



Workforce Issues in Specialist Homelessness Services

Prepared for:
Domestic Violence NSW, Homelessness NSW and Yfoundations

April 2017

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Acknowledgements

This report draws on a subset of data collected from community service organisations operating in NSW, which was part of a project commissioned by NCOSS. The research team is grateful to those who generously participated in the survey, and to advisors for shaping the survey instrument, including Amanda Smithers, Katherine McKernan, Rochelle Braaf, Katie Fox, Lyn Lormer, Margaret Tipper, Dale Tweedie, Sharni Chan, and Angus McFarland. Any errors or omissions are those of the authors.

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Suggested citation: Cortis, N. and M. Blaxland (2017).
Workforce Issues in Specialist Homelessness Services (SPRC
Report 08/17). Sydney: Social Policy Research Centre, UNSW
Sydney. <http://doi.org/10.4225/53/592628989f0ab>

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Abbreviations

ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
FACS	Family and Community Services (NSW)
GSHH	Going Home, Staying Home
NCOSS	Council of Social Service of NSW
SD	Standard deviation
SHS	Specialist Homelessness Services
SPRC	Social Policy Research Centre
SSF	Service Support Fund

Executive Summary

To build evidence about the Specialist Homelessness Service (SHS) workforce and inform workforce development initiatives, this report details the workforce characteristics of organisations delivering SHS in NSW, and their leaders' perceptions of workforce strengths, issues and ways to respond to emerging challenges. Information is based on survey responses of CEOs or Human Resource Managers in 72 organisations which were providing SHS in NSW in February 2017. Data for these 72 SHS provider organisations were collected as part of a larger survey on workforce issues in the community service workforce¹, enabling comparison between SHS providers and the entire community services sector on key measures.

Workforce characteristics

- On average, SHS organisations employed 61 staff across all their services and programs. However, there was much variation:
 - The median figure was 18, indicating that half of SHS providers employed 18 or fewer staff.
 - Around third of SHS organisations (30.6%) employed 10 or fewer staff; and
 - a quarter (25%) employed more than 50 staff.
- Unlike other parts of the community service sector (where part time workers outnumber full time workers), SHS organisations reported employing roughly equal numbers of full and part time staff.
- On average, SHS organisations reported that 17.3% of employees were aged 55 and over. This is low in comparison to the figure for the whole community sector (24.6%), suggesting workforce ageing may be a slightly less urgent issue for SHS organisations.
- A relatively high proportion of staff in SHS organisations have degree level qualifications (46.0%).
 - In most SHS organisations, the proportion of degree qualified staff is considered 'about right'. However, in a quarter of organisations, the proportion of degree qualified staff is considered too low.
- SHS organisations employ a relatively high proportion of staff on fixed term contracts: 29.0% of staff in SHS organisations are employed on fixed term contracts compared with 18.2% across the community service sector.
 - The most common reason for employing staff on fixed term contracts was because funding was fixed term, and because of uncertainty about funding.
- The proportion of employees employed on a casual basis in SHS organisations is on par with national figures (24.0%).

¹ See Cortis, N. and M. Blaxland (2017). Workforce Issues in the NSW Community Services Sector (SPRC Report 07/17). Sydney: Social Policy Research Centre, UNSW Sydney.

- The most common reason for employing casual staff is to cater for fluctuations in consumer demand, because of uncertainty about funding, and to cover permanent or fixed term staff on leave.

Professional development

- Workers in organisations providing SHS spend 9 days per year on professional development, on average.
 - This is higher than the figure of 6.5 days across community service organisations.
- Respondents from SHS organisations expressed strong commitment to professional development and appreciated FACS supported opportunities for training.
 - Accessing these opportunities was particularly difficult and costly for non-metropolitan organisations, but even organisations operating in metropolitan areas reported there were insufficient free training opportunities to meet demand.
- Many organisations find it very difficult to cover the direct costs of professional development, and the costs of 'backfilling', or covering positions so as not to disrupt service delivery while staff attend training.

