienced less of the pressures from speedy growth in the sub-sector than other service types reported.

While participants reported that the philosophy of the sub-sector has not changed over the past 20 years, Community Centres needed to place themselves strategically to “weather the winds” of political and funding change, and in particular, to increase their range of accessible funding sources to minimise the risks associated with depending on one source of funding.

A consistent theme of addressing survival issues in the face of funding volatility and competition was reported by participants. It was suggested that sixty per cent of community and neighbourhood centres had folded following the election of the Commonwealth Liberal Government in 1996.

Participants reported the requirement to work strategically as an impact of community service growth in their sub sector. Staff and volunteers need to understand branding, to anticipate and assess the impact of policy changes, and to position the organisation in advance of impending change, which requires flexibility and dedication. The need to employ staff and engage
volunteers who are “tough” and “prepared to stand up for a fight” when communities and services are under threat was reported, as well as the need to be able to lobby and argue for funds. This requires a high level of professionalism and competence and takes a lot of energy.

**Re-Assessing Core Business**

Participants reported that while their organisations had not changed their vision or their mission as reflected in their constitution, they had, of necessity, both diversified and broadened the services they were providing.

This was viewed as a direct response to funding imperatives embedded in the programs their organisations were delivering. For example, where the organisation may have been delivering adult literacy services previously, the funding criteria now required the organisation to demonstrate both literacy outcomes and also employment outcomes, requiring a different approach.

Some Centre Directors reported that their growth meant that centres now run Day Care activity programs, work for the dole programs, Home and Community Care programs, child care, and adult literacy classes. The impacts of deinstitutionalisation on services and clients was also seen as be causing problems of service expectations that could not be met at the local Community Centre level.

“Hospital beds are closed, mental health and aged care services are supposed to occur in the community, but where’s the money? Who’s looking after them?”

One participant pointed out that the neighbourhood community services staff and volunteers are facing much the same effect from this trend as GP’s, the industry in which she was previously employed, having to deal with more and more complex clients with complex issues.

Insurance requirements and costs also changed the services that centres were capable of delivering. A case in point is recreation programs which were discontinued or changed due to risk management and insurance.

**Changing Organisational Structure**

The need to update organisation culture was discussed by this focus group as it was in others, however, attempts to deal with the new climate by restructuring the organisation were not reported, which is not surprising for small organisations.

Participants who had recently entered the sub-sector as managers from other areas were quite clear they had been given the mandate by their Boards to run the organisation along business lines, to be self sustainable, and that practical changes would follow. In reality, these participants encountered a culture that had developed over ten to fifteen years, and which was resistant to change. Managers or Directors who attempted change in services, standards, attitude to problem
solving and staff/volunteer relations were liable to encounter resistance and labelling as “hard faced bitches”. Participants reported that paid staff, although relatively few in number, were being seen as responsible for fixing routine problems arising for volunteer staff in their Centres’ operations, and as a consequence, could encounter “10 catastrophes on the doorstep by 8.30am”.

Participants reported that Centres needed to be able to economise and be more efficient by using technology, and to run community IT programs for the aged and others, but are not resourced to do so. They may in some cases be able to acquire the equipment, but have no resources for maintenance or upgrade.

Quality - Measuring Value vs. Working to a Value System

A significant driving force for positive change reported by participants was the recent Service Excellence and Workforce Development project undertaken by CANHSA. This project received ACE funding for one year only and represents a significant effort to upgrade the skills and qualifications of the staff and management Boards of Neighbourhood Houses (many of whom are volunteers). As one participant said:

“We have our administrative responsibilities, industrial responsibilities, accountability, reporting to our Boards and to our funders. Many of our volunteers and Board members come into the centres with no knowledge of business. We still have the same responsibilities, but now we know about them”.

Community Services Business Model – “Not for profit is a tax status, not a business model”

In response to the questions about what might is causing the sub-sector to change, participants discussed the prevailing attitudes in the industry. As one participant said:

“We are perpetuating the state we are in – we are a warm and fuzzy sector, and we don’t want to walk over our clients, so as organisations we will compete with each other. We are isolated as a sector, we don’t bring our people together”.

Another said "We go cap in hand, we are our own worst enemy because we see ourselves as the angels. We need to go on strike – we need to focus on ourselves as workers”

Skills and Workforce Training

Participants raised the issue of the increasing expectation on both paid staff and volunteers to meet skill requirements with little or no monetary reward. Funding arrangements from different sources offer varying levels of support for training, in the programs they fund. Commonwealth agencies such as FACSIA do not fund any administrative wages costs in their grants as they are not considered to contribute directly to community development outcomes. Where Local
Governments fund community centres or employ staff for them, there was reported to be a consequent higher level of support for training and administrative expenses.

