Council to Homeless Persons

A new workforce planning platform to support Specialist Homelessness Services and the community and social services sector.

HastingCare

Angelo Costas
Team Leader

WDI
WORKFORCE INNOVATION AND DEVELOPMENT INSTITUTE

RMIT UNIVERSITY

ABOUT CHP

Council to Homeless Persons is the peak body representing organisations and individuals in Victoria with a commitment to ending homelessness.

We work to achieve this purpose through providing leadership in policy development, advocacy, capacity building and working in partnership with people who are or who have been without a home.

ABOUT WIDI

The Workforce Innovation and Development Institute (WIDI) is an ethical, not-for-profit consultancy and service provider, embedded within RMIT University. WIDI designs, implements, and evaluates programs and policies that help build a strong social services workforce. WIDI works in collaboration with partners across industry, government, and the education sector to find innovative solutions to longstanding challenges.

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Prepared for the Council to Homeless Persons by the Workforce Innovation and Development Institute, RMIT University

ACKNOWLEDGEMENT OF COUNTRY

We respectfully acknowledge the traditional owners of this land. We pay our respects to elders past and present. We appreciate and celebrate diversity in all its forms and believe diversity of all kinds makes communities.

Our commitment to reconciliation

Our vision for reconciliation is an Australia where Aboriginal and Torres Strait Islander histories and cultures across the country are valued and respected.

We acknowledge that the significant over representation of Aboriginal and Torres Strait Islander people experiencing living without a home is a direct and enduring consequence of colonisation.

Housing instability and homelessness are an ongoing barrier to reconciliation.

CHP envisages an Australia, where Aboriginal and Torres Strait Islander self-determination is meaningfully achieved, where all specialist homelessness services are culturally safe and responsive, and where the structural forces that can lead to homelessness do not impact disproportionately on Aboriginal and Torres Strait Islander communities.

Always was.
Always will be.

Key terms

Common Acronyms

ABS
Australian Bureau of Statistics

ANZSCO
Australian and New Zealand Standard Classification of Occupations

ATO
Australian Tax Office

Census
The Australian Census 2021

DFFH
Victorian Government Department of Families, Fairness and Housing

OECD
Organisation for Economic Co-operation and Development

PLIDA
Person Level Integrated Data Asset, a secure data asset combining health, education, government payments, income and taxation, employment, and population demographics over time (a platform managed by the ABS)

SHS
Specialist Homelessness Services (some SHS providers also deliver other housing-related supports)

Workforce definitions

SHS Providers
Includes any organisation that received SHS funding from DFFH, including service providers that delivered other social services and excluding hospitals and local councils

Total Workforce
Includes all workers (the entire workforce) employed by any of the 107 organisations funded for Specialist Homelessness Services by DFFH, excluding hospitals and local councils

Small Providers
Includes all workers employed by any of the 30 organisations funded for SHS by DFFH with 1–49 employees (used only in Method 3, discussed below in Part 1), based on organisation size definitions described by the OECD

Medium Providers
Includes all workers employed by any of the 44 organisations funded for SHS by DFFH with 1–249 employees (used in methods 1 and 2, discussed below in Part 1), based on organisation size definitions described by the OECD

Large Providers
Includes all workers employed by organisations funded for SHS by DFFH with 250+ employees (used in methods 1 and 2, discussed below in Part 1), based on organisation size definitions described by the OECD

Managers
Workers who plan, organise, direct, control, coordinate and review the operations of government, commercial, agricultural, industrial, non-profit and other organisations, and departments (as per ANZSCO definition)

Professionals
Workers who perform analytical, conceptual and creative tasks through the application of theoretical knowledge and experience in the fields of the arts, media, business, design, engineering, the physical and life sciences, transport, education, health, information and communication technology, the law, social sciences and social welfare (as per ANZSCO definition)

Community and Personal Service
Workers who assist Health Professionals in the provision of patient care, provide information and support on a range of social welfare matters, and provide other services in the areas of aged care and childcare, education support, hospitality, defence, policing and emergency services, security, travel and tourism, fitness, sports and personal services (as per ANZSCO definition)

Clerical and Administrative Workers
Workers who provide support to Managers, Professionals and organisations by organising, storing, manipulating and retrieving information (as per ANZSCO definition)

Frontline Workers
Applied in Method 2 (described below in Part 1), includes workers in occupations that commonly provide direct support to service users, excluding disability and aged care specific occupations (based on ANZSCO codes defined below in Part 1)

Frontline Managers
Applied in Method 2 (below in Part 1), includes workers in occupations that commonly supervise frontline workers (based on ANZSCO codes)

Organisation Leaders
Applied in Method 2 (described below in Part 1), includes workers in occupations that commonly manage and lead service provider organisations (based on ANZSCO codes)

Organisation Supports and Administrators
Applied in Method 2 (described on pages 8-9), includes workers from occupations that commonly support business functions (based on ANZSCO codes)

Other Workers and Missing
Applied in Method 2 (described below in Part 1), includes workers from occupations that were not in a category defined above or where occupation data was missing (based on ANZSCO codes)

Key SHS Occupations
Applied in Method 3 (described below in Part 1), any worker categorised from ATO payment summary data whose occupation was one of six key frontline occupations most relevant to the delivery of SHS: Counsellors, Psychologists, Social Professionals, Social Workers, Recreation and Community Arts Workers, and Welfare Support Workers (based on ANZSCO codes)

Victorian workforce
Victorian working population i.e. any person in Victoria with an ANZSCO occupation code

Metropolitan Victoria
Metropolitan Melbourne (based on ABS Statistical Area 4 boundaries)

Regional Victoria
Inner regional, outer regional and remote areas of Victoria (based on ABS Statistical Area 4 boundaries)

New worker
An employee that began receiving income from an employer in this study during that financial year

Ongoing worker
An employee that worked for the same employer in this study across at least the current and previous financial year

Workers that left
A person who left an employer in this study for any reason in that financial year

Introduction: Identifying the path forward for Victoria's SHS workforce

As the peak body representing the specialist homelessness sector (SHS) in Victoria, Council to Homeless Persons (CHP) is committed to fostering a workforce that thrives. This report, and the potential for reform it spotlights, is an essential step towards achieving that goal.

We know that the SHS workforce is performing under extreme pressures. We hear it first-hand from our members and it was clearly visible in the results of CHP's Workforce Survey in April 2024.

CHP commissioned this report from RMIT University's Workforce Innovation and Development Institute (WIDI) to understand the effects of those pressures as well as other sector dynamics that affect the experience of the workforce and the Victorians they support. This, in turn, will enable better workforce planning and help us to identify initiatives that will ensure SHS workers are duly recognised, supported, safe, healthy and fulfilled in their jobs.

The report's analysis shows our sector has a lot to celebrate. Our workforce is more educated than most and continues to upskill more than most. The representation of First Nations people is also higher compared to the overall Victorian workforce.

But it will not come as a surprise to those working in the sector that this report also identifies numerous challenges that we must address together.

Not only is the SHS's staff turnover more than double that of the Australian Health Care and Social Assistance industry, but six-out-of-ten people who leave homelessness organisations are leaving the sector altogether. This brain drain compromises outcomes for the people we support. And it puts further pressure on remaining workers, who must take on extra duties to assist the new starters – who now comprise one-third of the SHS workforce every year.

The most alarming finding is that we have a significant worker retention problem costing the sector at least $20 million annually.

The WIDI report also finds that, except for the good news about Aboriginal representation, the SHS workforce is monocultural. We are more likely than SHS users and the broader Victorian workforce to be Australian born, English speaking and female. In fact, more than 80 per cent of staff were women in the 107 organisations surveyed, and that percentage was even higher in regional areas.

SHS workers are also twice as likely as the broader Victorian workforce to be carers. This is yet more evidence of our workforce's dedication, which is gladdening. But it's a concern that we are relying on people who are already providing considerable emotional labour to carry the load for the sector.

Improving diversity needs to be a priority, as we know it improves outcomes for clients and supports job satisfaction and health.

Indeed, the importance of improving the health and wellbeing of the sector is another finding of this report. Twenty per cent of SHS workers report current anxiety and depression. This is twice the Victorian workforce average.

So, there is clearly a lot of work to be done.

But the good news is that this WIDI report exists because CHP was asked and funded by the Victorian Government to investigate these issues. The positive

intent is there to make the changes our workforce needs. This report recommends several initiatives to get us there. And now CHP looks forward to partnering with the Government to develop the policies and programs to put those recommendations into practice.

The project was initiated by the Council to Homeless Persons in order to provide a reliable, ongoing source of understanding for the Specialist Homelessness Services workforce in particular. This prototype analysis has proven the potential for PLIDA to become an established and ongoing source of key insights to inform workforce planning and decision-making across the social services sector, adding significantly to information provided by traditional surveys and other sources of information.

The SHS workforce shares similar challenges to all social services workforces with a lack of timely access to a reliable source of key workforce information.

With skilled workforce shortages and significant demand for support from Australians expected to continue to grow significantly, it is increasingly important for workforce planning and development initiatives to be more targeted, effective and able to more readily respond to changes.

The three methodologies used (detailed below) were exploratory and conducted with limited resources. They are intended to offer different perspectives to understand the workforce employed by 107 organisations that received funding to deliver SHS by the Victorian Government Department of Families, Fairness and Housing (DFFH) in 2020/21.

Some of the results relate to the entire workforces of these organisations – many of which deliver a wide range of services in addition to SHS. The research team attempted to narrow focus on the SHS workforce more specifically by adapting the methodology, however as discussed in the paper, the information available to the research team meant it has not been possible to produce results that are related exclusively to the SHS workforce employed by these organisations.

Improvements that allow 'zeroing-in' on specific workforces in future studies are possible, subject to the provision of more detailed and specific information and agreement on factors to be analysed. The experience gathered through this prototyping process provides us with a platform, and set of practices, to further expand knowledge of the workforce and to measure the impact of current and future workforce initiatives over time.

It should be noted that PLIDA contains the technical capacity to provide very detailed information about organisations or groups of organisations. For example, it is *theoretically* possible to produce a detailed profile of the workforce – or a subset of the workforce – of three individual organisations and compare these with each other. However, such detailed analysis is not able to be undertaken and reported on due to rules and guidelines that govern the use and publication of ABS data – particularly with regard to the risk of identifying people or organisations through such an analysis. One of the achievements of this prototype is that the research team at WIDI have learned how to best ensure complete compliance with ABS obligations in future analysis, while also extracting information that is as detailed as possible.

Deborah Di Natale
Chief Executive Officer,
Council to Homeless Persons

Part 1 describes the context of why and how this work was developed and describes the three approaches to defining the workforce that analysis and findings are based on. It is important to acknowledge that the process adopted – and explanation – is not straightforward and requires close reading. The importance of a 'two-pronged' approach to understanding the workforce in future analysis is outlined. A solid foundation built upon a PLIDA-led analysis can then be complemented by tailored, specific questionnaires, surveys, or administrative data collection to build a long-term, holistic view.

Part 2 provides a sample of some of the many issues relevant to the workforce that can be explored. Analysis considers the high-level workforce structures that support service delivery and how this has changed over time, as well as the demographic characteristics of the workforce.

Part 3 provides some suggestions of workforce initiatives that could support change in some key findings. The recommendations are unlikely to be new to many in the sector, however they are based on evidence of successful workforce initiatives and the findings from this analysis support the key recommendations.

Top Findings From the First Workforce Analysis of Victorian Specialist Homelessness Services Providers Using Linked, Existing Government Data.

This is the first known workforce analysis of the Victorian community and social services sector which has made extensive use of Person Level Integrated Data Asset (PLIDA), the Australian Bureau of Statistics' platform to link existing federal government agency data for public benefit.

Council to Homeless Persons and the Workforce Innovation and Development Institute (WIDI) have established a new platform to provide reliable, ongoing workforce data and insights that supports sector decision-makers to understand and plan for quality service delivery across Victoria.

This is the first known workforce analysis of the Victorian community and social services sector which has made extensive use of Person Level Integrated Data Asset (PLIDA), the Australian

Bureau of Statistics' platform to link existing federal government agency data for public benefit.

Readers are encouraged to read the full report at chp.org.au to understand the different methods that describe how the workforce has been defined and what these findings are based on. Some of the top findings from the first analysis are shown below.

The size of the SHS workforce has not tracked the growth found across other frontline services

Analysis of key SHS occupations found the size of the frontline workforce in Small Providers – those most likely to focus solely on the delivery of SHS – remained relatively unchanged across 2017 to 2022. This stability masked significant yearly fluctuations in workforce size within this group that ranged from a 17% increase in 2017/18 to two years (2018/19 and 2021/22) where this group of workers reduced in size by 11%.

However, analysis of the total workforce employed across the 107 organisations between 2011 and 2021 found very significant growth. Every year an average of 30% of the workforce were people recruited that year – a staggering **11,346 new workers** in 2021 alone. New entrants bring additional resources and fresh ideas, but with almost **one third of the workforce commencing each year**, this may present

challenges for service continuity, culture, and sector knowledge.

Interestingly, most new workers to organisations were not existing workers moving from other SHS-funded organisations (the 107 organisations studied) but rather were either graduates, unemployed people, or people working for other organisations outside the group studied (and therefore outside the SHS sector). These new entrants may experience a steeper learning curve and require more support to orientate to their new role.

These PLIDA findings could be integrated with vacancy information in future analysis to improve understanding of where demand for workers is most challenging. Further exploration is also needed to understand career paths into and within the sector.

There has been a sustained worker retention problem across SHS and all other job roles with the cost of workforce churn for the SHS workforce alone estimated at over $20 million annually. Workforce instability has a direct impact on the capability of existing and new workers to provide quality of care for vulnerable Victorians experiencing or at risk of homelessness.'

While the industry attracts new staff incredibly well, the big challenge is in retaining staff. **Turnover ranged from 16%–20% per annum across all job roles, while turnover in key SHS occupations reached 26% in 2022**. This was more than double the turnover rate of the Australian Health Care and Social Assistance industry. Further, workers who left were highly unlikely to remain employed by the 107 organisations funded for the delivery of SHS, representing a larger loss to the industry.

High staff turnover brings significant costs. In addition to the extra workload often imposed on remaining workers, the simple costs of recruitment processes are estimated to be **at least $20 million in 2021/22 just for the turnover amongst SHS workers** (based on Victorian Government staff attrition cost calculations). This cost estimate rises to $116 million across all staff in the organisations studied. Investment in initiatives to improve staff retention that result in even a small reduction in staff turnover would have substantial benefits for staff, sector budgets, and service delivery.

The churn of staff and the impact on people experiencing or at risk of homelessness and service provision - is so significant that exploration of more supported and secure roles as well as more integrated, cost effective recruitment practices, cost-effective recruitment practices should be a key consideration. This is particularly so if any new approaches reduce the time positions remain vacant, which places additional pressure on remaining staff.

The Victorian Government's Fair Jobs Code and the soon to commence three-year pilot of a Community and Social Services Graduate Program through the Victorian Government Department of Families, Fairness and Housing (DFFH) may help to address some staff turnover, however these are not solely SHS-specific initiatives. Further, the new graduate program will not support more experienced staff. Strategies to reduce attrition rates should also focus on increasing workforce diversity and on the induction, mentoring and supervision of new entrants to support their retention.

The workforce has much higher rates of people in their prime working age than the Victorian workforce with the majority of the workforce aged 30-49 years and highly educated. However, strategies that aim to increase the diversity of the workforce are needed.

Most workers across all 107 organisations were in their prime working age. 58% of workers in key occupations common to SHS were aged 30-49 years with many years ahead to further develop and progress their career, a percentage far higher than other workforces. With a substantial proportion of workers at an age where career choices, skills development, and having and raising children are more likely, service providers can leverage this advantageous position by developing workforce retention strategies that recognise and respond to these factors to help address high staff turnover.

Focused analysis of key occupations common to SHS frontline service delivery found the workforce was highly qualified, with 9 in 10 workers holding a Diploma/Advanced Diploma or above - twice the rate of the Victorian workforce. 7 in 10 held a Bachelor or above and 1 in 4 held postgraduate qualifications – 2.5 times the Victorian workforce average. Workers were also upskilling – twice as many workers were engaged in part-time study than in the wider Victorian workforce.

On the flipside, workers across key SHS occupations and all other roles were not very culturally diverse compared to the community and social services client base. It was more **mono-cultural** than the broader Victorian workforce and SHS service users, with workers more likely to be born in Australia and speak English at home.

The workforce is also **highly feminised** with women representing almost 90% of workers among the most common SHS occupations, and more than 80% of all staff. The rate of male workforce participation was lowest in regional Victoria, with some regional areas employing 5 women for every man. Females also outnumbered males across all key SHS occupations, however a higher representation of males from vocational training pathways was found and may suggest one pathway to increasing the number of male SHS workers.

More encouragingly, targeted workforce policy initatives to increase employment of Aboriginal people and people with lived experience of homelessness have achieved some success. A much higher representation of Aboriginal people was found across key SHS occupations and all roles when compared to the Victorian workforce. This was likely due in large part to high numbers of Aboriginal staff amongst the 15 Aboriginal Community Controlled Organisations (ACCOs) included in the study.

This study did not consider the workforce's lived experience of homelessness, however one third of respondents to the 2023 CHP worker needs survey reported having lived without a home.

Research shows that workforce diversity improves outcomes for clients and supports job satisfaction and health, safety and wellbeing for workers. It also increases workforce attraction and retention. Strategies to attract a greater diversity of workers from the community should be explored by the sector, government and the education system. Initiatives such as the expansion of Regional University Study Hubs and a focus on more equitable tertiary education outcomes in the recent Australian Universities Accord report seek to address workforce diversity over time. However, the vocational training system may also provide more opportunities to people from a more diverse range of backgrounds and lived experiences.

Other top findings

Workers across all roles, including those in key SHS occupations, reported rates of **anxiety and depression** that were **double** the Victorian workforce average.

At least **22%** of new workers left within 12 months.

Workers cared for a person with disability, health issues, or an elderly person at almost **twice the rate** of the Victorian workforce.

88% of workers in key SHS occupations among Small Providers were **female**.

A **typical frontline worker** was an Australian-born 38-year-old female Social Worker who was living in Metropolitan Melbourne and earning $66,000 in 2021/22.

Further details
The full report is available from:
▶ *chp.org.au/news-and-advocacy/reports-and-submissions/*

For further information on the Victorian Specialist Homelessness Services (SHS) workforce

W chp.org.au
E admin@chp.org.au

linkedin.com/company/council-homeless-persons
Facebook @counciltohomeless

For further information on the methods used

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Introducing this workforce analysis and guidance on interpretation

PART 1

The Council to Homeless Persons and the Specialist Homelessness Services (SHS) sector have sought to establish an ongoing, reliable approach to address significant information gaps and inconsistencies in SHS workforce planning and development. This formed a key part of the SHS Transition Strategy 2018–2022.