Recruitment and retention issues

- Just over half of organisations delivering SHS reported growth in staff numbers over the last year (52.8%).
 - This was a little higher than the figure for all community service organisations in the survey (45.1%)
- A relatively high proportion of SHS providers experienced difficulty recruiting and retaining staff in the last year:
 - 51.6% of SHS providers had difficulty recruiting or retaining degree qualified service delivery staff, compared with 40.7% of all community service organisations.
 - 40.9% of SHS providers reported difficulty recruiting or retaining managerial staff in the last 12 months, compared with 31.5% across all organisations.
 - 38.7% reported difficulty recruiting or retaining specialist project officers compared with 27.2% across community service organisations.
- It is not clear from the data why organisations delivering SHS experience high levels of recruitment and retention difficulty relative to the whole community service sector. However, organisations said funding needs to increase to enable them to offer salaries and conditions which are sufficient to attract high quality staff.

Diversity

- 82.4% of staff in SHS organisations were women and 7 in 10 SHS organisations had a female CEO. Consistent with trends across the wider community sector, larger SHS providers were less likely to be led by a woman.
- 63.9% of SHS organisations had policies in place relating to employment of ATSI populations. This was higher than across the community sector (51.0%).

- A little under half had policies or targets relating to employment of people from CALD backgrounds and around a third had policies or targets relating to employment of people with lived experience of service use or social disadvantage.

Remuneration

- Around 2 in 3 organisations providing SHS said they received supplementation from a government funder to help cover the wage increases arising from the Equal Remuneration Order (ERO). This was about the same proportion as across the NSW community services sector.
- Like other organisations, those delivering SHS commented that the ERO supplementation they received does not account for their increasing costs, and does not cover the gap between pay levels in non-profit and government organisations.
- SHS organisations reported that 66.3% of staff, on average, used salary sacrificing arrangements. This was higher than across all community service organisations (53.6%).

Developing the SHS workforce

- Many SHS organisations linked workforce challenges to levels of government funding and insecurity in funding arrangements.
 - They outlined how longer funding contracts would help ensure greater employment security for staff delivering SHS and other services.
 - Increased funding would also help pay for better wages and for the training necessary to ensure a highly skilled and stable workforce.

1. Introduction

This report provides information about workforce issues in organisations delivering Specialist Homelessness Services, using data drawn from a survey of organisations conducted in February 2017. It profiles 72 organisations which answered 'yes' to the question:

"Does your organisation currently receive Specialist Homelessness Service (SHS) Program funding from the NSW Department of Family and Community Services to provide homelessness services?"

The SHS Program funding is the NSW Government's primary service delivery response to homelessness, and provides a range of services and supports to people experiencing homelessness or at risk of homelessness. Supports include crisis and medium-term accommodation, as well as counselling, advocacy and referral; financial and employment support; assistance to obtain or maintain long-term housing; and other living supports, such as transport. In 2015-16, the SHS program assisted almost 70,000 people in NSW, most of whom were women.² Importantly, demand for these services is growing, and the annual growth rate of 7.5% in NSW is outstripping national growth (4.2%) (AIHW, 2016).³

In recent years, delivery of SHS in NSW has been shaped by the 'Going Home Staying Home' (GHSH) Reform plan. This introduced a competitive tendering model for SHS, and reduced the number of SHS contracts from July 2014. The GHSH Reform Plan underlined the importance of sector development, including workforce development. The SHS Quality Assurance Standards for NSW include a standard for human resource management: "The service provider develops and supports its workforce, both paid and voluntary, to ensure the effectiveness of its services."

To support organisations delivering SHS to achieve this standard along with broader sector development goals, the NSW Homelessness Industry partnership, a joint project between the three homelessness peak bodies in NSW, has developed a homelessness industry and workforce development strategy. This emphasises the importance of a stable, skilled and healthy workforce, and includes goals of developing a detailed Workforce Development Plan, developing skills for service delivery under the SHS program along with skills to manage change, and building sector capacity to attract and retain staff. The information contained in the remainder of this report aims to support evidence-based initiatives to achieve these workforce development goals.

1.1 Data collection method

Data about 72 organisations which were receiving SHS program funding from the NSW Department of Family and Community Services was drawn from a wider survey of community service organisations, conducted for the NSW Council of Social Service (NCOSS). Altogether, there were 398 responses to the survey of the 1438 non-profit organisations identified as delivering community services in NSW (response rate = 27.7%). Further information about the sampling

² AIHW (2016) Specialist Homelessness Services 2015-16: Supplementary Tables, Australian Institute of Health and Welfare, accessed online at <http://www.aihw.gov.au/homelessness/specialist-homelessness-services-2015-16/supplementary-tables/>

³ Ibid.

frame, data collection and analysis is in Appendix A (Further methodological details). The data came from Chief Executive Officers (CEOs) or Human Resource managers, or another senior staff member who was well placed to answer questions about workforce issues in the organisation.