**Future Workforce Scenarios**

**A - Future Scenarios**

The picture presented by focus group participants regarding current and future workforce scenarios was of:

difficulty attracting and retaining young staff
difficulty attracting social workers

Participants pointed out an inherent tension created by the government expectation that community service organisations will continue to do more with less because they are motivated by collectivist “warm, fuzzy” values, in conflict with the requirement to compete and behave as entrepreneurial small businesses.

One participant was keen to advocate that the Government should “treat us as collectively warm and fuzzy – or allow us to compete without constraints”. However, this was not seen as likely or even desirable by all participants. There was general agreement, however, that the sub-sector needs to adopt the same approach to advocacy for itself and the value it adds to society and the economy as Child Care is undertaking.

A “spokes body” to drive the sub-sector advocacy forward was agreed as being necessary, in particular to advocate for increased Community and Neighbourhood House funding from State Government (it was pointed out that less than 8% of the funding for community centres come from the State Government, with over 25% coming from Local Government).

**B - Contributing Factors or Forces**

At the moment retaining staff is seen to be a problem, as ongoing and short term funding horizons mean that there is no career structure available and in particular it is difficult to attract and keep young staff.

“The expertise level required of staff is different from that of twenty years ago. The skill levels required are high because of the level of therapeutic intervention often required in programs like day care. We need social workers but we can't pay them”.

The need to be able to charge market prices for services was exemplified by comparing the rates for tutors and facilitators- $35 per hour which ACE grants fund versus $180 per hour charged by TAFE.
C – Strategies to Address Future Issues

Participants did not see this scenario as likely to change in the future without **changes in funding levels**. Participants were adamant that “funding is what helps community centres – which in turn helps workers in the Centres”.

**Casual and Part-Time Employment**

The typical size of community centre staff was generally reported as small and the centres commonly employed part-time core staff, but also relied heavily on volunteers.

This increasing reliance on volunteers by some centres at the same time as paid staff were limited meant that some were in the position of “needing to have a volunteer as the volunteer coordinator”.

The typically small numbers of centre staff also meant that many centres did not have the resources to employ bookkeepers or administrative staff of any sort, despite increasing requirements to comply with taxation, GST, risk management and other Government reporting regimes. The main reported solution to this was to “try to think smart – eg to go for PBS status to access salary sacrifice” and to apply for more grants. As one participant remarked “I feel like I’m drowning in writing grants”.

**Volunteers**

Volunteer levels are high in the sub-sector, as reported above. The focus group made a distinction between the “rusted on” volunteers with some level of disability or who were in the mature age bracket, and the younger volunteers who are in the job market.

A high turnover was reported in the younger volunteer group, and particularly in graduates, who would see volunteering as gaining experience in the workplace before moving into employment.
4. CHILD CARE CENTRES

Assistance with organising the Child care centres focus group was received from Ms Bev Pope at Child Care (NetworkSA). This group included managers and program directors from seven community child care centres and Out of School Hours Care (OSHC) services, including one indigenous child care centre, and a member from Network SA. The managers of for-profit centres were specifically included in the invitation, but none attended.

Drivers for Organisational Change

Child Care centre focus group participants reported an ‘Expansion though necessity’ strategy as a key driver of organisational change. Government policy and funding changes, increased demand for services, competition from corporate entrants to the market and the implications of quality and accreditation regimes in increasing costs were cited as influencing the way community child care centres are now managed.

Participants see their organisations as businesses, whether private or not– required to operate within a strict budget but which are focussed on maintaining high standards of service and care with an emphasis on continuous improvement.

Changes to Organisation Scope and Service Profile:

Each of the community managed child care centre focus group participants reported that their organisations had been unable to expand since in size or in scale, although economies of scale have been achieved by amalgamations of centres.

The respondents reported a pattern of service delivery “short cuts” and a lack of confidence in the standards in place.

Drivers:

A range of drivers of recent circumstances were identified, including:

- Quality and accreditation regimes
- Client base change
- Client number increase: High staff / child ratios
- Removal of Commonwealth infrastructure funding for child care facilities

- The Federal Government announced the removal of the operational subsidy for community-based Long Day Care Centres as part of Budget 1996 and quality assurance in Australian child care was first raised as a political issue in the lead up to the 1990 Federal election.

- Removal of operational subsidy for Long Day Care Centres
- Commonwealth scheme encouraging private operators

- In 2001, the Government introduced a scheme to encourage private operators to establish long day care centres in under-serviced areas. This scheme has been lucrative for private
providers of child care in Australia, with ABC Child Care centres becoming a $2.3 billion corporation which now controls 20 per cent of Australian child care centres in that time as a result.