In 2021, RMIT University's Workforce Innovation and Development Institute (WIDI) was contracted by CHP to design an ongoing workforce insights system, through sector consultations and a review of the evidence of workforce insights approaches. WIDI's recommendation was to use a two-pronged approach, establishing a system that drew on existing government data through a new, linked-data platform hosted by the Australian Bureau of Statistics (ABS) and drawing on surveys to fill any critical gaps. CHP published these findings and recommendations in 'Who is the Specialist Homelessness Services (SHS) Workforce in Victoria?' report.

This new approach was prompted by a desire to understand more about the workforce and organisations delivering SHS in Victoria, and responded to the fact that the little information known about the SHS and wider social services workforce is derived largely from ad hoc surveys. Typically, surveys have low response rates; are often conducted reactively and inconsistently; deal with point in time data; and are conducted in a siloed way that means comparing over time or with other workforces is difficult or not possible – substantially limiting decision-makers' ability to contextualise when making decisions about strategy and investment priorities.

WIDI identified an opportunity to use the ABS's Person Level Integrated Data Asset (PLIDA), which offered the scope to construct a comprehensive workforce data set for the sector which can be interrogated, revised, added to, and compared to explore pressing policy questions and the impact of decisions, without the need to rely solely on intermittent surveys. Importantly, PLIDA also offered the potential to gather data that could significantly complement and enrich findings of any surveys that were or have been conducted – just as the surveys themselves could enhance data collected via PLIDA.

Contextual Information

Which organisations were included in this analysis?

All organisations included in this analysis were funded by DFFH for the delivery of SHS in 2021. For some organisations, SHS was the only service they delivered while many other organisations also delivered one or more other social services including Family Violence, Alcohol and Other Drugs, Child and Family Services, and Disability Services. DFFH was the primary funder for most of these organisations, however other departments and governments (local, state, and federal) as well as philanthropic sources also provided some level of funding to many organisations.

The combination of services delivered by organisations is, in itself, a potentially interesting area of analysis. While not a focus of this project, one interesting observation from the above analysis was that just over half of all organisations receiving SHS funding also received funding for the delivery of family violence services – meaning that just under half did not also receive family violence funding. This is just one example of how the outcomes of historical funding allocations, or competitive tendering processes, can impact on the service scope of organisations as well as the experiences of people seeking support from a homelessness service (or, indeed, any service). A large percentage of people seeking support for homelessness will be victim survivors of family violence – often with children. It is reasonable to hypothesise that the experience of such a person, and the ability of the workers engaging with them to directly assist them, will vary depending on the mix of additional services and supports that organisation provides. This observation is a reminder that service mix can have a direct impact on both service users and workers and that consideration around service integration, accessibility, and referral pathways needs to remain a focus of policy makers and funders.

How the Workforce was Mapped and Defined

The initial analysis

In order to establish the new workforce data platform, a set of research questions were developed for this stage of analysis that sought to balance limited resources while demonstrating as many capabilities of PLIDA as possible. The research team ensured at least one question was included from each of the six domains in the workforce data set described in the previously published blueprint report, 'Who is the Specialist Homelessness Services (SHS) Workforce in Victoria?'. Figure 1 on page 12 outlines the questions explored in this analysis by each of the six domains. Exploring these questions required the development of many different methods of data analysis, each with implications for time and resourcing. In developing these new methods of data analysis, many other insights were revealed and have also been included where relevant. With additional resourcing, future analysis could expand the scope of questions explored or provide more detailed analysis.

~$1 billion
Total DFFH funding these organisations received for the delivery of SHS, child and family, disability, and family violence services.

~$400 million
Total DFFH funding these organisations received for the delivery of SHS.

~One third
of organisations only delivered SHS. These organisations received approximately one third of total SHS funding.

~One quarter
of organisations delivered only SHS and family violence. These organisations received approximately one third of total SHS funding.

~ 10%
of organisations delivered SHS and other services, *excluding* family violence. These organisations received less than 10% of total SHS funding.

~One third
of organisations delivered family violence, SHS and a mix of other services. These organisations received approximately one quarter of total SHS funding.

FIGURE 1: KEY QUESTIONS EXPLORED IN THIS ANALYSIS.

Organisational data The characteristics of employers	What is the size of the workforce? What was staff turnover?
Workforce demographics The characteristics of the workforce	What is the size of the workforce by occupation? Where do the workforce live? What is the breakdown of the sector by sex and age? How many dependent children does the workforce have? What are the workforce key demographics?[1]
Qualifications, training and education The knowledge and skills of the workforce	What qualifications have the workforce completed?
Job role and conditions The types of jobs and the conditions of the workforce	What is the workforce's income?
Worker wellbeing and outlook The wellbeing and perceptions of the workforce	How many workers have single and multiple sources of income from employment?
Experience, career pathways and job history The work experience of the workforce	How long has the workforce been at the current employer/ organisation? How long has the workforce been in their current role? What was the workforce's previous role and industry? What is the career path of workers after they leave an organisation funded for SHS?

The research team established an ethics-approved project with the ABS and used PLIDA to focus only on organisations that received funding to deliver Specialist Homelessness Services in Victoria from Homes Victoria in the Department of Families, Fairness and Housing, to the exclusion of all other social services organisations. Homes Victoria supplied a list of 124 such organisations.

Staff were trained by WIDI and the ABS to securely access sensitive, person-level data from many government agencies including the Australian Tax Office (ATO), ABS (eg Census 2021, ABS Business Register), Department of Education, National Centre for Vocational Education Research, Department of Health and Aged Care, and several others.

WIDI linked all datasets through the Australian Business Numbers (ABNs) of SHS-funded organisations via the ATO and then the unique IDs of the employees they paid. *All workers that were paid by these organisations in 2021 form the 'workforce' used for this analysis, with analysis of specific occupations complementing these results to gain further insights into the SHS workforce* (discussed further below). This process was repeated each year back to 2011 to understand trends over time.

The italicised section above highlights both the limitations and benefits of this analysis. In short, PLIDA was unable to provide information that included *only* workers that deliver SHS in each organisation. Rather –information on each organisation's *entire workforce* was identified and tested specific occupations to provide more detail. (This limitation was understood from the outset and the implications and approach to responding to this are discussed below).

How the workforce analysis was refined

Based on the first round of results from all 124 organisations funded for SHS, it became clear that the workforce captured by the analysis was too large. The primary reason for this was that several large hospitals, health services, and local councils were amongst the initial list of 124 organisations funded to deliver SHS. Their SHS funding represented a very small proportion of the total SHS budget of ~$400 million – and a very small proportion of their total funding base. However, including them in the analysis captured a significant number of workers in roles unrelated to SHS or to the delivery of other forms of community and social services. To strengthen the findings, all hospitals and local councils were subsequently excluded from the analysis. This refinement removed from the analysis many workers from occupations such as doctors, nurses, gardeners, sanitation workers, tradespeople, and labourers.

With those organisations removed, the revised analysis captured data from 107 organisations and provided a more relevant workforce data set. While the revised analysis still includes workers whose roles are about delivery of non-SHS community and social services – as well as workers undertaking administrative, management and other functions within those organisations - the great majority of the workforce captured work in direct delivery of community and social services or in functions that support such delivery.

How the workforce was defined to report more closely on SHS frontline roles and supporting workforces

In broad terms, the data set created through this revision was one that contained comprehensive workforce data on:

*The **entire workforce** of 107 Victorian organisations funded for the delivery of SHS – inclusive of frontline, management, executive, administrative, and any other staff. **All SHS workers have been captured in this analysis** – however also captured was information on a significant percentage of workers involved in the delivery of a range of other community and social services such as child and family services, disability, family violence, alcohol and drug services, community mental health, and aged care.*

In other words, this analysis effectively concerns a very large proportion/significant majority of the DFFH-funded community and social services workforce in Victoria (note, workers employed directly by DFFH are not captured by this analysis).

While beneficial to have data on such a large sample of workers (the data set contains 41,129 workers), it was important for this project to refine as much as possible with available resources to ensure the findings could be considered relevant to the much smaller SHS workforce of between 2,500 and 5,000 FTE.[2] In order to do this, analysis was structured around three different 'methods' (described below). Workforce data was explored from a number of different perspectives including different combinations of organisational size and workforce roles.

All methods used occupations and groups of occupations based on the Australian and New Zealand Standard Classification of Occupations (ANZSCO). ANZSCO allows this workforce to be compared with any other workforce in Australia. ANZSCO does not map directly to key SHS roles or most other roles in social services. Each method provides a different way of understanding the SHS workforce and the workers that provide other social services or support their delivery. Methods 1 and 3 also draw on comparisons of organisation size to compare the results from Small, Medium and Large Providers based on their number of employees. These comparisons were made based on advice and recent survey evidence that Small Providers (i.e. SHS providers with 1–49 employees) would be more likely to deliver only or primarily SHS and would therefore employ a much higher proportion of SHS workers than other providers in the data set. The methods are described further below.

In the second section of this report, each of these methods is referenced when discussing findings to highlight similar results or point out differences. At a high level, there were some variations and the analysis puts forward some potential reasons for these variations. These are discussed further below. Each of these results and comparisons continues to build understanding of the workforce and how any future workforce analysis using PLIDA could be further improved following wider feedback from the sector.

1   Key demographics will be chosen from a selection of the following: age, gender, Aboriginal and/or Torres Strait Islander status, LGBTIQA+ identification, country of birth, language spoken at home, migrant status (1st, 2nd, 3rd gen), sexual orientation, person with disability, person with mental illness.

2   The precise size of the SHS workforce is difficult to estimate, however a number of attempts suggest an FTE of circa 3-4,000. For example, the 2022 Victorian SHS Workforce Survey estimated the workforce at around 4,000 workers or 2,880 FTE; the 2021-22 DFFH Community Services Workforce and Vacancy Survey estimated the SHS workforce at around 4,600 workers and 3,500 FTE. Using a much simpler methodology, if an average worker cost of $120,000 was applied to the approximate $400 million of total SHS funding, this results in a workforce of around 3,300 FTE.

METHOD 1: Organisation Size	METHOD 2: Occupation Groups	METHOD 3: Key SHS Occupations
Organisations split into two groups based on number of employees. All workforce roles included.	Single grouping of organisations – (no distinction based on size/number of employees). Workforce roles included in analysis were tailored.	Organisations split into three groups based on size (number of employees). Focus is on six key frontline occupations – common across the SHS workforce.

WORKFORCE DEFINITIONS

All employees that worked for any organisation that received funding to deliver SHS services in 2020/21 from DFFH, excluding hospitals and local governments. The workforce was grouped by the high-level, pre-existing groups of occupations within Australian and New Zealand Standard Classification of Occupations (ANZSCO) to allow simple comparison between Small and Medium Providers with Large Providers within the data set – and with other workforces in Victoria. To offer a variety of insights and perspectives, the workforce was divided into two groups based on organisation size: Small and Medium Providers (1–249 staff) and Large Providers (250 or more staff). Among organisations studied, Small and Medium Providers have been found to employ a much higher proportion of SHS staff.[3]	All employees that worked for any organisation that received funding to deliver SHS services in 2020/21 from DFFH, excluding hospitals and local governments. Occupation groups were created for Frontline Workers; Frontline Managers; Organisation Leaders; Organisation and Administration Support; and Other or Missing roles.[4] The Frontline Worker group for example, included occupations such as Social Workers– but other frontline occupations such as aged or disability carers were removed (noting that amongst the sample of 107 organisations, a number deliver aged care and disability supports). Beyond frontline roles, separate findings for other workforce functions that support service delivery such as management are reported to help compare and contextualise. This method was designed to present findings based on a workforce structure more familiar (or relevant) to the SHS and many other community and social services workforces, however can still be compared based on the ANZSCO codes used for other workforces.	All workers that worked for any organisation that received funding to deliver SHS services in 2020/21 from DFFH, excluding hospitals and local governments who had the occupation of Counsellors, Psychologists, Social Professionals, Social Workers, Recreation and Community Arts Workers, or Welfare Support Workers. To offer a variety of insights and perspectives, the workforce was divided into three groups based on organisation size: Small Providers employing 1–49 workers; Medium Providers employing 50-249 workers; and Large Providers employing 250 workers and over. This method was designed to present findings that focus only on the occupations solely or predominantly related to SHS workers. For some findings in this method results solely relating to Small Providers are reported. This approach was adopted due to resourcing constraints, however the great majority, if not all, service providers in organisations with 1-49 employees would deliver SHS supports exclusively. This provided additional points to compare the consistency or diversity of results across methods.

DATA SOURCES[5]

Two main data sources were used for this analysis: 1) ATO Payment Summaries and Income Tax Context data sets covering the period 2011–2021; and 2) Census 2021 In order to identify the data source, findings are reported throughout the document as Method 1a (ATO) and Method 1b (Census 2021).	The source of data for this method was ATO Payment Summaries and Income Tax Context data sets covering the period 2011–2022. Note: This method also differs from Method 1 in that it includes more recent data from 2022 that became available later in the project.	Two main data sources were used for this analysis: 1) ATO Payment Summaries and Income Tax Context data sets covering the period 2011–2022; and 2) Census 2021 In order to identify the source, findings are reported throughout the document as Method 3a (ATO) and Method 3b (Census 2021). Note: Method 3a also differs from Method 1 in that it includes more recent data from 2022 that became available later in the project.

TOTAL WORKFORCE SIZE

METHOD 1A ATO	METHOD 1B Census 2021			METHOD 3A Small Providers (ATO)	METHOD 3B Census 2021
41,129 employees	**36,536** employees		**40,098** employees (2022)	**352** employees (2022)	**13,410** employees

3   The 2022 SHS Workforce Survey found that 47% of staff in Small Providers were employed in a position with SHS funding, while Medium and Large Providers employed 26% and 14% of SHS workers respectively. Workers were employed in the following settings: Intake and Access, Case Management/Client Support, Transitional Housing, Brokerage Programs, On-site Staffed Accommodation Programs, Material Aid/Community Connections/Day Programs, Other.

4   Occupations included for each group in Method 2 as follows: 1) Frontline Workers: Counsellors, Psychologists, Social Professionals, Social Workers, Welfare, Recreation and Community Arts Workers, Community and support workers, Welfare Support Workers; 2) Frontline Managers: Health and Welfare Service Managers, Other Specialist Managers; 3) Organisation Leaders: Chief Executives and Managing Directors, General Managers, Advertising, Public Relations and Sales Managers, Corporate Services Managers, Finance Managers, Human Resource Managers, Policy and Planning Managers, Research and Development Managers, ICT Managers, Commissioned Officers (Management), Call or Contact Centre and Customer Service Managers, Conference and Event Organisers, Transport Services Managers, Other Hospitality, Retail and Service Managers; 4) Organisation and Administration Support: Accountants, Auditors and Company Secretaries, Human Resource and Training Professionals, Sales, Marketing and Public Relations Professionals, Business and Systems Analysts, and Programmers, Database and Systems Administrators, and ICT Security Specialists, ICT Network and Support Professionals, Legal Professionals, Contract, Program and Project Administrators, Personal Assistants and Secretaries, General clerks, Call or contact centre Information Clerks, Receptionists, Accounting clerks and bookkeepers, Clerical and office support workers, Logistics clerks, Miscellaneous clerical and administrative workers; and 5) Other or Missing roles: All remaining ANZSCO codes and any workers with a missing code.

5   The results of these studies are based, in part, on data supplied to the ABS under the Taxation Administration Act 1953, A New Tax System (Australian Business Number) Act 1999, Australian Border Force Act 2015, Social Security (Administration) Act 1999, A New Tax System (Family Assistance) (Administration) Act 1999, Paid Parental Leave Act 2010 and/or the Student Assistance Act 1973. Such data may only used for the purpose of administering the Census and Statistics Act 1905 or performance of functions of the ABS as set out in section 6 of the Australian Bureau of Statistics Act 1975. No individual information collected under the Census and Statistics Act 1905 is provided back to custodians for administrative or regulatory purposes. Any discussion of data limitations or weaknesses is in the context of using the data for statistical purposes and is not related to the ability of the data to support the Australian Taxation Office, Australian Business Register, Department of Social Services and/or Department of Home Affairs' core operational requirements.

Legislative requirements to ensure privacy and secrecy of these data have been followed. For access to PLIDA and/or BLADE data under Section 16A of the ABS Act 1975 or enabled by section 15 of the Census and Statistics (Information Release and Access) Determination 2018, source data are de-identified and so data about specific individuals has not been viewed in conducting this analysis. In accordance with the Census and Statistics Act 1905, results have been treated where necessary to ensure that they are not likely to enable identification of a particular person or organisation.

What is the value of this analysis?

Unlike some other countries, Australia has no social services workforce regulator or other method to help understand the exact size, characteristics and trends in the social services workforce. To address this gap, the blueprint report[6] for this analysis recommended a two-pronged approach that combined the benefits of surveys with those of a linked data approach through PLIDA.

The two-pronged approach adopted seeks to maximise the benefits and mitigate against the limitations of using *only* surveys or *only* a tool like PLIDA (benefits and limitations of each approach are outlined in the table below).

This is the first attempt to use PLIDA to support workforce planning in a single sub-sector - Specialist Homelessness Services (SHS) - within the Victorian community and social services sector. Starting with this aim to focus primarily on the workforce that delivers SHS, limitations for how well PLIDA can drill down to a specific sub-sector of a larger organisational workforce are better understood. Refining the methods used (described earlier) can provide more detailed findings – and potential exists to further sharpen focus in future projects.

While limitations of PLIDA have been identified (many of which can also be overcome by more targeted inquiries and the use of tailored surveys), a number of anticipated and unanticipated benefits of using PLIDA have been identified. The first of these is the potential of PLIDA to gather information on an almost endless mix of workforces across organisational size, regions, service types, and other characteristics. The WIDI research team's view is that the approaches applied in this analysis demonstrate the value of PLIDA to the broader community and social services workforce – including an improved understanding of the SHS workforce.

Getting both a high level and detailed understanding of the community and social services workforce in Australia is not a simple task.

The approach adopted – with a range of methodological tweaks in the way PLIDA has been used – is an excellent start.

As the diagram shows – simply using surveys for any sub-sector (for example SHS) will only provide information about a proportion of the workforce at a point in time.

PLIDA on the other hand, provides a platform to access information on all Australians that allows researchers to draw from multiple data sources to build a comprehensive understanding - at a point in time or over time.

With refinement, PLIDA can provide greater focus on specific groups such as the SHS (sub-sector) workforce within an organisation or group of organisations.

Data from outside PLIDA can also be used to refine the focus of analysis. The research team refined analysis by supplying and linking only the ABNs of social service providers that received SHS funding. This focuses analysis on all workers employed by the service providers that received any SHS funding, but not exclusively SHS workers.

Additional refinement is possible by selecting workers that share the same characteristic/s (for example, this study grouped workers that shared the same organisation size and occupation/occupation group). Further refinement is possible with additional common values or supplying more external data (for example, a common typology or register of workers to focus analysis).