1.2 Delivery of SHS

Of the 398 community service organisations which responded to the survey, 72 were receiving funds to provide SHS (18.1%). Most said they did not deliver SHS (321, or 80.7%) and 5 (1.3%) said they weren't sure (these were classified as non-SHS organisations for the purposes of analysis). In addition to the questions asked of all responding organisations, the 72 organisations which received SHS program funding were asked additional questions about the clients they served. Where it is insightful to position the 72 SHS providers in the community service sector more broadly, the report compares the characteristics of organisations delivering SHS with all 398 responding community service organisations, and on some measures, provides a breakdown for organisations which provided SHS and those which did not.⁴

It should be noted that data was collected at the organisational level. However, SHS may be one of many programs or services delivered by the organisation, or may be the only service provided. The measures relate to all staff in organisations providing SHS, and do not indicate the extent to which the workforce focused on delivering SHS. Notwithstanding, the data provides a valuable profile of workforce issues in organisations delivering SHS.

⁴ Analysis of data from all 398 organisations which responded to the survey is reported in Cortis, N. and M. Blaxland (2017). *Workforce Issues in the NSW Community Services Sector* (SPRC Report 07/17). Sydney: Social Policy Research Centre, UNSW Sydney.

2. About responding organisations

This section provides detail of the characteristics of organisations delivering SHS, focusing on their main service type, locations, and income. It also explores the client groups SHS were targeted at, and shows rising demand and rising complexity of client needs. Subsequent sections explore the numbers of staff and workforce characteristics within these organisations, before delving deeper into workforce issues such as recruitment and retention, professional development, diversity and remuneration issues.

2.1 Main service type

Organisations were asked to indicate their main service type. Of the 72 which delivered SHS, half (51.4%) selected "Housing and homelessness" as their main service type. However, many organisations deliver SHS alongside a range of other services and supports. Reflecting this, around a quarter of organisations delivering SHS said their main service type was "Child, youth and family services" (23.6%), and the remainder said their organisation's main service type was Aboriginal and Torres Strait Islander services (5.6%), ageing, disability and carer services (4.2%), or other types of services.

2.2 Location

As for the all community service organisations in the survey, the vast majority of organisations delivering SHS reported operating in NSW only. This was the case for 61 of the 72 SHS providers (84.7%). The remaining 11 providers (15.3%) operated in NSW plus at least one other state or territory.

Around half of SHS providers in the survey operated outside metropolitan areas (48.6%). A third (33.3%) operated in metropolitan areas only and 18.1% operated in both metropolitan and non-metropolitan areas.

2.3 Annual income

The largest group of organisations delivering SHS had annual incomes in the \$1 to \$5 million range (40.3%). A quarter had more than \$5 million, and one third had annual incomes of less than \$1 million. More detail is shown in Figure 2.1.

Community sector organisations attract resources from commercial sources, from philanthropy, and from various programs run by Federal, state and local government agencies. Most organisations delivering SHS said the NSW Government was their main source of funding. Indeed, 81.9% of SHS providers reported that the NSW Government was their main income source, which is much higher than the figure across all community organisations (61.3%) (see Table 2.1). Correspondingly, a relatively small proportion of SHS providers said the Australian Government was their main source of income.

Figure 2.1 Annual income of community sector organisations delivering SHS (n=72)