A Note on Management Structure

Community managed child care centres face an intrinsic management design problem whereby the Board of Directors or management committee is comprised of volunteers who, as parents, are also consumers of the service. For example, union demands for increased rates of pay for child care workers were resisted by board members as they would directly result in increased fees to parents. While this was not named as a conflict of interest, it was certainly seen as an intrinsic barrier to achieving adequate pay increases needed to attract and retain staff. Another issue with this design is that (voluntary) board members’ time is intrinsically more limited than in other parts of the community services sector, as members are drawn from the user group, who are using child care because they are already busy working people.

Changing Job Demands and Inadequate Training

Rewarding and remunerating child care workers in line with the increasingly complex and demanding role was seen to be critical to ongoing sustainability. The recent Child Care Award rate increase, while welcome, was not seen as sufficient compensation. Participants reported that the child care worker’s role is viewed and remunerated as “glorified baby sitter” and yet is expected by both parents and Centre Boards of Management to demonstrate the skills of counsellor, early child care educator, parent educator, mediator, communicator, accountant, manager, etc., without available ongoing training.

Because families are becoming more complex, with family breakdowns, blending, both parents working, etc., child care workers reported their jobs as increasingly complex and demanding. Participants reported child care workers as under stress because they work ‘at the front line’ dealing with families under stress, receiving outbursts of anger, frustration and blame from parents which in many cases can amount to bullying. Child care workers, consequently, are dealing with more distressed children.

Coupled with these pressures, participants reported that high staff to child ratios and low rates of pay both affect child care workers feelings of value and job motivation.

The Impacts of Community Service Growth

Participants asserted that the capacity for growth in community managed child care centres was different from other parts of the community care area, and even from OHSC services, in that it was seriously hampered to the point of almost complete standstill by the removal of Commonwealth infrastructure funding for child care facilities.
Participants reported that while a high rate of growth in number of places had been experienced from the early 1970’s to the mid 1990’s in community child care, this had changed dramatically since the removal of the operational subsidy for community-based Long Day Care Centres in 1996. Since then, community based child care centres have in general been unable to expand since in size or in scale, although economies of scale have been achieved by amalgamations of centres.

Hamstrung by lack of expansion capital and with many reduced to managing day to day financial survival, the introduction in 2001 of a Commonwealth Government scheme to encourage private operators to establish long day care centres in under-serviced areas has resulted in intense competitive pressures on community centres from the for-profit agencies.

These private and particularly corporate organisations now operating in the market are fully capitalised and able to expand both by establishing new centres (often reportedly in areas which place them in direct competition with established community child care centres rather than in under serviced areas), or by taking over existing centres to ensure dominance in the market. Some participants alluded to fierce tactics adopted to squeeze them out or buy them out of the area. Some also reported a concern about “short cuts” and a lack of confidence in the standards in place which they believed were a result of the profit based competitive and “growth at any cost to ensure market dominance” ethos of private operators.

**Quality - Measuring Value vs Working to a Value System**

Quality and accreditation regimes were introduced in the long day care and family day care child care sub-sector some years ago. Out of School Hours services are facing the imminent requirement to undertake the quality accreditation process.

Participants agreed that the quality accreditation process was helping centres to focus on achieving high standards of care and continuous improvement. However, accreditation and funding regimes demand continuous change and improvement with resulting increased demands on both staff and management committees: The workload associated with this process of reflection, documentation and implementing system changes is ongoing, however, and in the face of a stagnant fee-base and staffing difficulties, this aspect of the work can take experienced more qualified staff away from engagement with children. This in turn leads to an increased requirement to take on casual and part-time care giving staff.

Participants reported that they felt that while staff had generally adopted the changes involved in QA in a positive way, they had not received the remuneration and status changes that might be expected as a result:. The workload of continuous improvement and regular quality audit processes does not decrease with time.

Parents are pleased to receive the safety and standard of care assurances that the QA system offers them but are resistant, however, to any resulting pressure to raise fees to accommodate increased costs resulting from QA.
Future Workforce Scenarios – “glorified babysitters?”

A - Future Scenarios

The picture presented by focus group participants regarding current and future workforce scenarios was of:
experienced people leaving the industry,
extreme difficulty to recruit new entrants to replace them,
a developing skills shortage at management/director level, as experienced directors and managers leave the industry altogether.

B - Contributing Factors or Forces

Recruiting New Entrants:

All participants reported that they were finding it difficult to attract both unqualified and qualified staff, and that the difficulty of recruiting administrative staff had not diminished. It reported as particularly difficult to attract and retain staff who could deal with the complexity of the child care funding arrangements, when the hours which could be afforded to employ them were unattractive because relatively low.