The extent to which PLIDA can be used to gather information about the entire community and social services workforce is dependent on common understandings of the workforce, data available and the size of the analysis undertaken. For this study only the 107 organisations that deliver SHS in Victoria were studied – but this number could be increased to whatever size is required if the study is appropriately resourced.

- Victorian Community and Social Services Workforce
- All employees of organisations that received SHS funding
- SHS Workforce
- SHS Workforce surveys

6 CHP (2023), 'Who is the Specialist Homelessness Services (SHS) Workforce in Victoria?'

Benefits and limitations of PLIDA and surveys

PLIDA	
BENEFITS	**LIMITATIONS AND CHALLENGES**
Able to track workers and change over time (including historical data) that can monitor attraction, retention, and attrition across the workforce in all Victorian regions.	Difficult to "zero-in" on sub-sector-specific workforces if they are employed by service providers that deliver multiple types of services.
Consistent terms and questions that allow comparison and benchmarking with any other Australian workforce – including over time.	Occupations are not directly aligned to current SHS job roles (or are not sector-specific roles)[7].
Cost-effective ongoing data source that can be built on, refined, and improved over time.	Cannot gather administratively held data such as the level of vacancies at any point in time.
Provides consistent information on all workers regardless of the specific sub-sector they work in. This recognises common challenges and competition for skilled workers across multiple sub-sectors.	Significant effort and time required to establish, test, and validate a new platform for analysis – with significant knowledge of ABS requirements and processes highly beneficial.
Data is updated regularly and more data sets are being added over time.	Available data sets – while extensive - were developed for a different purpose and are not user friendly.
Has the capability to link other data sets to explore other important policy areas (for example linking service user data to explore associations between workforce and service use).	
Provides a new source of insights that are not based on self-report to expand understanding and help test claims with limited current evidence.	

SURVEYS	
BENEFITS	**LIMITATIONS AND CHALLENGES**
Can ensure data is only gathered on SHS workers (or other groups) by restricting distribution.	Low response rates which can often be skewed towards results for more engaged workers, or depending on which providers do a better job promoting the survey. This can lead to biased results such as lower return rates from small, poorly resourced providers or from workers from diverse backgrounds.
Able to ask any question, including SHS sector-specific questions (e.g. unique SHS job roles) or questions that might only be relevant at a specific point in time.	A lack of continuity and consistency over time and across the sector leads to different questions being asked over time, or asked in slightly different ways, so results are often unable to be compared with previous surveys and/or other workforces.
Can be used to gather administrative information and/or views and opinions to develop more nuanced, in-depth knowledge.	Unable to track workers over time (e.g. career paths into, during and after current employment).

Many organisations that deliver community and social services share similar workforce challenges. Comparing insights from PLIDA across workforces can improve understanding of the entire workforce.

While some workforce challenges may be unique to certain organisations, locations, or sub-sectors – the research team's assumption is that a great proportion of the issues and information identified in this analysis will be common/relevant to all sub-sectors (including SHS) of the community and social services industry. More detailed or more targeted sector-specific analyses undertaken using PLIDA could allow us to test this further.

Some examples of key findings from this analysis that could be considered as quite common across organisations and sub-sectors include:

- The industry as a whole attracts new staff very well – growing rapidly year on year. The big challenge is in retaining staff.
- The incredible churn of staff, as well as the associated recruitment costs, are so significant that exploration of more integrated, cost-effective recruitment practices should be a

consideration. This is particularly so if any new approaches could lead to reductions in the time positions remain vacant – which places additional pressure on staff who remain.

- Growth in staff numbers is directly related to the expansion of government funding in specific sectors – and it is interesting to see more modest growth in numbers identified via method 3 (which is most likely to reflect the size of the SHS workforce specifically).
- Salary levels are not high, although they are on par with the average annual Victorian income level. However, this is a highly skilled and educated workforce - much higher than the workforce overall – which suggests salaries are somewhat discounted. With demand for skilled workers growing across all workforces, developing new workforce policies and being able to measure their impact will become even more important.

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7   The ANZSCO system is currently being updated including improved social services occupations.

- Compared to the Victorian workforce overall – and certainly the community and social services 'client base' – the workforce is not very culturally diverse (and is in fact somewhat mono-cultural).
- Prevalence of anxiety and depression across the workforce is significantly higher than that of the wider workforce, raising important questions about workloads, safety and wellbeing that need to be better understood and addressed.

PLIDA introduces a platform which can be used as the foundation for refining and updating workforce analysis over time

With this experience, the WIDI research team can work with peak bodies, governments, community and social service providers and other key stakeholders to refine and undertake future analyses that return answers to more specific or tailored research questions. This approach can support the sector and governments to understand, monitor and respond to current and emerging workforce trends.

However, there are gaps and areas where administrative data drawn from PLIDA cannot provide a detailed understanding of workforce issues. For this reason, surveys will continue to be needed, however these can be shortened and more sophisticated questions can be developed by first drawing on findings from PLIDA without losing the capability to compare across workforces.

A PLIDA-informed platform could be refreshed annually and supplemented by systematic collection of data from service providers on key factors (such as vacancy rates, time to fill vacancies, worker intentions and views, and so on). A careful, collaborative approach can provide key information routinely to inform new strategies and investments.

The other benefit of using PLIDA is that the insights it provides are additive: future data can be added as it becomes available, more historical data can be added to better understand effects of previous policies, data from vocational and higher education, migration, health, and more from any of the 20-plus data sets can be added to build better models, with all combining to improve the ability to build more accurate forecasts to anticipate future challenges and support workforce development in a cost-effective way.

Further, many potential areas exist for refinements to who is and who is not included in any workforce analysis. The ABS continues to develop the ANZSCO occupation codes to be more relevant to social services, and the capability to refine by linking external data remains available. For example, a future analysis could focus solely on organisations funded by DFFH to deliver *only* SHS services (or any other specific service) and then compare these results to organisations with a different mix/profile of service delivery. Similarly – workforces can be compared for organisations across different regions or different organisational sizes or types. Such analysis would provide more information to support service delivery planning and track changes over time.

Dealing better with siloes and fragmented analysis

There are common challenges across multiple parts of the community and social services system, in multiple jurisdictions. Different sub-sectors compete for people with the same qualifications – for example social work, psychology, community service diplomas and so on. Workers move between sub-sectors to pursue career opportunities and many other reasons. People who make use of these services often require and receive support from different sub-sectors due to the fact that many individuals and families have multiple issues they require support for.

Despite this, the common approach is to continue to gather information, plan, and invest in workforce strategies as if each sub-sector was a separate, different industry. This can see different government departments, different parts of the same government department, and different peak bodies and providers investing in different approaches and strategies to better understand 'their piece' of the wider community and social services industry.

There are obviously benefits that can only be gained from a 'sub-sector-specific' approach – as recognised earlier – however if this is the only focus of analysis, the data gathered and opportunities to maximise the impact of investments in various workforces are lost. A reliance on ad hoc, inconsistent surveys or inquiries means opportunities to compare issues across sub-sectors are lost, and the long term, consistent approach that is needed to guide planning and investment for a challenge as significant as workforce doesn't happen.

Evolutions in data platforms such as PLIDA offer – at a State and National level – the potential for new, robust, and scalable approaches to generate workforce data and intelligence that provides decision-makers with meaningful and timely insights. By working with the sector and government, analysis using PLIDA can be designed to add critical information to plan and shape current and future workforce policy and programs and target investment and support workforces more effectively.

02

Findings

The focus of this analysis was on testing and trialling a completely new approach capable of providing an ongoing, reliable understanding of the SHS workforce specifically, and the community and social services workforce more generally.

The original intention of this project was to produce a series of infographics, however given the complexity of the project and this being the first time this type of analysis has been presented, explaining how the analysis was undertaken became increasingly important. A large amount of data was gathered through the methodologies developed, and it was also beyond the scope of this engagement to present all of the findings in a final report. A detailed explanation of the data was also viewed to be less helpful, as it would involve extensive use of hypotheses about factors that may or may not contribute to certain results or issues that required further exploration.

Balancing these factors, some of the more interesting findings from the data are provided with 'light touch' discussion. Anyone acquainted with the challenges facing existing workforces, and the pressures around service delivery and funding will be able to put forward views on factors that have contributed to the results presented.

It is hoped that the next phase of utilisation of the PLIDA platform might provide an opportunity for more detailed and targeted data collation and analysis, focussed on key questions of interest to government and the sector. While detailed reporting was not the focus of this work, this section highlights some of the key findings from the analysis undertaken.

Workforce Size

Most interesting findings

The workforce employed by organisations funded for SHS grew significantly, however key SHS occupations did not

- The total workforce – represented by all employees of the 107 organisations in this analysis – attracted a significant number of new workers, doubling the workforce between 2011 and 2021.

- The size of the workforce in key SHS occupations (explored via method 3) did not grow in size between 2017 and 2022. However the size of the workforce fluctuated significantly throughout this period. Further analysis of funding changes may shed some light on this variation.

- High vacancy rates (gleaned from surveys) indicate further work is needed to improve matching the demand for workers with the available workforce.

Most workers were employed at Large Providers

- The total workforce was highly concentrated, with the 20 largest providers employing 70% of the workforce.

People working directly with service users were the largest part of the workforce

- Frontline roles (excluding aged care and disability) comprised 40% of the total workforce.

- Workers in key SHS occupations (described below) represented one third of all staff in service providers of all sizes.

- Organisation Support and Administrative roles accounted for 15% of the total workforce.

107 providers
excluding 20 hospitals and local government

233,712 — Employees in Victorian Residential Care Social Assistance Services Personal and other Services (Census)

41,129 — Employees in Victorian organisations that received funding for SHS provision (PLIDA)

2,500 – 5,000 — Estimated workforce that only deliver SHS (previous surveys)
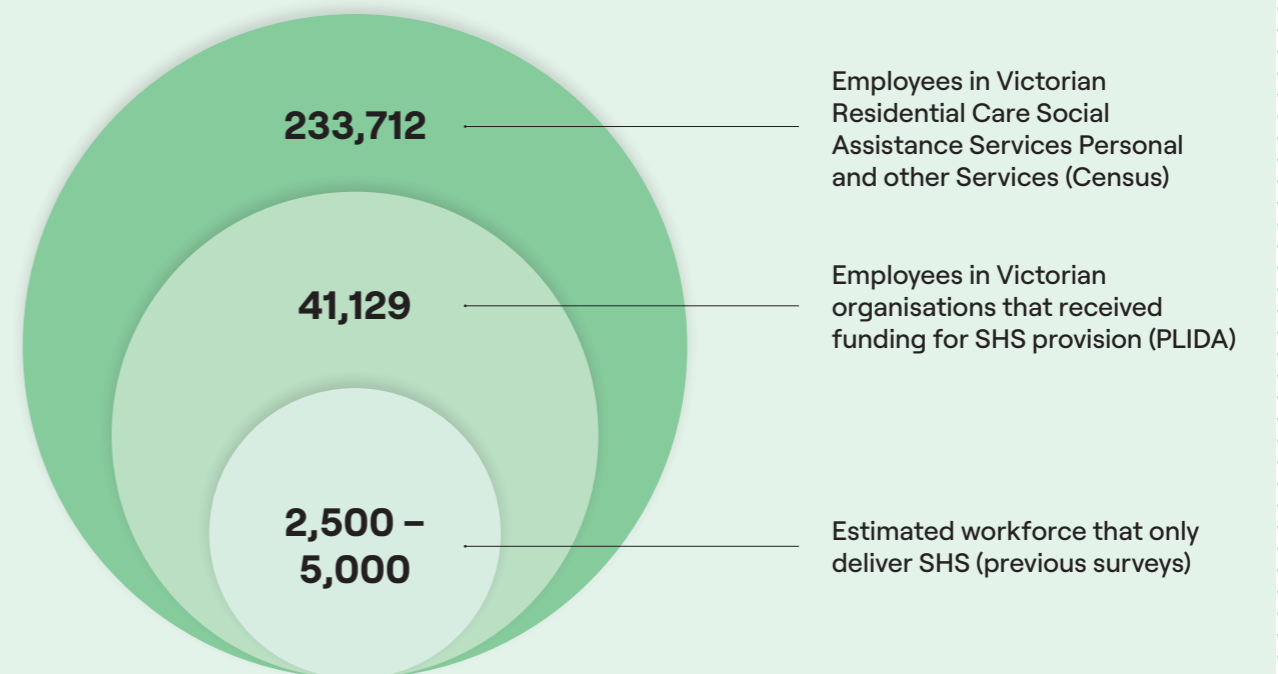
Workforce included in this analysis

753
employees from **30 Small Providers** with 1-49 staff

5,567
employees in **44 Medium Providers** with 50-249 staff

34,809
employees in **33 Large Providers** with 250 or more staff

The largest 20% of organisations employed almost 3 in 4 workers

Total workforce represented approximately 18% of the Residential Care, Social Assistance Services, Personal and other Services industry workforce in Victoria

15 of the 107 organisations studied were Aboriginal Community Controlled Organisations

OCCUPATIONS – TOTAL WORKFORCE (METHOD 1A)[8]					
Small Providers	**10%** Managers	**35%** Professionals	**26%** Community and Personal Service	**14%** Clerical and Administrative	**15%** Other or missing
Large Providers	**9%** Managers	**34%** Professionals	**31%** Community and Personal Service	**11%** Clerical and Administrative	**15%** Other or missing
Victorian workforce	**14%** Managers	**25%** Professionals	**11%** Community and Personal Service	**12%** Clerical and Administrative	**38%** Other or missing
Victorian Residential Care, Social Assistance Services, Personal and other Services industry[9]	**9%** Managers	**18%** Professionals	**50%** Community and Personal Service	**7%** Clerical and Administrative	**16%** Other or missing

OCCUPATIONS – TOTAL WORKFORCE (METHOD 2)[10]				
Frontline Workforce	Frontline Managers	Organisation Leaders	Organisation and Administrative Support	Other or missing
40%	2%	6%	15%	37%[11]

KEY SHS OCCUPATIONS (METHOD 3B)[12]						
	Counsellors	Psychologists	Social Professionals	Social Workers	Welfare, Recreation and Community Arts Workers	Welfare Support Workers
Small Providers	Less than 10	Less than 10	Less than 10	53%	Less than 10	40%
Medium Providers	8%	Less than 10	Less than 10	39%	5%	46%
Large Providers	6%	4%	0%	37%	4%	49%

Analysis found a slightly different workforce structure to workforces in other Australian industries. Most workers were in the Frontline Workforce, and Social Workers and Welfare Support Workers were the most common roles among key SHS occupations. Small Providers – assumed to largely represent service providers that only deliver SHS – employed a much higher proportion of Social Workers than Medium and Large Providers.

8 Person Level Integrated Data Asset (PLIDA), 2021, Census of Population and Housing, ABS DataLab. Findings based on use of PLIDA data.

9 ABS, 'ANZSIC2 – Residential Care, Social Assistance Services, Personal and other Services', Census 2021 via Table Builder.

10 Person Level Integrated Data Asset (PLIDA), 2021-22, Australian Tax Office Income Tax Return – Contextual Variables 2021-22 and Payment Summaries 2021-22, ABS DataLab. Findings based on use of PLIDA data.

11 Many non-SHS occupations contributed approximately 50% of the 'Other or missing', such as aged and disabled carers, child care workers, registered nurses (NEC), nursing support and personal care workers, registered nurses (mental health), occupational therapist, retail managers, registered nurse (aged care), registered nurse (mental health), preschool aide, early childhood (Pre-primary) teachers.
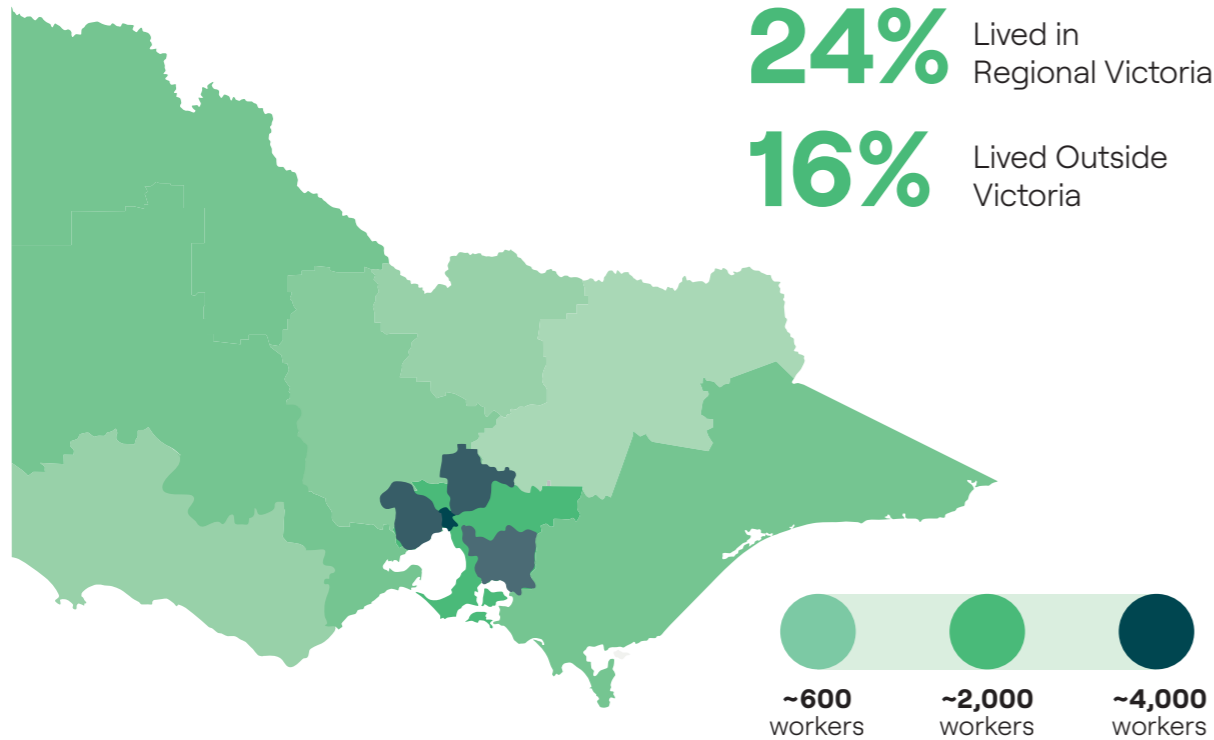
12 Person Level Integrated Data Asset (PLIDA), 2020-21, Australian Tax Office Income Tax Return – Contextual Variables 2020-21 and Payment Summaries 2020-21, ABS DataLab. Findings based on use of PLIDA data.