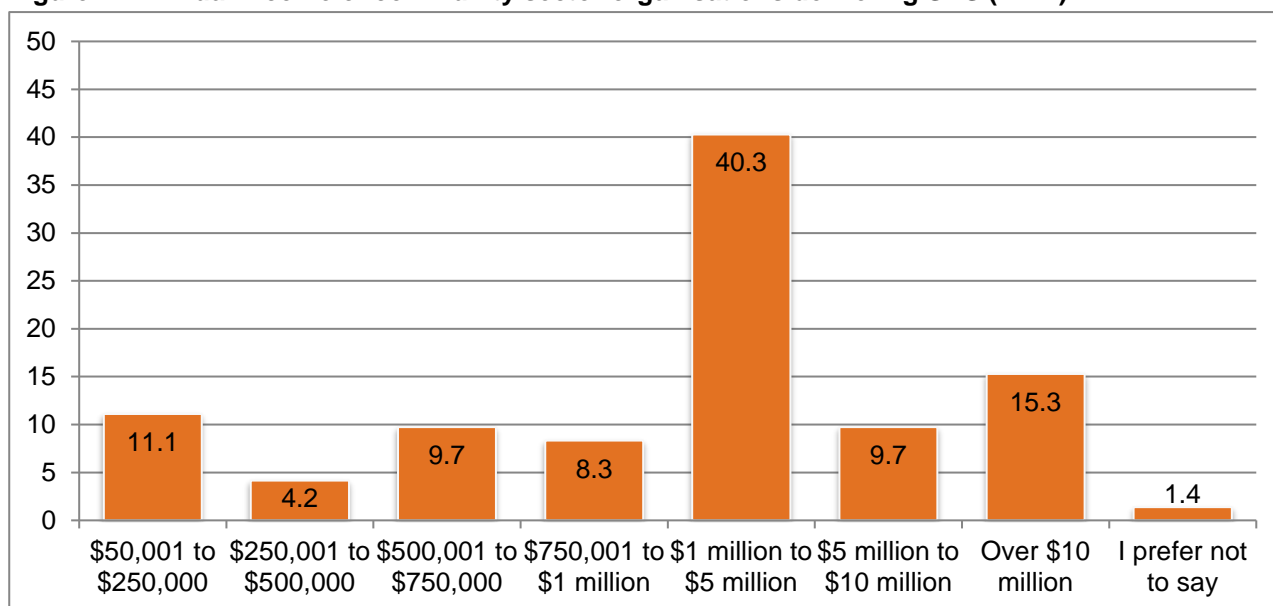


Table 2.1 Proportion of SHS and other organisations by main income source

	Organisations delivering SHS (n=72)	Other organisations (n=326)	All (n=398)
NSW Government funding	81.9	56.7	61.3
Australian Government funding	6.9	28.8	24.9
Other sources[^]	11.2	14.5	13.8
All	100.0	100.0	100.0

[^] Other sources include commercial sources, such as client fees, business activities, investment income; philanthropic sources such as donations and bequests, and other sources (including where organisations were unable to select a main income source).

2.4 Targeting SHS to particular client groups

Organisations delivering SHS were asked whether they targeted their SHS interventions to a particular client group, and if so, which group. They were also asked to comment on whether there had been any changes over the last year in the groups which they targeted, and if so, the nature of these changes. Around a quarter of responding organisations reported delivering generalist SHS (23.6%), and the same number reported that their SHS were targeted primarily to young people (23.6%). Slightly fewer (18.1%) reported targeting services to people experiencing family and domestic violence. The remainder said their SHS were targeted to people from CALD backgrounds, or refugees or asylum seeker groups (2 organisations, or 2.8%); or to Aboriginal and Torres Strait Islander people (3 organisations, or 4.2%). However, the largest number (20 organisations, or 27.8%) reported that rather than any particular group, they were targeting multiple groups, or other groups not listed, such as people leaving the criminal justice system, or people with alcohol and drug issues.

Increasing demand for SHS

Respondents from SHS provider organisations were asked to comment on how the mix of clients using their homelessness services had changed over the last twelve months. In their open-ended descriptions of their changing client mix⁵, several organisations described increases in numbers of clients seeking their service, with some explaining the increase was among particular groups, such as women and children experiencing domestic and family violence, single men, or young people. Some organisations gave examples of how increased demand, and increasing complexity in the client mix, was placing pressure on staff, for example:

More clients, less time to work with them and more reporting, it's complex and paperwork and reporting takes time away from direct client services and limits individual needs responses. (Small metropolitan organisation delivering SHS)⁶

Increasing complexity of client need

Many reported that clients engaged with the service had increasing levels of need, which was compounding demands on organisations and staff. In describing higher levels of complexity among clients, some respondents described how their organisation was working with highly vulnerable clients, including people with substance abuse issues, people who had been homeless for long periods of time before accessing services, and people with multiple complex needs who were seen as difficult to rehouse because of a combination of personal circumstances and because of high costs of private housing. This was reflected in responses such as these:

We are receiving more and more referrals for people with D&A especially ICE use and mental health issues as well as women with a history of violent behaviour. This is problematic when we only have Communal Crisis accommodation available which includes children. (Medium non-metropolitan organisation delivering SHS).