Business Management Skills:

Participants observed that pathways to a Directors’ position in a child care centre may once have taken 5 – 7 years to learn ‘on the job’. Of necessity, however, centres now tend to appoint Directors who, while they are qualified in child development, have less experience and that they do not necessarily have training or experience in small business management skills. (It was pointed out that a typical community child care centre may be managing a turnover of between $400,000 to $1.5m per year, and employ anywhere between 8 and 60 people.)

Participants expressed uncertainty about future State Government policy, in light of a current proposal in place to build integrated community child care and health services into school sites across the State, and the possible prospect of increased child care places being declared.

C – Strategies to Address Future Issues

Participants were not optimistic about turning this trend around without serious action being taken to raise wages, to raise the profile of child care as a profession, and to take steps to decrease the level of stress that child care workers experience by having more appropriate relief and training budgets available to them.
Casual and Part-Time Employment

As well as the reported difficulty with attracting any staff to available positions, juggling the balance and roles of part-time and casual employment was also seen by participants to be a dilemma. This was described as a combined issue of quality, standards, training budgets and rostering: Participants’ experienced permanent full time staff wanting to reduce their work hours to part-time because of stress and life-work balance issues, but this requires centres to be able to recruit more casual relief staff. This has ensuing budgetary training and rostering issues in an already tight casual market place. All staff need to be suitably qualified and supervised to work with children—whether casual or part time—and continuity of staffing is seen as vital to children in care and to parents’ confidence in the quality of the service provided, as well as their willingness to pay for it.

Volunteers

Licensing terms and conditions do not allow Volunteers to be used as contributing to the child-staff ratio in child care centres.
APPENDIX 3: COMMUNITY SERVICE WORKFORCE DEVELOPMENT INITIATIVES

Current Community Services Workforce Development Initiatives in Australia

That Workforce Development is recognised as being of importance to the sector is evidenced by the range of projects recently or currently undertaken to address the challenge of Workforce Development and Planning within each of the States and across the various sub sectors within the community services sector – Aged Care, Child Care, Disability Services, Community Houses and Centres.

The following range of examples of Workforce Development initiatives is not exhaustive, but rather intended to demonstrate the range of approaches and frameworks which are being adopted across the community services sector in Australia:

Community Services and Health Industry

The Community Services and Health Industry Skills Council is a lead agent in the National Industry Careers Specialist (NICS) Consortium, and in March 2006 has produced an Environmental Scan of NICS based on responses of providers in this industry sector (CSHISC 2006). The report highlights the rapid rate of growth in the sector Australia wide (2nd fastest growing industry) in the last 5 years and predicts a rapid growth (of 30,000 new jobs per annum) to continue over the next 5 years. It also identifies skills shortages, particularly in the health occupations, and predicts these could be exacerbated due to the aged profile of the current workforce. The report is particularly concerned to assess the attractiveness of the Health and Community Services Industry to young people and the availability of careers information for them. In the DEWR listing of 'Occupations with Very Good Prospects' 15 of a total 31 occupations are health related but the list does include child care workers, aged and disabled carers, and community and welfare workers. It takes as a positive that some 46% of employees in the sector, broadly defined, are employed part-time, which it sees as an employment option that is attractive to young people (CSHISC 2006, p.3). It reports that current community service careers information is limited (CSHISC 2006, p.21). While there is good career information on individual jobs in community services available from generic websites such as DEWR (Australian Careers) and DEST (Jobguide) and some general information on childcare, aged care and disability services in Victoria and Queensland, there is no nationally available information providing a broad introduction to community services, outlining jobs, pathways and training available. The industry is not promoted or marketed in ways that could enable it to overcome negative or limited perceptions of students and parents. To the extent that it reports interest in the industry broadly, it is in health related occupations rather than community services occupations.
The Community Services and Health Industry Skills Council Report (2005) identified both key drivers of both supply and demand factors impacting on the Community Services Workforce and the key skill areas where the greatest need for change and development are likely to occur.

Research by CSHISC has identified four drivers which have an impact on the demand for skills of the community services and health workforce. These are:

1. **consumer and customer service demands**, 
2. **market expansion**, 
3. **technological advancement**
4. **competitiveness and productivity demands**.

A further six drivers impact on skills supply within the community services and health workforce.