Workforce by Location

Understanding regional workforce differences provides new insights to support workforce planning. Metropolitan Melbourne had proportionally fewer staff in frontline workforce roles than Regional Victoria. A higher proportion of workers living in Metropolitan Melbourne were in 'Organisation Administration and Support' roles and 'Other or missing' roles; the latter significantly due to high numbers of nursing and childcare roles not directly involved in SHS service delivery.
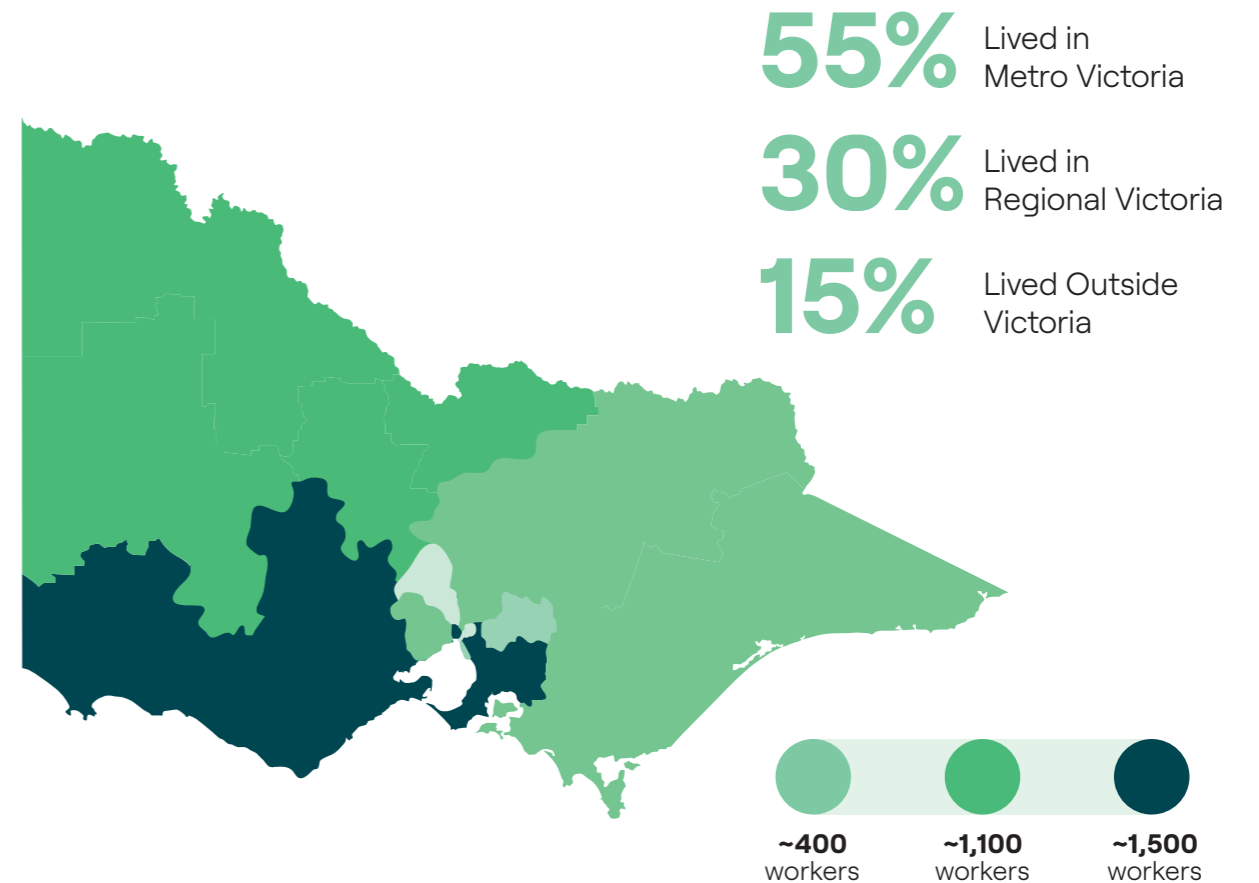
Analysis of workers' place of residence found significant variation across Victorian SA4 regions. Interestingly, 14% of the workforce resided outside Victoria with most in NSW and Queensland. Some of these interstate workers were likely to include people living in border towns and people that moved interstate after leaving their job (or working interstate during the COVID pandemic). However, it is also possible that some service providers delivered services in other states. Further and more detailed analysis would improve understanding of the interstate workforce.

WORKER LOCATION ACROSS VICTORIA FOR WORKERS WITHIN ANY ORGANISATION FUNDED TO PROVIDE SOME SPECIALIST HOMELESSNESS SERVICES1[3]

60% Lived in Metro Victoria

24% Lived in Regional Victoria

16% Lived Outside Victoria

~600 workers   ~2,000 workers   ~4,000 workers

Note: Outside Victoria: NSW 6%, Queensland 4%, SA 1%, WA 1%, Tas 1%, NT, ACT, Unknown 1%

WORKER LOCATION ACROSS VICTORIA FOR WORKERS IN IDENTIFIED POSITIONS WHERE THEY ARE PROVIDING SPECIALIST HOMELESSNESS SERVICES [15]

55% Lived in Metro Victoria

30% Lived in Regional Victoria

15% Lived Outside Victoria

~400 workers   ~1,100 workers   ~1,500 workers

Note 1: Outside Victoria: Further analysis was not completed for this group as too many values would have required data suppression.

Note 2: All regions are Victorian SA4 boundaries, with the exception of several grouped regions. Grouped regions include: 1) Ballarat, Geelong, Warrnambool and South West, 2) Bendigo, Shepparton, North West, 3) Hume, Gippsland, and 4) Melbourne - South East, Mornington Peninsula.

Analysis of the place of residence among key SHS occupations also found significant variation across Victorian SA4 regions (note that due to low numbers in some regions, to meet ABS rules several SA4 regions were grouped as described in the notes above). Similarly, 15% of the workforce resided outside Victoria, however low numbers meant that reporting findings by State or Territory was not included for this group. Further and more detailed analysis would improve understanding of the interstate workforce.

13 Person Level Integrated Data Asset (PLIDA), 2021, Census of Population and Housing, ABS DataLab. Findings based on use of PLIDA data.

14 Person Level Integrated Data Asset (PLIDA), 2020-21, Australian Tax Office Income Tax Return – Contextual Variables 2020-21 and Payment Summaries 2020-21, ABS DataLab. Findings based on use of PLIDA data.

15 For any values suppressed, estimates were made by subtracting '5' from the less than value. Estimates of these numbers only do not materially affect the results.

WORKFORCE STRUCTURE BY LOCATION (METHOD 2) [16]					
	Frontline Workers	Frontline Managers	Organisation Leaders	Organisation and Administrative Support	Other or missing
Metropolitan Melbourne	37%	2%	6%	16%	38%
Regional Victoria	44%	2%	5%	13%	36%
Outside Victoria	44%	2%	5%	15%	34%

Interestingly, the proportion of Frontline Workers in Metropolitan Melbourne was lower than Regional Victoria and interstate. Higher rates of Organisation Leaders and Organisation and Administrative Support roles were also found. This may reflect different types of organisations in Metropolitan Melbourne, for example a greater number of Large Providers. Further exploration is required to comment in more detail.

16 Person Level Integrated Data Asset (PLIDA), 2021-22, Australian Tax Office Income Tax Return – Contextual Variables 2021-22 and Payment Summaries 2021-22, ABS DataLab. Findings based on use of PLIDA data.

Workforce Growth and Turnover

Most interesting findings

The sector has a significant worker retention problem costing the SHS sector at least $20 million annually.

- 1 in 5 workers left their role each year and most did not find their next job in other organisations in this study (i.e. organisations that received any SHS funding from DFFH).

- High job mobility was estimated to cost the SHS sector more than $20 million annually and more than $116 million for the total workforce based on the Victorian Government's staff attrition cost calculator.

The sector worked hard to recruit staff only to lose them.

- Most new workers came from outside the SHS sector (i.e. the previous of job of most new workers was not in any of the 107 organisations studied).

- More than 6 in every 10 workers who left did not find their next job in another SHS-funded organisation.

- A further 2 in 10 dropped out of the workforce entirely.

- At least 22% of new workers employed in 2020/21 left within their first 12 months.

Workers are coming ... and going: Significant change and HR in overdrive

The sector successfully attracted workers – the size of the workforce in the 107 organisations funded for SHS in Victoria doubled between 2011/12 and 2020/21. However, the current model of staff recruitment does not seem sustainable. Not investigated in this analysis, consistently high vacancy rates also indicate challenges to attracting specific workers and specific roles and future analysis could further build understanding on workforce attraction and retention.

1 in 5 workers left each year and few workers were recruited from or exited to other organisations within the study – leaving the sector with their knowledge and networks. These trends highlight a persistent challenge to effective service delivery.

A small decrease in staff turnover – or keeping workers within SHS service providers – could help to address current and future workforce shortages.
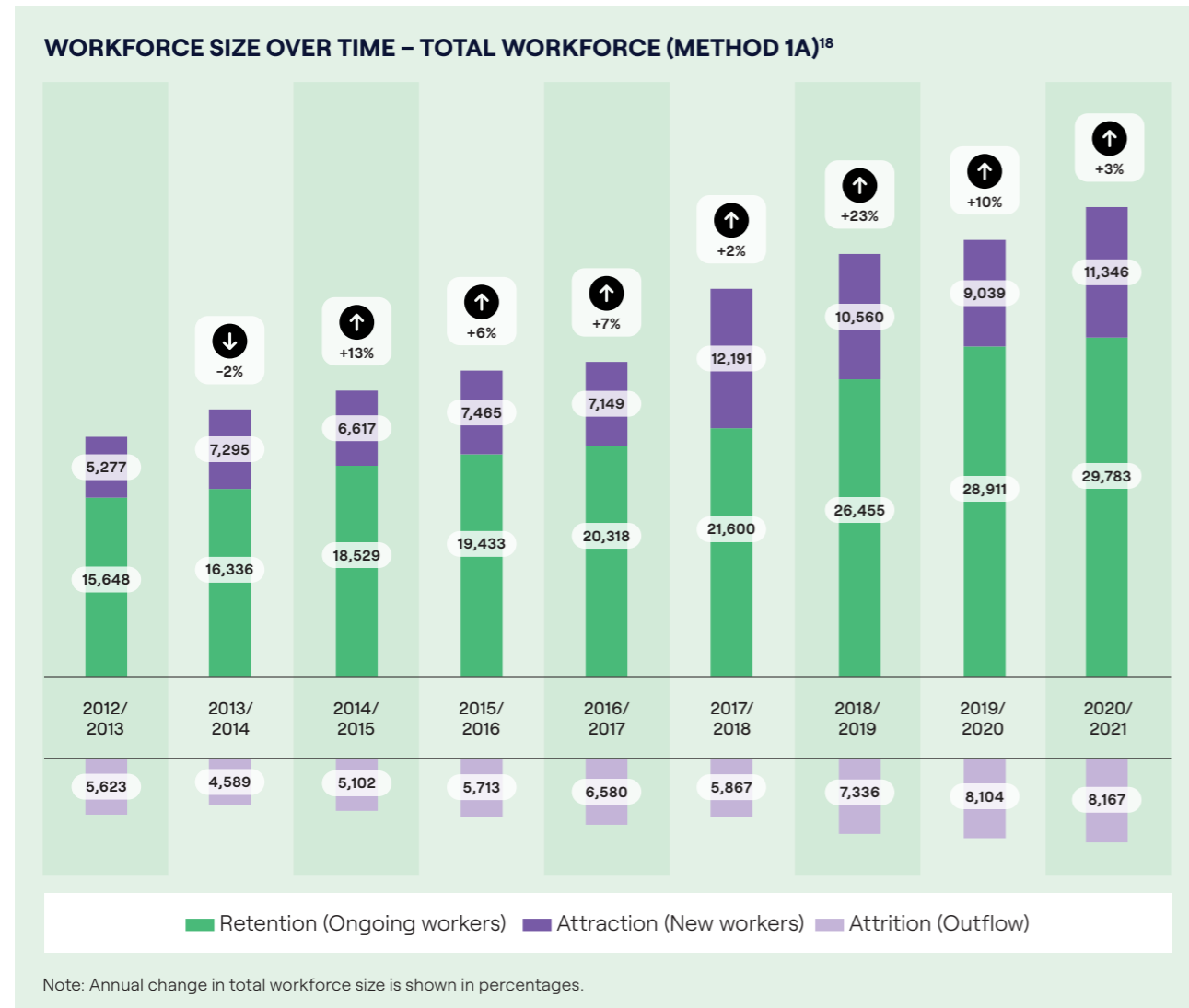
A note on interpretation:

The following analysis looks back to 2011/12 and is based on the same 107 organisations that were funded for SHS delivery in 2021. SHS funding distribution has changed over time and this analysis will include some organisations that were funded to deliver SHS in 2021 that did not receive SHS funding in 2011/12 and/or 2015/16. Additionally, some organisations that were funded to deliver SHS in 2011/12 and/or 2015/16 but did not receive funding in 2020/21 have not been included. However, the majority of the 107 organisations studied did deliver SHS over the decade preceding, which provides confidence that this analysis contains useful insights into overall trends.

Workforce Size Over Time

ORGANISATIONS OVER TIME (METHOD 1A) [17]			
	2011/12	2015/16	2020/21
Total organisations (excluding hospitals and local government as per other analysis)	90	94	107
Average size of total workforce per organisation	236	268	355

The total number of service providers increased across the period covering 2011 to 2021 and average workforce size increased 50%. As described earlier, 30 Small Providers employed a total of 753 workers in 2021 and therefore the majority of the growth was likely in Large Providers that deliver a wide range of service types.

WORKFORCE SIZE OVER TIME – TOTAL WORKFORCE (METHOD 1A)[18]

Note: Annual change in total workforce size is shown in percentages.

WORKFORCE SIZE OVER TIME – TOTAL WORKFORCE (METHOD 2) [19]

WORKFORCE SIZE OVER TIME – KEY SHS OCCUPATIONS (METHOD 3A) [20]

Note: The above results for key SHS Occupations (Method 3) are based only on Small Providers. As discussed in the method section, the research team is confident these workers are predominantly SHS workers.

Method 3 examined six key SHS occupations within small organisations that are closely associated with frontline service delivery in SHS providers. Unlike the total workforce, there was no aggregate growth in the organisations studied for these occupations between 2015/16 and 2021/22. The reasons for the differences were not explored in this study, however likely indicates the growth in other community service roles, especially in disability, aged care and mental health across the same period. The Method 3 analysis above only focuses on Small Providers in order to provide insights into the SHS workforce, however it is also possible that there was growth of SHS workers in Large Providers.

17   Person Level Integrated Data Asset (PLIDA), 2011-12 to 2020-21, Australian Tax Office Income Tax Return – Contextual Variables 2011-12 to 2020-21 and Payment Summaries 2011-12 to 2020-21, ABS DataLab. Findings based on use of PLIDA data.

18   Person Level Integrated Data Asset (PLIDA), 2011-12 to 2020-21, Australian Tax Office Income Tax Return – Contextual Variables 2011-12 to 2020-21 and Payment Summaries 2011-12 to 2020-21, ABS DataLab. Findings based on use of PLIDA data.

19   Person Level Integrated Data Asset (PLIDA), 2011-12 to 2020-21, Australian Tax Office Income Tax Return – Contextual Variables 2011-12 to 2020-21 and Payment Summaries 2011-12 to 2020-21, ABS DataLab. Findings based on use of PLIDA data.

20   Person Level Integrated Data Asset (PLIDA), 2015-16 to 2021-22, Australian Tax Office Income Tax Return – Contextual Variables 2015-16 to 2021-22 and Payment Summaries 2015-16 to 2021-22, ABS DataLab. Findings based on use of PLIDA data.
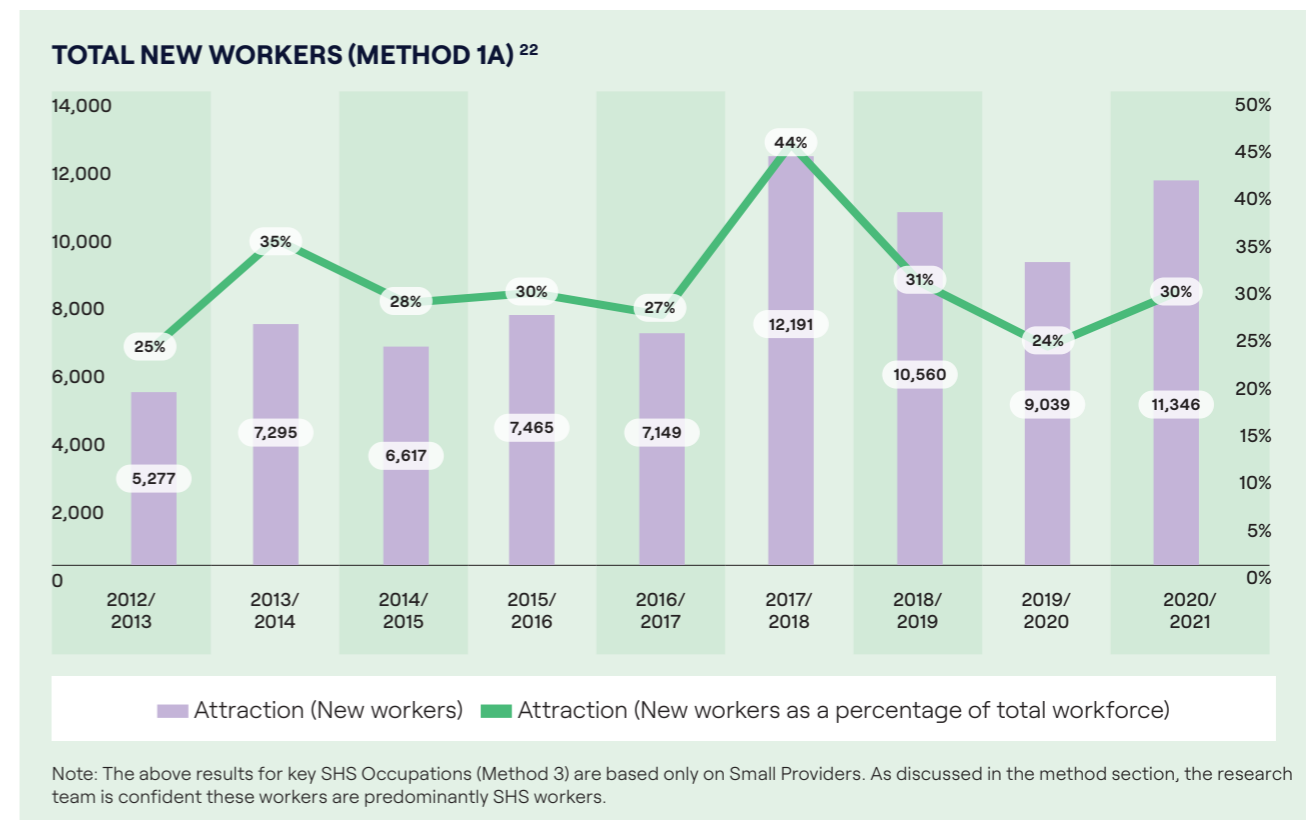
Workforce Structure Changes

WORKFORCE STRUCTURE CHANGES SINCE 2011 (METHOD 2)[21]					
Total Workforce 2021	40%	2%	6%	15%	37%
	Frontline Workers	Health and Welfare Service Managers	Organisation Leaders	Organisation Supports and Administrators	Other or missing
Change since 2011	⬆	–	⬆	⬇	⬇
	6%	0%	1%	1%	6%

The workforce had little structural change since 2011/12, however the growth in Frontline Workers (i.e. frontline service delivery roles excluding aged care and disability) exceeded all other groups. Interestingly, the proportion of Health and Welfare Service Managers did not change and may require consideration given the higher number of Frontline Workers. Further, with significant changes and resourcing over the previous decade that have been required for organisations to keep up with contemporary requirements across operations, funding and service delivery, the proportion of Organisation Supports and Administrators may also require consideration. For example, the HR workload (described earlier), IT infrastructure and support, data and reporting systems, and other critical organisation support such as accreditation have undergone significant changes and are also critical roles to support effective and efficient service delivery.

Attracting people to the sector as a whole has been successful with 11,346 people (30% of the total workforce) recruited in 2020/21 alone.

New workers bring additional resources and new ideas, however with one third of the workforce starting within the previous year this may present many challenges for service continuity, culture, and sector knowledge.

Given high vacancy rates in SHS and other social services in Victoria have been consistently reported in sector surveys, the PLIDA findings could be integrated with better vacancy information in future analysis to improve understanding of where demand for workers is most challenging.

TOTAL NEW WORKERS (METHOD 1A) [22]

Note: The above results for key SHS Occupations (Method 3) are based only on Small Providers. As discussed in the method section, the research team is confident these workers are predominantly SHS workers.

Every year an average of 30% of the workforce was recruited – a staggering 11,346 workers in 2021 alone. Analysis of the workforce over time found 2016/17 and 2020/21 as standout years. These significant recruitment periods coincide with the national rollout of the NDIS and the impact of the COVID pandemic respectively. Even outside these extraordinarily high recruitment periods, the total number of new workers recruited each year was consistently high across all years studied.
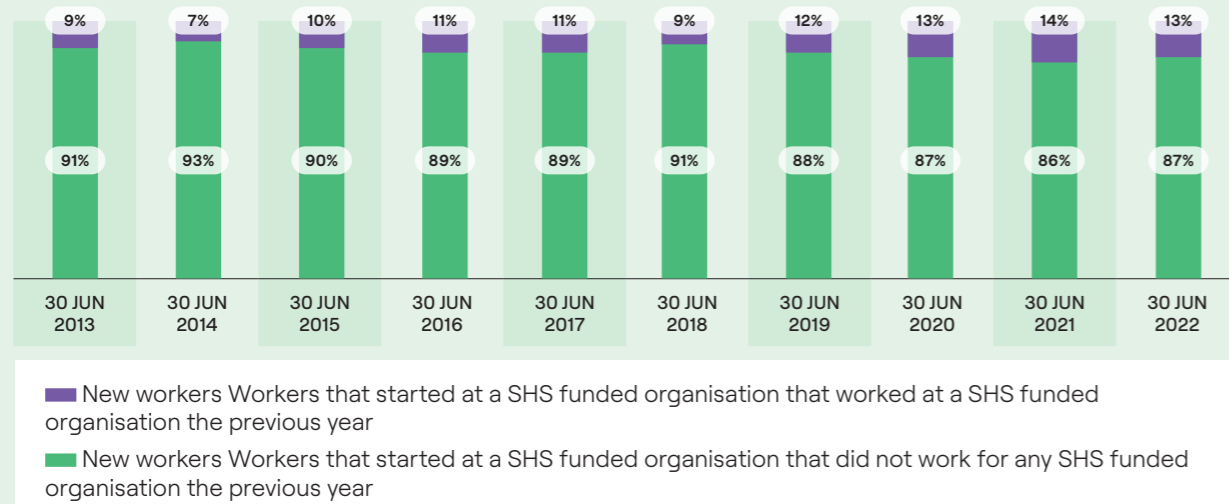
Outside attraction: Most new workers are not coming from other SHS funded service providers

Most new workers arrived from employment outside the 107 organisations studied. Half of all new workers previously worked as Professionals and Community and Personal Service workers – predominantly frontline roles (although not all). A disproportionately high number of new workers were in 'Other or missing' roles. This period of recruitment coincided with the COVID pandemic, which may have had an effect on the type of roles needed.

SOURCE OF NEW WORKERS (METHOD 2)[23]

	30 JUN 2013	30 JUN 2014	30 JUN 2015	30 JUN 2016	30 JUN 2017	30 JUN 2018	30 JUN 2019	30 JUN 2020	30 JUN 2021	30 JUN 2022
(purple, top)	9%	7%	10%	11%	11%	9%	12%	13%	14%	13%
(green)	91%	93%	90%	89%	89%	91%	88%	87%	86%	87%

■ New workers Workers that started at a SHS funded organisation that worked at a SHS funded organisation the previous year

■ New workers Workers that started at a SHS funded organisation that did not work for any SHS funded organisation the previous year

NEW WORKERS RECRUITED 2021 (METHOD 1A)[24]					
11,346	**820 (7%)**	**2,903 (26%)**	**2,705 (24%)**	**1,225 (11%)**	**3,693 (32%)**
New workers	Managers	Professionals	Community and Personal Service	Clerical and Administrative	Other or missing

Workforce Structure Changes

ONGOING WORKFORCE			
Workers employed in 2010/11 or earlier (Method 1a)[25]		Workers employed in 2017/18 (Method 2)[26]	Workers employed in 2020/21 (Method 3a)[27]
Remained at the same organisation at 5 years	Remained at the same organisation at 10 years	Remained at the same organisation at 4 years	Remained at the same organisation at 1 year
43%	20%	44%	78%

The range of insights above suggests a mixed picture of workforce retention. Approximately half the workforce remained at the same organisation for 4–5 years, similar to the Australian workforce average for workers that had been in their roles for 0–4 years (55% in 2022)[28]. However as discussed below, staff turnover was far above the industry average. Taken together, these insights provide benchmarks for service providers and whole-of-SHS workforce initiatives to evaluate the effectiveness of current and future workforce initiatives.

OTHER RELEVANT INSIGHTS (METHOD 1A)[29,30]			
At least half the workforce worked full time	Workers were slightly more likely to work between 2.5–4 days per week than the Victorian workforce	Less than 4% of workers held more than one job across SHS providers in 2021	Females and males worked in similar proportions across occupation groups using this method. The Clerical and Administrative occupation group was an exception, with proportionately more females employed than males (14% of the workforce compared to 7%) to the Victorian workforce

23 Person Level Integrated Data Asset (PLIDA), 2012–13 to 2021–22, Australian Tax Office Income Tax Return – Contextual Variables 2012–13 to 2021–22 and Payment Summaries 2012–13 to 2021–22, ABS DataLab. Findings based on use of PLIDA data.

24 Person Level Integrated Data Asset (PLIDA), 2020–21, Australian Tax Office Income Tax Return – Contextual Variables 2020–21 and Payment Summaries 2020–21, ABS DataLab. Findings based on use of PLIDA data.

25 Person Level Integrated Data Asset (PLIDA), 2011–12 to 2020–21, Australian Tax Office Income Tax Return – Contextual Variables 2011–12 to 2020–21 and Payment Summaries 2011–12 to 2020–21, ABS DataLab. Findings based on use of PLIDA data.

26 Person Level Integrated Data Asset (PLIDA), 2017–18 to 2021–22, Australian Tax Office Income Tax Return – Contextual Variables 2017–18 to 2021–22, and Payment Summaries 2017–18 to 2021–22, ABS DataLab. Findings based on use of PLIDA data.

27 Person Level Integrated Data Asset (PLIDA), 2020–21 to 2021–22, Australian Tax Office Income Tax Return – Contextual Variables 2020–21 to 2021–22 and Payment Summaries 2020–21 to 2021–22, ABS DataLab. Findings based on use of PLIDA data.

28 ABS, Duration of employment in current job (Feb 2022).

29 Person Level Integrated Data Asset (PLIDA), 2020–21, Australian Tax Office Income Tax Return – Contextual Variables 2020–21 and Payment Summaries 2020–21, ABS DataLab. Findings based on use of PLIDA data.

30 Person Level Integrated Data Asset (PLIDA), 2021, Census of Population and Housing, ABS DataLab. Findings based on use of PLIDA data.

Attrition (Staff Turnover)

Staff turnover was double the rate of the Australian Health Care and Social Assistance industry.

Turnover was calculated by following workers that received income in a given year from one of the 107 organisations studied and received income from a different employer in subsequent years (based on their income coming from a different ABN). This was further segmented by looking at a worker who found their next employer among one of the 107 organisations studied (intra-sector turnover) or from another employer (inter-sector turnover).
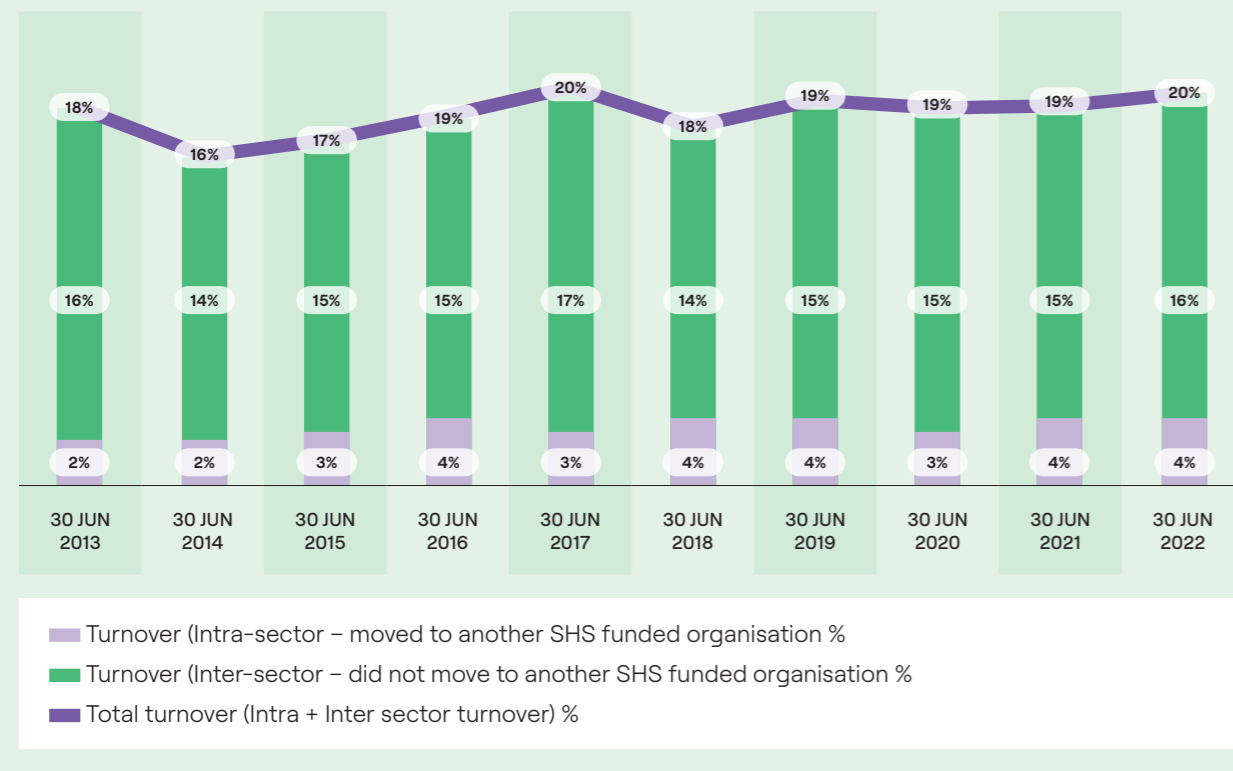
Based on this analysis, turnover across the total workforce in all 107 organisations ranged from 16%–20% per annum. Turnover among key SHS occupations in Small Providers was higher again at 26%. These findings support the 2022 Victorian SHS Workforce survey results that reported staff turnover at 25%. This was more than double the

9.5% annual turnover rate reported for the Australian Health Care and Social Assistance industry in 2021 and 12.2% in 2022 (ABS 2022).

Among new workers employed in 2020/21, 22% did not stay one year (i.e. did not receive employment income in 2021/22 from the same employer). This figure is likely an undercount of workers that left within their first 12 months. Workers who received income across two financial years but were employed less than 12 months could not be included in this figure due to data constraints. Future analysis could improve the accuracy with newer, quarterly data (once available).

Workers that dropped out of the workforce entirely (for example, workers that retired) were not included in the turnover calculations but are reported separately. This turnover amounted to a further 4–9% p.a. of workers who left all employment.

STAFF TURNOVER 2011–2022 (METHOD 2) [31]

Legend:
- Turnover (Intra-sector – moved to another SHS funded organisation %)
- Turnover (Inter-sector – did not move to another SHS funded organisation %)
- Total turnover (Intra + Inter sector turnover) %

TOTAL WORKFORCE ATTRITION OVER TIME (METHOD 2) [32]	TOTAL WORKFORCE ATTRITION OVER TIME (METHOD 3A) [33]
Workers employed in 2017/18 that left their organisation before 4 years	Workers employed in 2020/21 that did not stay 1 year
56%	22%

Analysis of key SHS occupations in Small Providers identified higher staff turnover than other occupations within the 107 organisations studied. There could be many factors driving this. Further exploration would be able to uncover a deeper understanding of career paths in order to develop more targeted retention initiatives, however these findings provide relevant and comprehensive benchmarks to assess current and future workforce initiatives.

A larger loss: Workers who left were highly unlikely to stay in the SHS industry

More than 6 in every 10 workers who left – including workers from key SHS occupations - did not start employment at another SHS funded service provider the following year. A further 2 in 10 dropped out of the workforce entirely. This

represents a loss to the organisation and the sector, and that job change may reflect a career change. Depending on future career paths it may also represent a significant loss of the investment in the workforce from formal education and training through to on-the-job knowledge and networks.

This finding may be an indication that the workforce is 'all in or not in' and that workers see few benefits or opportunities of moving to a 'competitor'. Further exploration is needed over longer periods of time to understand career paths, and to explore whether workers are lost to the SHS and social services sector entirely over time.

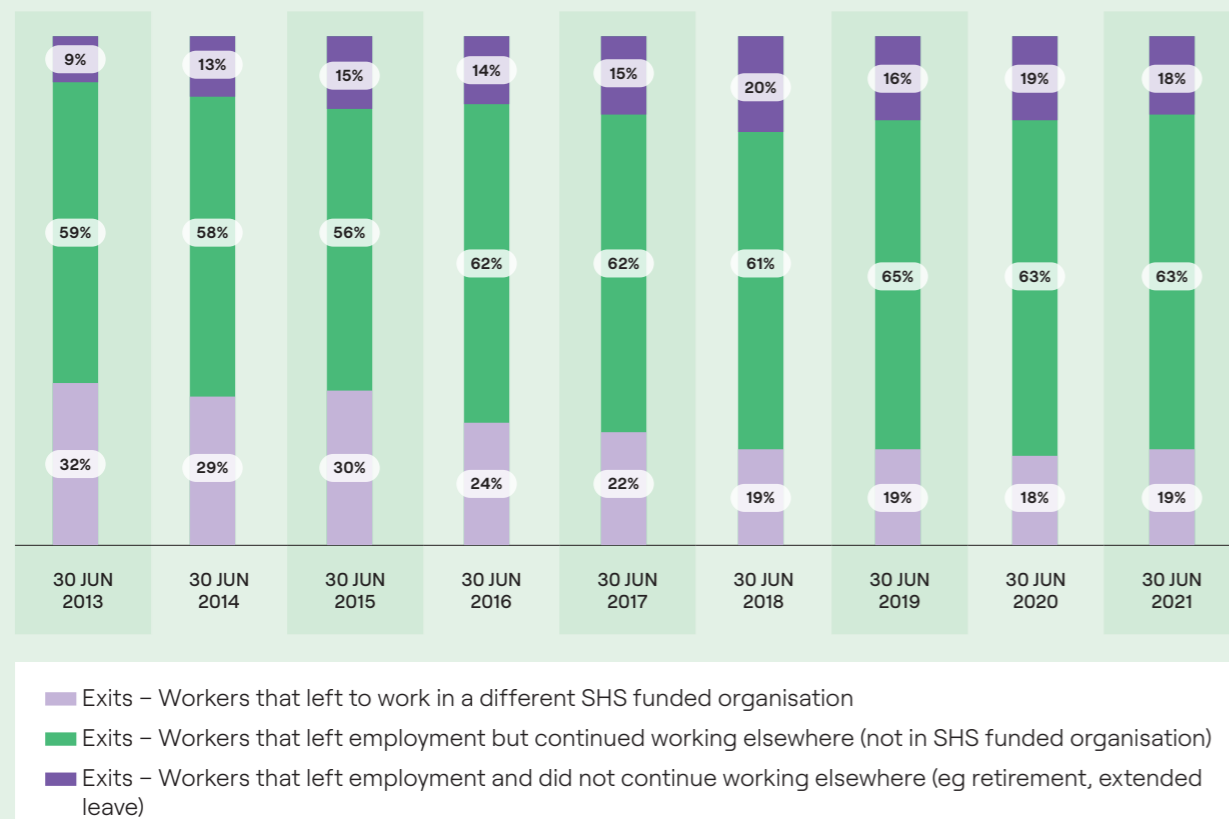| TURNOVER – KEY SHS OCCUPATIONS IN SMALL PROVIDERS (2022) – METHOD 3A [34]		
18%	8%	26%
Inter-sector turnover (Workers that left employment and did not move to one of the 107 SHS-funded organisations in this study)	Intra-sector turnover (Workers that left and moved to another of the 107 SHS-funded organisations in this study)	Staff turnover among key SHS occupations in Small Providers

31 Person Level Integrated Data Asset (PLIDA), 2020-21 to 2021-22, Australian Tax Office Income Tax Return – Contextual Variables 2020-21 to 2021-22 and Payment Summaries 2020-21 to 2021-22, ABS DataLab. Findings based on use of PLIDA data.

44 COUNCIL TO HOMELESS PERSONS PLIDA WORKFORCE ANALYSIS

32 Person Level Integrated Data Asset (PLIDA), 2017-18 to 2021-22, Australian Tax Office Income Tax Return – Contextual Variables 2017-18 to 2021-22, and Payment Summaries 2017-18 to 2021-22, ABS DataLab. Findings based on use of PLIDA data.

33 Person Level Integrated Data Asset (PLIDA), 2020-21 to 2021-22, Australian Tax Office Income Tax Return – Contextual Variables 2020-21 to 2021-22, and Payment Summaries 2020-21 to 2021-22, ABS DataLab. Findings based on use of PLIDA data.

34 Person Level Integrated Data Asset (PLIDA), 2020-21 to 2021-22, Australian Tax Office Income Tax Return – Contextual Variables 2020-21 to 2021-22, and Payment Summaries 2020-21 to 2021-22, ABS DataLab. Findings based on use of PLIDA data.