1. **Demography of the workforce**: (ageing, predominantly female and CALD, low youth participation, population movement from rural to urban areas)
2. **Employment arrangements**: Labour-hire, part-time employment and voluntary service have affected the skills needs of individuals, the number of people requiring skilling, and the willingness to invest in skills development.
3. **Worker attraction and retention**: Like many other industries, the community services and health industries are finding it difficult to attract and retain workers. This has resulted in acute shortages of registered and enrolled health nurses, medical professionals and some allied health workers. There are also shortages of child care, residential aged care and mental health workers.
4. **Health and safety**: The incidence of workplace injuries is currently higher in the community and health industries than the all industry average.
5. **Regulatory compliance**: The need to meet new codes of practice, standards and legislation is a major driver of skills demand.
6. **Insurance** small organisations are having difficulty managing the rising costs. (CSHISC, 2005 #76)

The Community Services and Health Industry Skills Council was awarded an Industry Training Strategies Project (ITSP) Pathfinders grant in July 2004, from the Department of Education, Science and Training (DEST) on “Support for Over 45s Workers/Learners to Access Training in the Community Services and Health Industries” – also known simply as the “MAGIC” Program (originally meaning Mature Aged Workers Giving in Care).
The nature of the MAGIC Program is to place mature-aged workers in the community services industry, specifically in the areas of Aged Care Work, Children’s Services and Youth Work. In addition, the project is also exploring how these workplaces can recruit non-traditional workers such as males into childcare.

The outcomes of the project will assist the Industry Skills Council gather further intelligence about issues and strategies to support wider utilisation by employers of Training Packages using New Apprenticeship pathways particularly focussing in areas of skills shortage in community services.

This project aims to increase the number and range of New Apprentices in training, and to improve the balance between supply and demand for training, particularly in regional Australia, by ensuring that employers are offered the full range of current training options.

The program focuses on the placement of mature-age workers in three community services industry areas:

- Children’s Services – as an area of skills shortage and as a sector that tends to attract young female workers – need to attract older workers and hopefully some males (*there will also be a focus on attracting workers to the new Out of School Hours Care specialisation)
- Youth Work – as a “test” area which historically attracts male workers, a percentage of which are over 45/mature aged – lessons can be learned from their success
- Aged Care Work – as an area that predominantly has older female workers – need to attract older male workers

The newly established SA Health and Community Services Skills Board Incorporated has adopted a three year strategic plan which aims to:

- Highlight important workforce development and skills issues facing the Health and Community Services industries
- Identify the emerging skill requirements of new employees
- Commence to develop strategies for workforce and skill development for both new entrants and those currently in the workforce.

As part of its action plan for the first year of operation (2006), the Board intends to:

- Map the health and community services industries
- Develop links to key industry organisations and stakeholders

Each Industry Skills Board in South Australia has been required, as part of its funding by DFEEST, to map its sector and identify major issues affecting the respective sectors. The SA Health and Community Services Skills Board has declared a project to produce a report by late 2006 and make the data generated through that project accessible via the web.
Child Care

The Australian Government's Child Care Workforce Think Tank, initiated in April 2003, was part of a response to the Commonwealth Child Care Advisory Council's Report Child Care: Beyond 2001

The objectives of this process were to:

- promote cross-sectoral understanding of current workforce issues, and
- increased collaboration between key stakeholders
- develop strategies for addressing the current workforce issues affecting the
- status and standing of child care
- assist with shaping the future direction of child care in Australia. {FACS, 2003 #43}

There are significant recruitment problems in the sector as well as difficulties in retaining staff. The Department of Employment and Workplace Relations Job Outlook on-line estimates that around 50% of job openings for child care workers and 80% of those for child care coordinators result from workers leaving their occupations. Pay rates for child care workers are identified as especially poor, making the sector increasingly unattractive to new staff.

The Australian Government Report on the Child Care Workforce Think Tank attributes the reasons for the high wastage rate of child care workers to:

“... education opportunities, graduates leaving the profession, work conditions, professional support and the status of the profession. These reasons are exacerbated by the fragmentation of the profession, funding restrictions, limited career opportunities, mismatch between training and job expectations, level of administrative work required and workplace stress and burnout.”{FACS, 2003 #43}

The SA Government Childcare Strategy announced in June 2005 is designed to address the current shortage of qualified staff in SA child care centres, now and in the future. It involves DFEEST funding of 4450,000 for:

- 70 existing child care workers and 27 job seekers to undertake child care qualifications under traineeships, as part of a pilot program supported by DEWR, DECS and child care sector employers.
- 70 existing workers to be upskilled to Diploma of Children’s Services, and 27 trainees to be funded to obtain both Cert 3 and Diploma of Children’s Services to meet the immediate need for qualified staff.

DFEEST will also provide up to an additional 50 child care places in the Diploma of Children's Services in 2006 via TAFESA at a net cost of 4288,350.
SA Regional Child Care Workforce Development initiatives have also been undertaken in Whyalla (Whyalla Child Care Pathways Program), Southern Adelaide (Southern Child Care Project) and the Barossa (Barossa and Light Child Care Strategies)

Aged Care

The Myer Foundation commissioned a paper in 2002, entitled “Resisting the Quick Fix - Workforce Planning to Deliver Services to Older Australians 2020” which outlined an approach to mapping future workforce needs from both the industry performance perspective and from an occupational – perspective.