45

DESTINATION OF WORKERS THAT LEFT (METHOD 2) [35]

Legend:
- Exits – Workers that left to work in a different SHS funded organisation
- Exits – Workers that left employment but continued working elsewhere (not in SHS funded organisation)
- Exits – Workers that left employment and did not continue working elsewhere (eg retirement, extended leave)

TOTAL WORKFORCE RETENTION OVER TIME (METHOD 2) [36]
Workers employed in 2017/18 that left all employment within 4 years
11%

Workers who left all employment in the following year (e.g. retirements, extended leave) reduced significantly as a percentage of the total exits across the years from 32% in 2011/12 to 19% in 2020/21. There could be many explanations for this. It may suggest that over time within the industry fewer workers are committing to a single 'life-long' career, there may have been a rise in the attractiveness of the industry to younger workers, workers may be delaying or making a career change before retirement, among many others. Further exploration is required to better understand this pattern.

Likely retirements only accounted for half of the workers who dropped out of the workforce entirely.

Only 50% of people who left all employment were aged 50 years of age or older[37]. Women on maternity leave may account for some of the remainder however the data implies this number is low. Further analysis could explore what is happening to these workforce exits in the interests of understanding and responding to such worker exits.
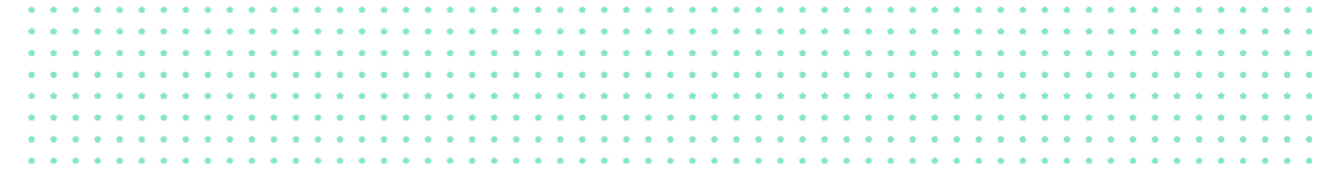
Turnover was estimated to cost organisations at least $20 million for SHS roles alone.

High staff turnover, in addition to the extra workload and short staffing, is estimated to have cost over $20 million to the SHS sector and over $110 million in 2020/21 based on the Victorian Government's staff turnover calculator. Costs may be even higher, with one nursing workforce study estimating staff turnover costs at between 50% and 150% annual salary. Even a small reduction in staff turnover would have significant benefits on staff, sector budgets, and service delivery.

This evidence provides an opportunity to redirect these costs towards investments in workforce development initiatives that would result in a more effective, healthy and quality workforce. Some potential areas for investment are provided later.

Turnover was consistently high across all occupation groups, including key SHS occupations. The pattern of high staff turnover across all roles and years studied suggests an entrenched, industry-wide rather than occupation or organisation-specific workforce retention problem. The loss of knowledge and colleagues, as well as the overwhelming focus required by HR and staff on recruitment is an inefficient use of resources that could be otherwise used on workforce development or service delivery.

The figures are alarming, however they also provide a powerful and comprehensive understanding and motivation to improve workforce retention. This baseline allows future workforce initiatives to be trialled and their impact measured.

TURNOVER BY JOB ROLE					
Staff turnover (Method 2)[38]					Staff turnover (Method 3a)[39]
21%	19%	19%	18%	21%	26%
Frontline Workers	Frontline Managers	Organisation Leaders	Organisation and Administrative Support	Other or missing	Key SHS occupations in Small Providers

ESTIMATED ANNUAL STAFF TURNOVER COSTS	
At least $20 million	At least $158 million
SHS Workforce[40]	All workers in SHS service providers[41]

35 Person Level Integrated Data Asset (PLIDA), 2012–13 to 2020–21, Australian Tax Office Income Tax Return – Contextual Variables 2012–13 to 2020–21, and Payment Summaries 2012–13 to 2020–21, ABS DataLab. Findings based on use of PLIDA data.

36 Person Level Integrated Data Asset (PLIDA), 2017–18 to 2021–22, Australian Tax Office Income Tax Return – Contextual Variables 2017–18 to 2021–22, and Payment Summaries 2017–18 to 2021–22, ABS DataLab. Findings based on use of PLIDA data.

37 Person Level Integrated Data Asset (PLIDA), 2020–21 to 2021–22, Australian Tax Office Income Tax Return – Contextual Variables 2020–21 to 2021–22, and Payment Summaries 2020–21 to 2021–22, ABS DataLab. Findings based on use of PLIDA data.

38 Person Level Integrated Data Asset (PLIDA), 2020–21 to 2021–22, Australian Tax Office Income Tax Return – Contextual Variables 2020–21 to 2021–22, and Payment Summaries 2020–21 to 2021–22, ABS DataLab. Findings based on use of PLIDA data.

39 Person Level Integrated Data Asset (PLIDA), 2020–21 to 2021–22, Australian Tax Office Income Tax Return – Contextual Variables 2020–21 to 2021–22, and Payment Summaries 2020–21 to 2021–22, ABS DataLab. Findings based on use of PLIDA data.

40 Based on estimated 4,000 workers at $30 / hour with 26% turnover, Victorian Government, Staff turnover calculator, See: https://business.vic.gov.au/tools-and-templates/staff-turnover-calculator

41 Based on estimated 41,129 workers at $30 / hour with 20% turnover, Victorian Government, Staff turnover calculator, See: https://business.vic.gov.au/tools-and-templates/staff-turnover-calculator

Demographics

Most interesting findings

The workforce was highly feminised, especially in regional Victoria

- Almost 80% of staff were female and some Victorian regions employed 5 women for every man

Most workers were aged 30–49 years with many years ahead to further develop and progress their career

- 58% of workers in key SHS occupations were aged 30–49 years, far higher than other workforces
- With a substantial proportion of workers in the prime working age where career choices, skills development, and having and raising children are more likely, workforce retention strategies that recognise and respond to these factors could help to address high staff turnover

There was less diversity amongst workers than the rest of Victoria and the profile of service users

- The workforce was more likely to be female, Australian born, and English speaking than SHS service users and the Victorian workforce overall.

Many workers provided care and support at work and home

- Workers cared for a person with disability, health issues, or an elderly person at almost twice the rate of the Victorian workforce.
- This was likely due to cultural caring norms and the much higher rates of female participation, and highlights some of the unique workforce planning and development considerations in the social services sector.

The workforce was highly educated, far above the Victorian workforce average

- Workers in key SHS occupations, as well as the workforce as a whole, attained a Diploma/Advanced Diploma or above at twice the rate of the Victorian workforce
- 1 in 4 workers in key SHS occupations held postgraduate qualifications – 2.5 times the Victorian workforce average

Workers across all roles, including those in key SHS occupations, reported higher rates of anxiety and depression

- 2 in 10 workers reported current anxiety and/or depression – twice the Victorian workforce average

The Demographics and Characteristics of a Typical Frontline Worker

Country of birth: Australia

Role: Social worker

Annual income: $66,000

Lives in: Metropolitan Melbourne

Sex: Female

Age: 38

Sex Demographics

Sex demographics by workforce

SEX – TOTAL WORKFORCE (METHOD 1A)[42]							
Small and Medium Providers		Large Providers		Victorian workforce		SHS Service Users	
79%	21%	77%	23%	53%	47%	58%	42%

SEX – KEY SHS OCCUPATIONS (METHOD 3A)[43]					
Small and Medium Providers		Medium Providers		Large Providers	
88%	12%	82%	18%	75%	25%

42 Person Level Integrated Data Asset (PLIDA), 2020-21, Australian Tax Office Income Tax Return – Contextual Variables 2020-21 and Payment Summaries 2020-21, ABS DataLab. Findings based on use of PLIDA data.

43 Person Level Integrated Data Asset (PLIDA), 2020-21, Australian Tax Office Income Tax Return – Contextual Variables 2020-21 and Payment Summaries 2020-21, ABS DataLab. Findings based on use of PLIDA data.

FEMALE TO MALE REPRESENTATION (TOTAL WORKFORCE) – METHOD 1A[44]

NUMBER OF FEMALES FOR EVERY MALE WORKER

2.5
Melbourne
– Inner East

5.2
Warrnambool
and South West
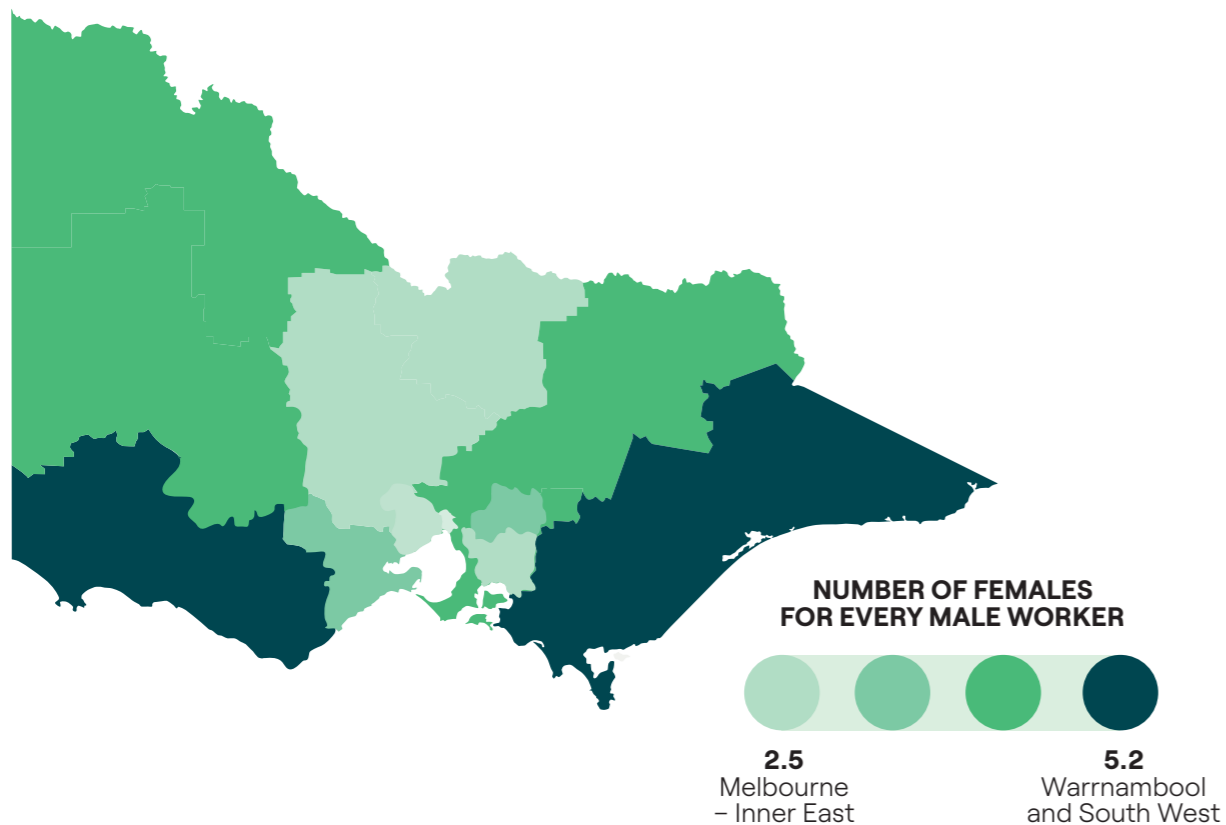
The number of women to men is higher throughout Victoria, however regional Victoria had the greatest disparity. With 5 women to every 1 male, Warrnambool and the South-West, Gippsland, Hume, and the North-West had attracted the fewest males to the workforce.

Job roles

Females outnumbered males across all common frontline occupations, with Social Workers the most significant due to the size of the workforce.

KEY OCCUPATIONS (METHOD 1A)[45]				
Social Workers	**Welfare Support Workers**	**Counsellors**	**Psychologists**	**Health and Welfare Service Managers**
4.2 Females for every male	**2.6** Females for every male	**3.1** Females for every male	**4.8** Females for every male	**3.4** Females for every male

44 Person Level Integrated Data Asset (PLIDA), 2020–21, Australian Tax Office Income Tax Return – Contextual Variables 2020–21 and Payment Summaries 2020–21, ABS DataLab. Findings based on use of PLIDA data.

45 Person Level Integrated Data Asset (PLIDA), 2020–21, Australian Tax Office Income Tax Return – Contextual Variables 2020–21 and Payment Summaries 2020–21, ABS DataLab. Findings based on use of PLIDA data.

Planning for Adequate Workforce Supply

The research team reviewed data for all Victorian SA4 regions for SHS service demand, availability of current courses most commonly required among SHS workers (including Social Work and both the Diploma of Mental Health and Diploma of Alcohol and Other Drugs), and the total supply of workers in key SHS occupations in the region regardless of whether they worked for one of the 107 organisations included in this study (based on Census 2021 data). The data has not been included in this report due to data limitations, however some findings are presented below that may assist with workforce planning or guide further discussion in the absence of a more traditional workforce supply and demand model for the social services workforce.

The number of local workers available to recruit who are currently working in key SHS occupations in organisations outside the 107 studied has implications for the workforce pipeline. With very high staff turnover, and many workers leaving all SHS providers when they exit an organisation, having an available pool of suitably skilled workers locally is critical to ongoing, quality service delivery. This data could be explored further by regional leaders to support workforce planning and inform the number of workers that need to be trained locally or sourced from outside the region.

Another key factor to ensure the workforce is able to respond to local trends in SHS service use is access to nearby, quality training and education of new workers and those seeking to develop their skills and knowledge. The training system should be able to meet the changing needs of workforce demand, whether over the long term or sudden and region-specific shifts such as the internal migration and housing affordability affected by the COVID-19 pandemic.

To ensure an appropriate pipeline of workers, new people must be trained. Data was sourced from the Victorian Tertiary Admissions Centre (VTAC) for Social Work tertiary courses, and vocational course providers currently registered to provide the Diploma of Mental Health or Alcohol and Other Drugs courses were sourced from training.gov.au. These courses were selected as common pathways to becoming an appropriately qualified SHS worker.
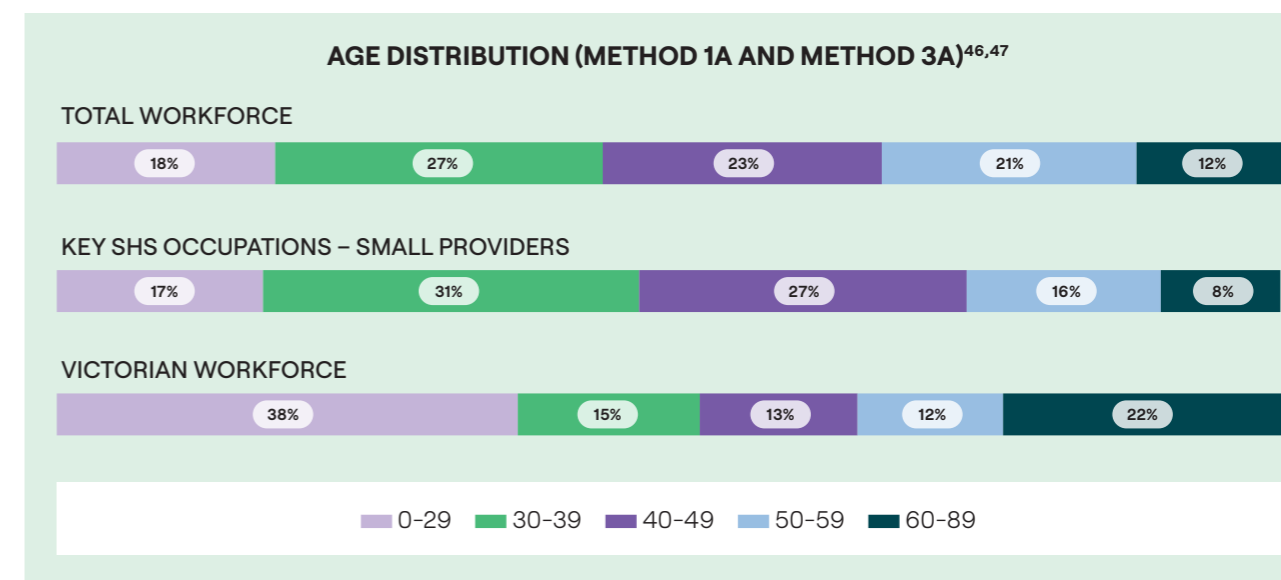
Review of data of relevant training pathways into the SHS workforce found:

- The Bachelor of Social Work (or similar qualifications leading to professional recognition as a Social Worker) were widely available across Victorian SA4 regions
- The Diploma of Mental Health and Diploma of Alcohol and Other Drugs were not available in many Victorian SA4 regions, especially in Regional Victoria

Access to key vocational training courses was more limited than Social Work. Fewer local options to study in the vocational training system may influence the demographics and diversity of the workforce. Further analysis is required to understand these links in the SHS workforce.

Age Demographics

Service providers employ a much higher rate of workers in their prime working age. A significantly larger share of workers aged 30–49 years and far fewer people aged over 60 years worked for organisations in this study compared to the Victorian workforce. At a high level, this implies the majority of the workforce is at a stage of their career where they have significant work experience and relatively current theoretical knowledge. It also meansthat service providers do not need to plan for worker retirements as often as other Victorian workforces.

AGE DISTRIBUTION (METHOD 1A AND METHOD 3A)[46,47]

TOTAL WORKFORCE

18%	27%	23%	21%	12%

KEY SHS OCCUPATIONS – SMALL PROVIDERS

17%	31%	27%	16%	8%

VICTORIAN WORKFORCE

38%	15%	13%	12%	22%

■ 0-29 ■ 30-39 ■ 40-49 ■ 50-59 ■ 60-89

WORKFORCE AGE INSIGHTS					
Total workforce and key SHS occupations (Method 1a and Method 3a)[48]			Key SHS Occupations (Method 3a)[49]		
Age was more evenly distributed in this workforce than the rest of Victoria	Workforce age was similar among men and women	The workforce was older than SHS service users	58% of the workforce in key SHS occupations were aged 30–49 years – twice the average rate of the Victorian workforce	8% of workers in key SHS occupations were aged over 60 years and new workers will need to be found in the near term	24% of key workers were aged 50 years and over

Diversity

WORKFORCE DIVERSITY[50]				
Total workforce – (Method 1b)	Australian-born workers made up 79% of the workforce in Small and Medium Providers, and 73% in Large Providers, compared to 70% in the Victorian workforce. Similarly, Australian citizenship was 92% in Small and Medium Providers, 89% in Large Providers, and 85% in the Victorian workforce. Additionally, 85% of workers in Small and Medium Providers spoke English at home, compared to 80% in Large Providers, both higher than the 69% in the Victorian workforce	Aboriginal and/or Torres Strait Islander people made up 10% of the workforce in Small and Medium Providers, and 3% in Large Providers. This was higher than the Victorian workforce average of 1%. However, ACCOs providing SHS likely masked lower rates among non-ACCOs	Nearly 4% of the workforce were in male same-sex relationships, and 2% were in female same-sex relationships, both higher than the Victorian workforce average of just below 1%[51]	People with disability represented 2% of the workforce, twice the Victorian workforce average of 1%[52]
Key SHS occupations (Method 3b)	Similar rates were found among workers in Key SHS occupations. 80% of workers in Small and Medium Providers, and 75% in Large Providers were born in Australia. Additionally, 83% of workers in Small Providers, 86% in Medium Providers, and 82% in Large Providers used English as the main language spoken at home		Similar rates of workers in Key SHS Occupations identified as an Aboriginal and/or Torres Strait Islander person. This included 6% of workers in Small Providers, 9% in Medium Providers, and 3% in Large Providers	

Care at Work, Care at Home

CARE OUTSIDE WORK – TOTAL WORKFORCE (METHOD 1B)[53]	
About one-third of the total workforce had dependent children aged 15 years or under (or a student aged 15–24 years)	20% of the workforce provided care outside work to a person with disability, health or age –related needs – significantly higher than the Victorian workforce (13%)

Further Education

EDUCATION[54]				
Total workforce – (Method 1b)	The total workforce had higher levels of education than the Victorian workforce	8 in 10 workers held an Advanced Diploma/Diploma or above	6 in 10 held a Bachelor or above	15 in 100 held a postgraduate qualification
Key SHS occupations (Method 3b)	Highly skilled workers with twice the attainment rate of a Diploma/ Advanced Diploma or above than the Victorian workforce	9 in 10 held an Advanced Diploma/Diploma or above	7 in 10 workers held a Bachelor or above (almost twice the Victorian workforce average)	1 in 4 held a postgraduate qualification (2.5 times higher than the Victorian workforce average)

46 Person Level Integrated Data Asset (PLIDA), 2020-21, Australian Tax Office Income Tax Return – Contextual Variables 2020-21 and Payment Summaries 2020-21, ABS DataLab. Findings based on use of PLIDA data.
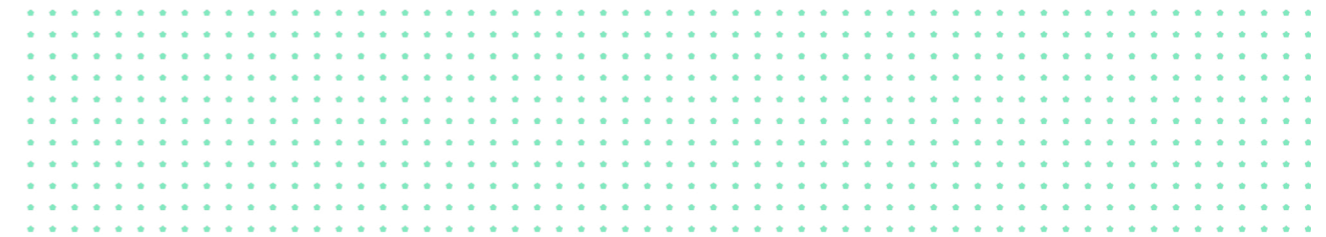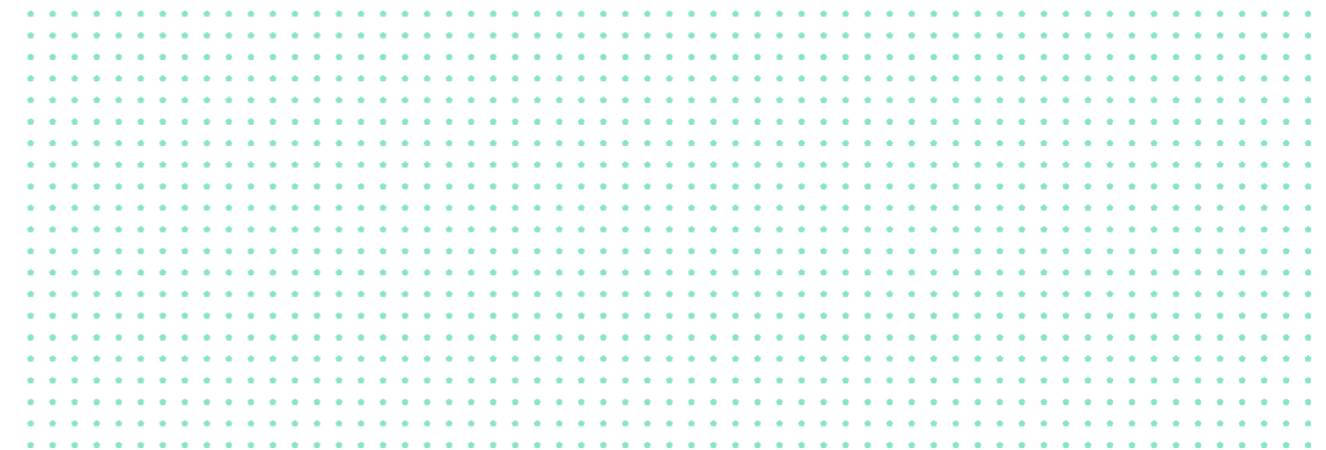
47 ABS, Census 2021 via Table Builder.

48 Person Level Integrated Data Asset (PLIDA), 2020-21, Australian Tax Office Income Tax Return – Contextual Variables 2020-21 and Payment Summaries 2020-21, ABS DataLab. Findings based on use of PLIDA data.

49 Person Level Integrated Data Asset (PLIDA), 2020-21, Australian Tax Office Income Tax Return – Contextual Variables 2020-21 and Payment Summaries 2020-21, ABS DataLab. Findings based on use of PLIDA data.

50 Person Level Integrated Data Asset (PLIDA), 2021, Census of Population and Housing, ABS DataLab. Findings based on use of PLIDA data.
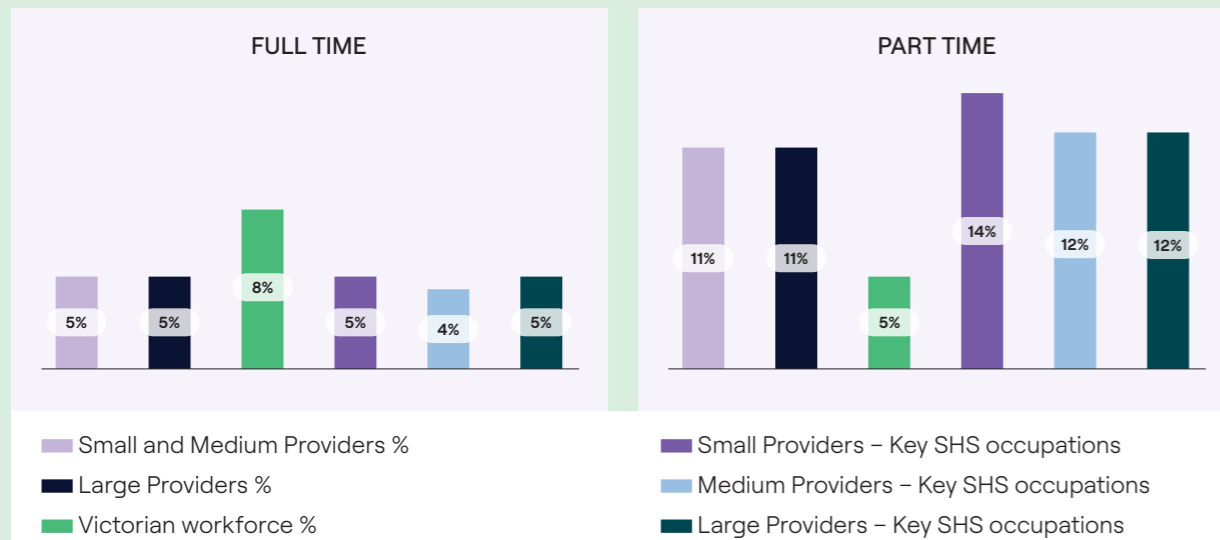
51 Data limitations in the ATO and Census data sets were barriers to further information on sexual orientation.

52 Data limitations in the ATO and Census data sets were barriers to further information on people with disability. Person with disability was defined as per the Census question, 'Does the person ever need someone to help with, or be with them for, self-care activities?'

53 Person Level Integrated Data Asset (PLIDA), 2021, Census of Population and Housing, ABS DataLab. Findings based on use of PLIDA data.

54 Person Level Integrated Data Asset (PLIDA), 2021, Census of Population and Housing, ABS DataLab. Findings based on use of PLIDA data.

UPSKILLING (METHOD 1B AND METHOD 3B)[55]

FULL TIME

5%	5%	8%	5%	4%	5%

PART TIME

11%	11%	5%	14%	12%	12%

- Small and Medium Providers %
- Large Providers %
- Victorian workforce %
- Small Providers – Key SHS occupations
- Medium Providers – Key SHS occupations
- Large Providers – Key SHS occupations

More than 1 in 10 workers across all roles – higher among workers in key SHS occupations - were studying part time while working. Further exploration of the types of courses being studied – for example, are people upskilling or retraining to change career - could be explored in future analysis through the higher education and vocational training data sets also available through PLIDA.

Mental Health & Worker Wellbeing

Many reasons could be contributing to significantly higher rates of mental health conditions such as sector and job role-specific conditions (including burnout and the impact of crisis work on workers), a greater awareness and understanding of mental health and where to seek support, among others. Several responses in the 2022 Victorian SHS Workforce survey provided some additional insights:

'It is beyond challenging to work in specialist homelessness support when there are almost no adequate housing options, particularly long term.'
– MANAGER, STATEWIDE

'Funding in SHS has not increased for many years which adds to the pressure on staff contributing to burnout and fatigue.'
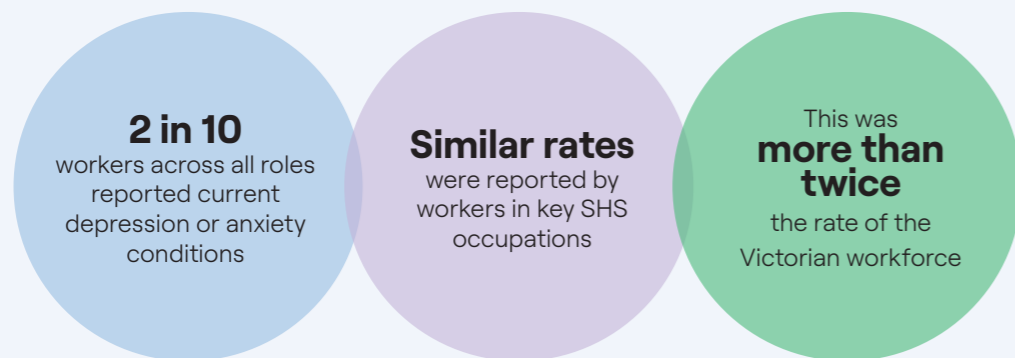**– TEAM LEADER, REGIONAL/RURAL VICTORIA**

'[T]hey work with clients with complex needs and often this work can bear heavily upon workers.'
– MANAGER, REGIONAL/RURAL VICTORIA

Further exploration of mental health could provide better information to support the mental health of the workforce over the long term.

MENTAL HEALTH (METHOD 1B AND METHOD 3B)[56]

2 in 10 workers across all roles reported current depression or anxiety conditions

Similar rates were reported by workers in key SHS occupations

This was **more than twice** the rate of the Victorian workforce

55 Person Level Integrated Data Asset (PLIDA), 2021, Census of Population and Housing, ABS DataLab. Findings based on use of PLIDA data.

56 Person Level Integrated Data Asset (PLIDA), 2021, Census of Population and Housing, ABS DataLab. Findings based on use of PLIDA data.

Remuneration

Most interesting findings

Income for some workers was lower.

- Workers in Organisation Leaders and Organisation Supports and Administrators roles received substantially lower remuneration than similar workers in Victoria
- Workers' remuneration in Metropolitan Melbourne was similar to Regional Victoria
- Melbourne-based workers received lower remuneration than other workers living in Melbourne (i.e. any other worker in any industry or occupation who was living in Melbourne and not employed by any of the 107 organisations in this study)
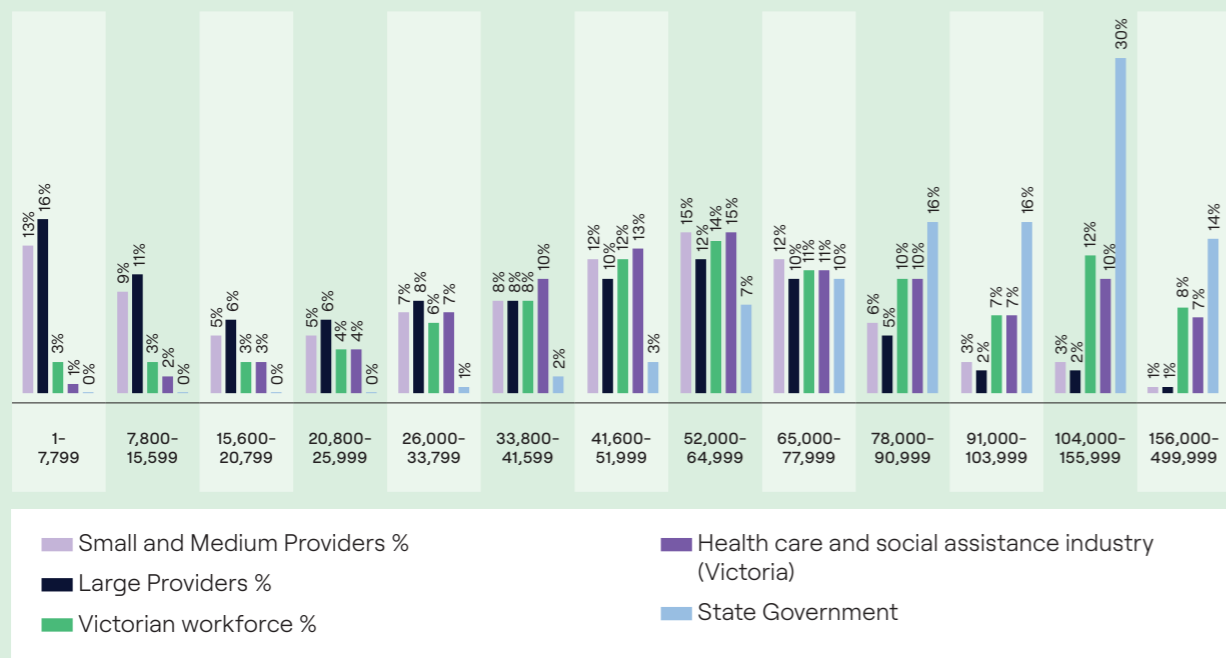- Across the workforce as a whole, women received approximately 10% less remuneration

The SHS and social services sectors are unique when compared to other workforces. Higher rates of female participation, part time work arrangements, higher salary packaging benefits in not for profit organisations, and other professional and personal factors mean that analysis of total take home pay needs to be carefully interpreted.

In order to build a greater understanding of remuneration for the workforce, analysis was conducted from data sourced from both the Census and ATO payment summaries. Future analysis will be improved with the addition of more frequent, quarterly pay data from the ATO, which was not available for this analysis.

Analysis of 2021 Census of all workers in this study (total workforce) found more workers on lower income bands and fewer workers on high income bands than the Victorian workforce and comparable sectors, such as the Health Care and Social Assistance industry and the State Government.

The Census income data shows many workers on lower incomes and fewer on higher incomes compared to comparable workforces and the Victorian workforce. Each workforce has its own set of working arrangements – for example, more part time workers in this workforce by comparison to others reported. This makes direct comparison more challenging. However, given the high proportion of workers aged 30-49 years in the total workforce and key SHS occupations, the income and career potential offered by alternative career pathways in the broader Victorian Health Care and Social Assistance industry or State Government may influence workforce retention over time. There are also many reasons for workers to remain working for a service provider and frontline roles that are unrelated to income and career progression. Further analysis is needed to explore actual career pathways among the workforce studied to identify key decision points.

SELF-REPORTED INCOME, TOTAL WORKFORCE – ABS CENSUS 2021 (METHOD 1B)[57]

Legend:
- Small and Medium Providers %
- Large Providers %
- Victorian workforce %
- Health care and social assistance industry (Victoria)
- State Government

Income bands: 1–7,799; 7,800–15,599; 15,600–20,799; 20,800–25,999; 26,000–33,799; 33,800–41,599; 41,600–51,999; 52,000–64,999; 65,000–77,999; 78,000–90,999; 91,000–103,999; 104,000–155,999; 156,000–499,999

Analysis of ATO Remuneration

The remaining exploration of workforce pay focused on all gross income received by workers from the ATO data set.
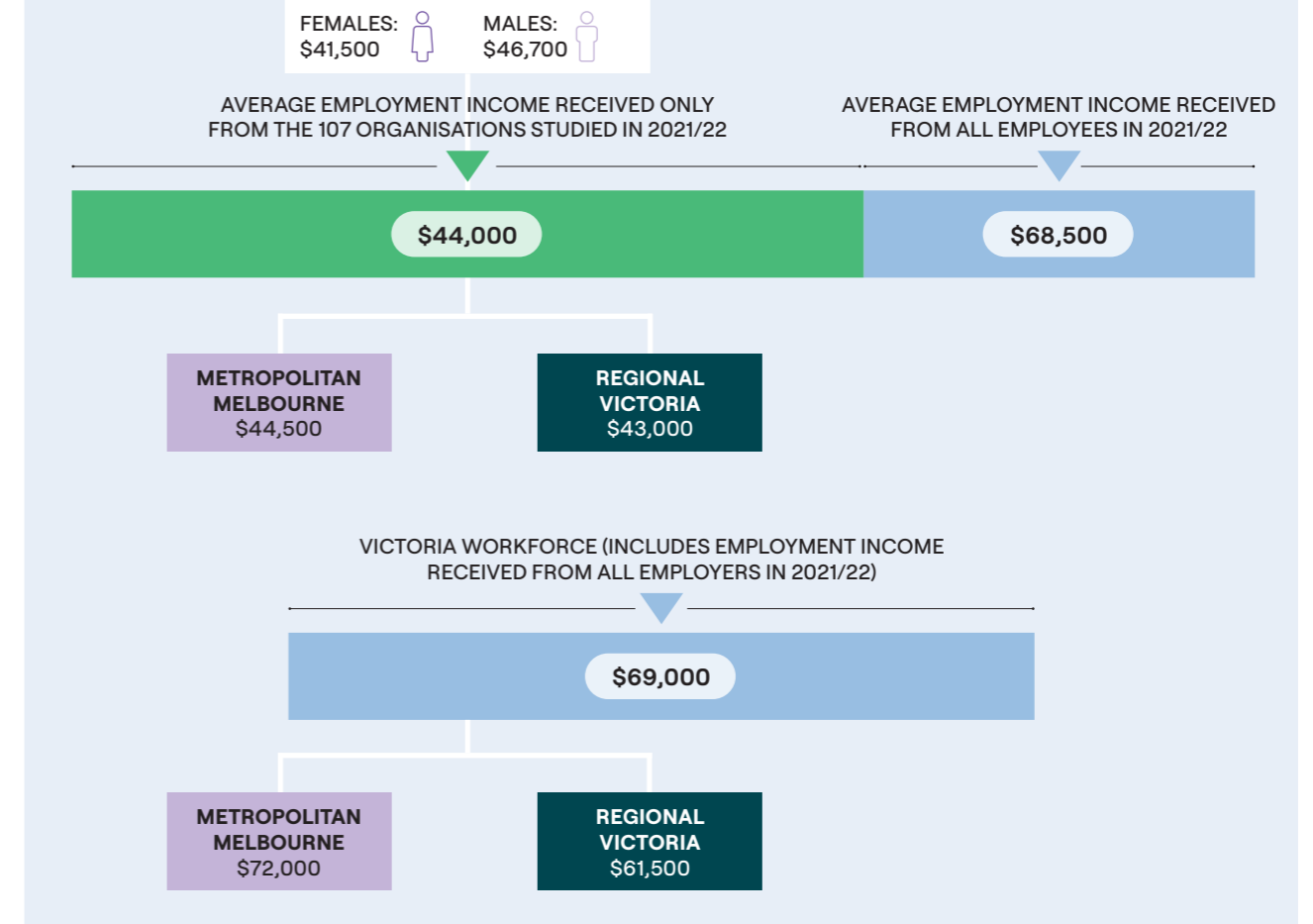
Analysis of the ATO payment records found average remuneration for the total workforce was similar to the Victorian average when all sources of income from employment were included. However, in a simplified comparison based solely on total remuneration received from one of the 107 organisations studied, the average was lower than the Victorian workforce. Factors such as the high turnover rate has affected this calculation.