Key Areas for Consideration in Aged care Workforce Planning defined in this report required for development of a whole of industry national workforce strategy are:

- Identifying Core Industry Skills
- Addressing Regulatory Arrangements
- Defining Industry Career Pathways
- Defining Models for Skills Development
- Addressing Perceived Working Condition Issues

(Wheeler, 2002 #17)

The Commonwealth Department of Health and Ageing (DHA) engaged the National Institute for Labour Studies (NILS) to complete a comprehensive analysis of the aged care workforce, with a view to aiding in planning for future workforce needs.

This Report released in 2004 is focussed on the supply side of the aged care labour force, providing new data on the dimensions of the aged care workforce (its size, skill base etc), working arrangements and attitudes to work.(Richardson, 2004 #91).

In particular, The National Institute of Labour Studies casts doubt on claims that the aged care sector, and in particular the residential aged care sector, faces significant Workforce issues. The Report suggests that there are few signs that the residential aged care labour market is in crisis, supporting this view by observations that:

- The overall level of vacancies and the level of vacancies in each major occupation are not high, although there is clearly some difficulty in recruiting nurses.
- Only a small fraction of shifts are worked by agency staff, suggesting that temporary staff is used to cover only the usual fluctuations in the workplace.
- In general, staff seem well qualified for their duties.
- Workers have a high level of confidence in their skills and believe they use these skills effectively in doing their job.
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- Staff express quite high levels of job satisfaction (especially personal care workers and allied health workers).
- Three-quarters of staff expect to still be working in aged care in three years.
- There is clear scope for increasing the total hours of work provided by the aged care workforce by extending the working hours of existing workers.

The National Institute of Labour Studies noted difficulties in the recruitment of nurses. It also found that registered nurses (who constitute more than 20% of the total) were less satisfied and older than other workers, and therefore were a vulnerable component of the workforce.

Drug and Alcohol Agencies

The NSW Network of Alcohol and other Drug Agencies (NADA) initiated a three-year Workforce Development Program in June 2004. They adopted Helfgot and Allsop’s definition (2002) of ‘workforce development’ as embracing ‘the broad range of strategies that are used to ensure effective practice. These strategies may focus on individuals, organisations or systems’.

NADA have adopted Roche’s (2001) emphasis on extending the definition of workforce development more broadly than the traditional emphasis on education and training of individual workers. They see the need for change at organisational and system levels to ensure sustainability.

- This project has developed a Workforce Development Resource Kit, aimed to provide managers “with tools to put in place workforce development practices in their agencies. The Kit assists managers identify barriers to workplace development in their agencies and subsequently develop a plan of action to implement workforce development strategies” under the following categories:
  - Agency and staff workforce development needs
  - Professional development strategies
  - Human resource planning, strategic planning and partnerships.

The Kit is referenced to the Quality Improvement Council’s (QIC) Health and Community Services core module with standards from the module used to guide the development of the principles and content. {NADA, 2003 #92}

Disability Services

Disability Services Qld has initiated a 5 year Workforce Planning Strategy (2001 – 2006), in which they indicate that “workforce planning is about having the right people in the right place at the right time, all the time”. This approach adopted a consultative planning approach towards building likely future scenarios for the disability sector, and involving manager and staff
stakeholders in identifying issues impacting on workforce development and skills needs to address these future needs:

- Recruitment
- Retention
- Manager/Supervisor to staff ratios
- Supervision issues
- Client to staff ratios
- Induction
- Barriers to staff satisfaction
- Barriers to quality service provision

For the purpose of this project, the Queensland disability services sector was defined as agencies which receive State and/or Commonwealth Government funding administered by DSQ. The project scope included non-clinical mental health service providers but excluded clinical mental health services and employment services.

The broad methodology to develop the Workforce Plan involved four steps:

**Step 1** involved identifying likely scenarios for the sector’s future sector activity.

**Steps 2 and 3** involved forecasting: estimating demand for staff, and forecasting supply of staff

**Step 4** involved the development of strategies to bridge the demand/supply gaps.

The pilot program’s workforce (representing 31% of full-time equivalent paid workers in the sector) has the current profile:

There has been modest staff growth in the sector over the past few years

The majority of the sector’s staff (68%) are in the Direct Support Hands-On job Cluster

The sector has a highly contingent and flexible workforce:

- only 58% of staff are employed on a permanent basis
- 44% of staff work part-time
- 71% of the sector’s staff are female

The sector tends to employ mature workers rather than people in the 15-24 years age bracket

Half the sector’s staff have less than three years’ service within the agency.