Consider the following hypothetical example: a worker among the 107 organisations included in this study is on an annual salary of $60,000 and worked throughout July 2021 and left their role in August 2021. Their next job on a salary of $70,000 was at an organisation that was not among the 107 included in this study. In this example, the total employment income received only from one of the 107 organisations included in the study would be approximately $5,000 – the sum total of the income they received in July 2021. The employment income they received from their next employer – approximately $64,000 – for working August 2021 until June 2022 would not be included in the analysis of average employment income received *only* from the 107 organisations. This has the effect of lowering the overall average. To provide a more realistic comparison of average remuneration for the workforce, the income from their next job would be included in the separate analysis of total employment income received from all employers in 2021/22.

Further work would improve this section of analysis, however resourcing limitations meant that these data challenges were not able to be solved for this analysis. As ATO Single Touch Payroll data becomes available, more frequent (quarterly) data will help to improve analysis of workforce remuneration.

WORKFORCE REMUNERATION BY GENDER AND GEOGRAPHY – AVERAGE GROSS INCOME FOR 2021/22 (METHOD 2)[58]

FEMALES: $41,500   MALES: $46,700

AVERAGE EMPLOYMENT INCOME RECEIVED ONLY FROM THE 107 ORGANISATIONS STUDIED IN 2021/22 — $44,000
- METROPOLITAN MELBOURNE $44,500
- REGIONAL VICTORIA $43,000

AVERAGE EMPLOYMENT INCOME RECEIVED FROM ALL EMPLOYEES IN 2021/22 — $68,500

VICTORIA WORKFORCE (INCLUDES EMPLOYMENT INCOME RECEIVED FROM ALL EMPLOYERS IN 2021/22) — $69,000
- METROPOLITAN MELBOURNE $72,000
- REGIONAL VICTORIA $61,500

COMPARISON – AVERAGE ANNUAL REMUNERATION[59]

Total Workforce (Method 2)	**$47,000** Frontline Workers	**$63,000** Frontline Managers	**$64,000** Organisation Leaders	**$42,000** Organisation Supports and Administrators	**$34,000** Other Workers and Missing
Victorian Workforce (Method 2)	**$55,500** Frontline Workers	**$70,000** Frontline Managers	**$110,000** Organisation Leaders	**$70,000** Organisation Supports and Administrators	**$64,000** Other Workers and Missing
Key SHS Occupations (Method 3a)	**$44,561** Average for all key SHS occupations in Small Providers only				

57 Person Level Integrated Data Asset (PLIDA), 2021, Census of Population and Housing, ABS DataLab. Findings based on use of PLIDA data.

58 Person Level Integrated Data Asset (PLIDA), 2021-22, Australian Tax Office Income Tax Return – Contextual Variables 2021-22, and Payment Summaries 2021-22, ABS DataLab. Findings based on use of PLIDA data.

59 Person Level Integrated Data Asset (PLIDA), 2021-22, Australian Tax Office Income Tax Return – Contextual Variables 2021-22, and Payment Summaries 2021-22, ABS DataLab. Findings based on use of PLIDA data.

As explained earlier, data challenges mean that comparing average remuneration was more challenging at this stage of the platform's development. Nonetheless, some roles with significant variations – for example, Organisation Leaders – demonstrate roles that are markedly different to the average Victorian worker in the same occupation.

Explainer: Reasons for lower income among the 107 organisations studied

Calculating average remuneration was challenging due to several factors, including the type of tax data available for this analysis. While average remuneration paid to workers in these organisations was lower, when remuneration from all sources in the same year was included, average income was similar to the Victorian average. More sensitive analysis will be possible as new and more frequent tax data (quarterly instead of annual income) becomes available. For this analysis, key reasons for the difference are listed below.

Higher staff turnover resulting in more workers included in this analysis that were paid for less than 12 months. Many staff only worked part of the year for organisations included in this study before moving to another employer.. Higher staff turnover also resulted in longer gaps between jobs and a higher proportion of staff not receiving a full 12-month income when compared to the Victorian average.

Higher proportion of part time workers. The sector employed a higher proportion of part-time workers compared to the Victorian average, whether due to a worker's choice and/or circumstance. Working fewer days or hours reduced the total annual income received.

A higher proportion of the workforce earning very low gross incomes (<$5,000). This also raises an interesting area to explore to better understand the function of these workforce roles in the effective operation of the sector.

OTHER RELEVANT INSIGHTS INTO WORKFORCE REMUNERATION (METHOD 2)[60]		
Organisation Leaders and Organisation Supports and Administrators roles received significantly lower income than the Victorian workforce	Frontline Managers were paid similarly to Organisation Leaders, which was not true for the Victorian workforce	Remuneration was lower when compared to the same occupations – potential career options – within the broader Health Care and Social Assistance industry, and the State Government
The average remuneration for all occupation groups was lower than the Victorian Average	Males received a higher share of higher incomes	Average income calculations mask significant variance within each occupation group

60 Person Level Integrated Data Asset (PLIDA), 2021–22, Australian Tax Office Income Tax Return – Contextual Variables 2021–22, and Payment Summaries 2021–22, ABS DataLab. Findings based on use of PLIDA data.

03

Workforce Policy Recommendations for Consideration

The research team has considered the key findings from this analysis and provide several areas of workforce policy to consider for the SHS workforce. Due to the early stage of development of this new approach, a limited range of initiatives have been proposed.

In future analysis, new methods and additional data can be developed to help decision-makers identify and monitor specific challenges and opportunities.

Increase Workforce Diversity

The growing awareness that service delivery should be safe and appropriate for all intersectionalities and communities has led to an increased recognition of the importance of diversity within the SHS workforce. Currently – as the PLIDA data demonstrates – the workforce is feminised, largely monocultural and does not adequately reflect the communities it serves. That being said, there are areas of success that can be further supported such as higher rates of Aboriginal workers found in this study and people with lived experience of homelessness, which was identified in the 2023 CHP Training Needs Survey.

Workforce diversity offers many organisational benefits including increased innovation and creativity, enhanced problem solving, and competitive advantage.[51,52] Attaining the benefits of workforce diversity is contingent on nurturing an organisational culture that encourages diverse cultural backgrounds and values, however, and this requires an organisational commitment to employ, support and promote people from diverse backgrounds.[53,54]

While identified positions for target cohorts have the capacity to increase workforce diversity, there are challenges surrounding this approach due to the problem of cultural load and isolation for these workers.[55] One solution is the embedding of diversity within organisational cultures and across the entire model of service delivery. This requires consideration and awareness of diversity across the five domains of workforce development: systems, organisations, leadership, teams and individuals.[56]

Traditional approaches to addressing the lack of diversity within the community and social services sector workforce have tended to rely upon training and professional development activities around inclusivity and cultural competency.[57,58]

Recent research has demonstrated that the following approaches to increasing workforce diversity must also be considered:

- **Expanded and supported educational pathways** into the work[59,60,61]
- **Innovative recruitment processes for target groups**[62]
- **Inclusive leadership practices**[63]
- **Inclusive work environments**[64,65]

RECOMMENDATION 1.1

Expand supported educational pathways into work

Access to vocational education and training (VET) courses such as the Diploma / Advanced Diploma in Alcohol and Other Drugs and Mental Health in regional areas could be expanded to train and upskill new and existing workers. Increasing accessible educational pathways into the sector and providing additional support to a diverse range of people with cultural knowledge and lived experience to enter the workforce are also recommended.

Training pathways need to address structural barriers for diverse groups in the following ways:

- develop earn-and-learn models, so workers receive an income while completing their qualification.

- create and promote accessible pathways from VET to higher education.

- provision of supports to students, including mentoring and assistance navigating the education system.

RECOMMENDATION 1.2

Develop, trial and share innovative recruitment processes

AHURI's study of the SHS sector workforce emphasises the need for innovative recruitment channels capable of diversifying the workforce and expanding the pool of job seekers.

Highly targeted strategies for under-represented communities should be developed to increase the available pool of workers as well as increasing workforce diversity.[66]

Development of supportive assessment and selection practices as well as diverse recruitment panels within organisations are also recommended and are vital for such strategies to be effective.

RECOMMENDATION 1.3

Encourage inclusive leadership practices and work environments

Inclusive leadership practices and working environments should be encouraged to reduce conflicts, promote a sense of belonging, and encourage equitable work practices[67]. Initiatives such as community language allowance and cultural leave are recommended to increase the attractiveness of roles within the sector to potential applicants.

Workforce initiatives should promote social accountability, teamwork and collaboration, bi-directional communication, cultural safety, supervision, professional advancement, and recognition to achieve higher retention of a diverse workforce – pivotal strategies identified in a study of a regional Aboriginal Community Controlled Health Service.[68] Cultural safety should be promoted in several ways including:

- Embedding Aboriginal cultural ways of doing

- Supporting employees as both a staff member and community member

- Seeking guidance from Cultural mentors, Elders and Cultural Committee

- Leave for cultural events or in-house celebrations

- Providing a safe environment to identify and practice culture.

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63 Hoang, T., Suh, J., & Sabharwal, M. (2022). Beyond a numbers game? Impact of diversity and inclusion on the perception of organizational justice. *Public Administration Review*, 82 (3): 537-555.

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Reducing Staff Turnover

Studies exploring drivers of staff turnover in the community and social services sector identify various factors that influence a worker's decision to leave their job. These factors can be observed at an individual, team, organisational and structural level, and are often interrelated.

Strategies to increase workforce retention are also complex and multi-factorial: research indicates that there is no silver bullet to reducing workforce churn but rather a range of policy interventions is required. To further complicate matters, reliable data on workforce retention strategies is not consistent and often references small data sets.

A review of the academic literature shows that retention rates are closely linked to job satisfaction and that there are factors that can help to motivate workers to stay in their role, including:

- Sufficient induction
- Regular, high-quality one-on-one supervision
- Adequate pay and conditions
- Flexible work policies
- Job security (including predictability around shifts and rosters)
- Variety and balance in workload
- Access to training and professional development
- Opportunities for leadership development and career advancement
- Recognition and acknowledgement
- Workplace inclusivity and diversity
- Prioritising of health, safety and wellbeing
- Positive organisational cultures with:
  – open channels of communication
  – access to senior colleagues
  – supportive management teams
  – a strong sense of organisational purpose and values
  – prioritisation of staff connection, collaboration, and unity[61]

Worker responses to the 2023 CHP Training Needs Survey reinforce many of these factors with four key areas for improvement identified:

- Improving working conditions though more supportive workplaces, flexible work arrangements, greater acknowledgement of their practice, and more stable employment
- Increasing in-person and virtual professional development opportunities and career development pathways, support for regional workers to attend training in Melbourne
- Increasing access to housing and support services
- Increasing access to supervision and reflective practice opportunities

The Victorian Government's Fair Jobs Code has been designed to address stable employment and job security. Data from PLIDA over time can assist in understanding if this is driving the intended outcomes. Recently, the NSW Government committed to greater job security in the social services sector, aimed at addressing short-term contracts and high staff turnover (NSW Government, 2023). The sector could also consider the results from this process and seek to implement similar strategies in Victoria.

RECOMMENDATION 2.1

Improve stable employment and job security

System-level and organisational strategies to increase workforce retention should seek to address or mitigate factors that cause employees to leave such as short-term contracts and high workloads. The effectiveness of the Fair Jobs Code on stable employment should be closely monitored and adjusted if necessary.

In addition, links with the NSW Government should be established and any successful initiatives should be trialled in Victoria.

RECOMMENDATION 2.2

Regular access to quality supervision

High-quality, regular and individual (rather than group-based) supervision is critical to improving retention rates. Quality individual supervision has also been shown to help staff to cope with high workloads and stay in their role.[70,71] Increased investment in activities that support staff to stay such as quality supervision of staff should be considered. This includes increasing leadership training, development and mentoring opportunities that provide leaders with skills, confidence and support. Limited funding to support the development of such initiatives is available in programs such as the Victorian Skills Solutions Partnerships program. These initiatives could be expanded based on their significant cost saving potential.

Supporting New Entrants

To reduce workforce churn, policy interventions are required to support new entrants to the SHS sector. The PLIDA data findings indicate that this demographic is particularly difficult to retain with over 30% of staff entering the sector as new employees each year.

Research on recent entrants to the disability support workforce in Victoria[72] found that the retention risk was also high among this cohort, with 35% indicating that they intended to stay in their role for less than 12 months. The report concluded that levels of preparedness varied, the experience of induction fluctuated across location and setting, and supervision was valued but sporadic.

It is crucial that new entrants have the knowledge and skills as well as the organisational supports required to perform their roles effectively. Ideally, new workers should receive pre-service induction, education and training, regular supervision, and access to mentoring or buddy systems.

The three evidence-based factors that clearly support the retention of workers in their first twelve months of employment include:

- **New workers are adequately skilled and trained** [73,74,75,76,77]
- **New workers receive appropriate induction and onboarding**[78,79]
- **New workers receive regular, one-on-one supervision** [80,81,82,83,84,85,86]

The retention risk for new workers is higher when they have not been appropriately trained or prepared to fulfil the essential requirements of the role, with flow-on effects for workloads and workplace stress and morale.[87] Providing adequate and effective supports for new entrants to the community and social services sector represents a key step in improving retention and building a sustainable workforce. Additional factors that positively influence new workers' job satisfaction and intention to stay include:

- **Supportive team environment and organisational culture** [88,89,90,91,92,93]
- **Access to in-house mentoring** [94,95]
- **Opportunities for professional development**[96,97,98]
- **Clearly defined career progression pathways**[99]
- **Values alignment with the organisation**[100,101]

Induction programs have the potential to play a key role in supporting workers to become job ready. The adequacy of onboarding and induction across the community and social services sector varies widely, however, with the National Survey of Workers in the Domestic, Family and Sexual Violence Sectors finding that less than 2 in 3 workers (62.9%) believed they received appropriate induction when they started their role.[102]

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Increasing remuneration for entry level positions is another potential area that could be considered to increase retention in CHP's 2023 Training Needs Survey.

'Entry level positions are some of the most difficult positions but are not funded well enough, so there seems to be a higher turnover rate. This also adds to the stress of the staff that are left to cope short staffed. Incentives such as scholarships or just better pay could be beneficial.'

RECOMMENDATION 3.1

Ensure new staff are adequately skilled and trained

Job-specific training should be expanded and has been shown to build confidence and competence in performance and to strengthen networks.[103,104,105]

RECOMMENDATION 3.2

Appropriate induction and onboarding

Relationships should be nurtured with other sectors and jurisdictions that have developed induction resources and support their adaptation into the Victorian SHS context. Examples from organisations such as WorkUp Queensland include the 'Welcome to the Sector' induction and upskilling program, a free online resource for new DFV workers. Resources, materials and systems to support organisations to onboard and train new workers should be widely available as well as support to help the sector implement and manage change within their organisations.

Also refer to Recommendation 2.2 – Regular access to quality supervision.

Supporting Workforce Health and Wellbeing

Providing workers with safe, sustainable and rewarding work environments is essential to overcoming longstanding workforce challenges in the community and social services sector. Minimising workplace exposure to stress, burnout, vicarious trauma and compassion fatigue is particularly critical to improving staff retention for the SHS workforce.

Workplace health promotion initiatives have often focussed on psychosocial support, such as counselling services (EAPs), wellness and mindfulness programs, and other mental health resources. Current research shows that while self-care activities focussing on the individual may have a beneficial effect on workplace stress and burnout in the short term, there is little to suggest such strategies are of value to workers in the long term.[106,107]

The integration of a range of tailored individual, organisational, and system-level strategies are needed to support the health and wellbeing of community and social services sector workers, including: supportive work environments, training and education on burnout and vicarious trauma, managing workloads, multi-function job roles, and access to regular supervision.[108,109,110,111,112,113,114,115]

Consequently, there has been a recent shift away from individual to organisational/sectoral responsibility for workplace health, safety and wellbeing. Combatting stress, burnout and vicarious trauma in the workplace requires the development of trauma-informed organisations and systems.

The International Society for Traumatic Stress Studies (ISTSS) has developed an evidence-based 'Blueprint for a Vicarious Trauma-Informed Organization'. This suite of free online resources includes a checklist that measures five evidence-informed areas of organisational health – leadership and mission, management and supervision, employee empowerment and work environment, training and professional development, and staff health and wellness. The online Vicarious Trauma Toolkit, which accompanies the checklist, offers a compendium of resources with over 500 tools for community and social services organisations to address any gaps in policies, procedures, practices, and programs.

Another sector-wide support is the *Family Violence Workforce Health, Safety and Wellbeing Guide*[116], which provides family violence services with evidence-based tools to help foster positive organisational cultures and support the health and wellbeing of their staff. These include an organisational HSW self-assessment tool and handbook, which "encourages mutually reinforcing strategies at the individual, job design, team and organisational level".

RECOMMENDATION 4.1

Support organisations to expand workforce health and wellbeing understanding beyond psychological support programs

Service providers should be supported to expand workforce health and wellbeing strategies that understand the significant role organisations play in creating healthy, supportive workplaces. Training and support for service providers to implement organisational change based on comprehensive evidence-based workplace initiatives such as the Blueprint for a Vicarious Trauma-Informed Organisation and the Victorian Centre for Workforce Excellence's Family Violence Workforce Health, Safety and Wellbeing Guide should be supported.

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