A critical factor of the sector’s current workforce profile is its high turnover: median of 28% and mean of 33% for the Direct Support cluster. This is significantly higher than the national All Industries median for 1999, of 9.1%, and the median for the Human Services sector, of 14.7%.

There are likely to be significant staff shortages over the next 1, 3 and 5 years, because of high staff turnover within the sector, and forecast increased demand for services/staff.
Small agencies throughout the sector will face the largest workforce shortages, in percentage terms. Furthermore, small agencies are much more likely to have a predominantly part-time workforce. On average, 70% of staff in small agencies work on a part-time basis. This places an additional pressure on managers within small agencies in the management of their staff. An overwhelming number of the sector’s agencies (70.6%) are small, with fewer than 10 full-time equivalent staff. Small agencies have the least capacity, in terms of infrastructure and managerial resources, to deal with the forecast workforce changes. For this reason, one of the project’s recommendations is forth establishment of community groups to collaborate in the recruitment, selection, development, and employment of staff within and across agencies.

Pilot agencies were asked to report on emerging job roles – the ‘job clusters’ used for this project were also adopted for the Coalface Research Project.

**Direct Support Roles**

(Examples of Direct Support roles are: Support Workers, Personal Care Assistants, Residential Care Officers.)

**Professional Roles**

(This included **Hands On** roles, eg. Occupational Therapist, Social Worker, Psychologist, Speech Therapist, Community Worker, Key Worker, Residential Program Officer;)

**Indirect** roles, eg. Accountant, Business Manager, Senior Administrative Officer, Senior Project Officer. It should be noted that these professional roles, almost without exception, are only found in the larger community or Government services.)

**Management Roles**

(Examples of Management roles Manager, Chief Executive Officer.)

**Indirect Support Roles**

(Examples of Indirect Support roles are: Clerical/Administrative, Receptionist, Booking Clerk, Maintenance Worker, Payroll Officer, Fundraiser.)

Significant gaps in capability were reported by agencies for all job clusters. The largest skill deficit reported was in Direct Support roles, where 80% of agencies indicated the existence of skills gaps. The next largest gap was in the management area. Here 60% of participating agencies identified a gap in management skills. In the main, agencies maintained that skills gaps are not being addressed. In addition, agencies forecast that new skills will be required to equip staff to cope with future changes.

Priority development needs for the sector are:
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- For Direct Support workers: increased generic competencies combined with a clear developmental focus that is strengthening of clients and their families
- For Professional and Indirect Support roles: the need to integrate a disability orientation within these roles
- For Managers: enhanced business, financial and human resource management skills, integrated with a client-centred approach
- For all roles: a community approach – working towards community participation and membership for people with disabilities. (Disability Services Qld, 2001 #42)

The Victorian Disability NGO Workforce Analysis Project (2003) was a joint project conducted for VICRAID, ACROD and CIDA by Precision Consultancy. This project collected and analysed quantitative and qualitative data from employers and their staff through two surveys conducted in 2002, as well as focus groups and interviews. The report estimates that there are 8650 people working in non-Govt disability services in Victoria, mostly in day programs or shared supported accommodation. Approximately 26% work full time, 47% part-time and 27% are casuals. 75% of the workforce is female, and 65% have completed some post school qualification. Difficulties were reported with recruitment of quality candidates, due to the low wages in the sector, the lack of parity of remuneration with other people doing the similar work in government, or even less skilled work in other employment contexts.

Approximately one third of the survey group had been working in the sector for more than ten years, and 20% for less than two years, possibly indicating a high level of churn among new staff entrants. Staff surveyed reported passion, dedication, a “calling’ and feeling of making a difference in people’s lives as common reasons for working in the sector, with many individuals reporting that working for a relatively small agency offered benefits in terms of workplace autonomy, empowerment and involvement in decision making. Poor wages, stress, high expectation levels, lack of recognition of some qualifications and the inability to earn a viable income from part-time or casual positions were cited as the main reasons individuals were leaving the sector. The largest number of vacancies were found to be in predominantly in the casual and part-time positions.

Employers wanted greater access to high quality just-in time training and methods for determining quality in training and staff development providers. (Cleary, 2003 #22)

(Note: Questions from both the staff survey and the employer survey were used as a reference point for some aspects of the Coalface Survey).
The National Disability Administrators (NDA) is the key national representative body for government agencies in the Commonwealth, States and Territories responsible for the delivery of specialist disability support services to people with disabilities, and provides advice to the Forum of Ministers with Responsibility for Disability Services.

The (NDA) has recently established a project with KPMG as the investigators to investigate Workforce issues within the Disability sector at a national level (McGough, 2005 #127). The aim of the project is to analyse the impact of an ageing workforce on the disability sector as well as developing a strategic sector wide approach for future recruitment.

The project will focus on:

- An analysis of the impact of an ageing workforce on the disability sector;
- Development of a sustainable and responsive attraction and recruitment strategy, ensuring the disability sector is an ‘industry of choice’;
- Strategic analysis of good practice recruitment and selection strategies to ensure high quality diverse applicant pools;
- Investigation of options for the use of sound selection tools and processes with a view towards a recruitment and selection tool kit for use by all jurisdictions.

Employer of Choice Strategy

This KPMG study will attempt to delineate what the disability industry will need to do to establish itself in today's highly competitive employment world as an employer of choice.

- The focus on becoming an “industry of choice” has come about in response to the need for sectors to address labour shortages and the need to attract and retain workers skilled in trades and technologies.
- As a concept it means that people choose to seek employment within that industry when presented with other choices of career.
- An “employer of choice” is a conscious corporate wide strategy designed to remake an organisation’s image as “a great place to work”.

According to the KPMG study team, to become an “employer of choice” organisations need to develop resources for both the business and employees. They quote studies of commercial environments which indicate that applicants look for:

- Choice of diversified work
- Flexibility in jobs (job sharing, flexible working hours)
- Attractive compensation packages
- Opportunities for advancement
- Establishing a model organisation.
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- Access to continuous learning
- Committed to employment equity
- An inclusive workplace
- Balance between personal and professional lives
- Access to employment security and mobility

In order to do this, according to the KPMG team, the industry will also need to act to build an employment brand, including:
- The industry’s culture
- Management style
- Quality of current employees
- Career opportunities
- Stable employment image
- Impact of the service on the quality of peoples lives
- Benefits and work/life balance options
- Learning and growth opportunities
- The quality of its services
- The fact that it is challenging but fun place to work
- Embracing diversity and offering opportunities for all groups at different levels
- Establish work/life balance programs that demonstrate that they can reach a large number of people
- Recruitment practices that match the individual’s skill sets and experience with the requirements of the industry
- Learning and development programs that enable upgrading and re-skilling matched to the requirements of the industry

The South Australian Disability Services Council has initiated a Workforce Development Project which among other things highlights the innovative and cooperative strategies being adopted by organisations in the Disability Sector – rural and metropolitan, Government and non-Government, - to address a range of Workforce issues from recruitment, induction, to shared payroll and rostering administration as part of its commitment to the SA Disability Services Framework 2004-2007.

In addition to a Disability Workforce Planning Survey Government conducted in 2004, the products of this Project are expected to be a trialled values –based recruitment model, job and person specification templates, a professional development needs assessment tool, an employee support model, and a performance management model.
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(Note: this survey adopted role cluster descriptions similar to those of the Disability Services Qld survey and which were also used as a reference point for some aspects of the Coalface Survey).

Home and Community Care

Home and Community care (HACC) New Entrant Development Project undertaken by DHS Vic in 2003. This project was part of a broader Victorian Workforce Development Strategy project, which focussed on recruitment, retention and training of staff employed by HACC funded agencies.

This Project focussed on the HACC Community Care Workforce, the issues which effect the supply of this workforce and options for future action to improve recruitment to the HACC sector taking into account the fact that they operate in a dynamic relationship to with the external labour market.

Three pilot projects were developed to test particular HACC sector recruitment strategies – involved in attracting men and young people to work in the sector, and to develop a suite of resources and tools to assist agencies with the recruitment of more diverse staff.

Qld HACC Workforce Skills Development Strategy Oct 2004

The purpose of this project was to develop a framework for the skills development of the workforce providing services through the HACC Program in Queensland by:

- Identifying the areas and level/s of competency for the HACC workforce that are considered essential/desirable for the provision of quality services
- Identifying existing skills gaps/priorities within the workforce in relation to these skills
- Identifying strategies and actions to support the attainment of these skills over the following 3-year period
- Identifying the resource implications for implementing the strategy.

Workforce Planning was specifically excluded from the Project.

Skills identified as essential for Direct Care Workers

- Safe work practice
- Communication skills
- Legal and ethical practice
- Organisational policies and procedures
- Values and attitudes
- Knowledge of ageing
- Team work
- Practice standards and scope of practice
- Cultural awareness
• First aid
• Activities of daily living, Domestic tasks, Home maintenance tasks (all depending on role)

Skills identified as essential for Managers/coordinators

• Human resource management
• Financial and organisational management
• Quality assurance/ accreditation/service standards
• Values and attitudes
• Communication skills
• Cultural awareness
• Legal and ethical practice
• Assessment and care/support coordination
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