The complexity of clients continues to rise. We have clients with tri-morbidity issues. Support services are often voluntary and often clients choose not to engage with mental health services particularly, and without ongoing support their tenancies fail. (Large non-metropolitan organisation delivering SHS).

The overall numbers are growing [and we are] on track to double the number of people supported this Financial Year compared to last Financial Year. Aboriginal and Torres Strait Islander youth remain massively overrepresented. Increasing housing costs in Sydney are making it increasingly impossible to support young people into independent accommodation. (Large metropolitan organisation delivering SHS).

Some organisations noted changes in the client mix seeking SHS, such as increasing numbers of older women. Several however explained how they had expanded their focus in line with contractual requirements, such as moving from targeting youth only to working with all groups.

⁵ The question "Please comment on any changes in the client groups that use your homelessness services" was answered by 34 organisations.

⁶ Note that organisations are described as 'small' if they had under 20 staff, 'medium' if they had between 20 and 50, and 'large' if they had more than 50 staff.

Respondents attributed this to changes in program requirements to extend services, which in some cases were perceived to complicate service delivery models. One respondent for example explained the implications of extending services to men:

Before Nov 2014 we were a women's only service, the SHS funding now requires that we provide services to men as well (about 10%). This has caused many difficulties - we have had scenarios where we are providing service to a woman fleeing domestic violence and her ex-partner/perpetrator who is at risk of homelessness because of his use of violence. Our funder is adamant that this is a solvable problem - however it not only creates a conflict of interest, but also creates a major barrier for women to engage with this program. We used to be able to state that we were a safe, women's only space/organisation. (Medium non-metropolitan service providing SHS).

Similarly, another described:

Before the reforms we dealt with women/women and children. Now we work with families and men with children. Our medium term housing properties were for women/women and children, we have now opened these leases to men with children and families. (Small non-metropolitan service)

Together, the responses highlight themes of increasing demand and increasing complexity associated with expanding service delivery to a wider range of client groups. These trends underpin the need to ensure practitioners delivering SHS and other services are highly skilled, and well supported to adapt to changing patterns of client need.

3. Workforce numbers and characteristics

Respondents were asked to report the total number of full and part time staff in their organisation.⁷ Organisations delivering SHS ranged in size, reporting between 2 and 4000 paid staff. Together, organisations which delivered SHS had 8,321 paid staff (including all employees across SHS and other services and programs). As shown in Figure 3.1, around 1 in 8 SHS organisations (12.5%) had 5 or fewer staff, compared with 1 in 5 organisations across the community service sector (21.4%). However, among SHS organisations, there was a relatively high proportion of organisations with between 11 and 20 staff (23.6% compared with 16.6% across community service organisations).

Figure 3.1 Proportion of SHS organisations by number of staff



While there was much variation, on average, organisations delivering SHS had 60.9 staff⁸, making them small, on average, compared with all community service organisations (mean of 72.9 staff) (see Table 3.1). Whereas across the community sector organisations tended to employ more part time staff than full time staff, on average, the average number of full and part time staff in SHS organisations was roughly equal (Table 3.1).

As would be expected, organisations delivering SHS in non-metropolitan areas only were smaller, with 38.2 paid staff on average, compared with 82.9 in metropolitan areas (see Table A. 2, Supplementary Tables). Table A.3 shows the mean number of staff in SHS organisations for organisations in each income range.

⁷ Numbers were collected for the whole organisation, and so do not indicate numbers delivering SHS, as some staff may deliver other services and programs.

⁸ This is calculated for 71 organisations. One organisation was excluded as it reported a very high number of employees, and as an outlier, skewed the mean.

Table 3.1 Average number of full and part time staff in responding organisations

Main service type	Mean number of full time staff (SD)^	Mean number of part time staff (SD)	Mean number of staff (full and part time) (SD)
Organisations delivering SHS (n=71)^^	38.4 (75.6)	26.5 (43.5)	60.9 (108.8)
All community service organisations (n=398)	33.1 (101.3)	44.3 (155.0)	72.9 (241.0)

^SD indicates standard deviation. This measures the dispersion of values among responses, with a low standard deviation indicating responses were close to the mean, while high numbers indicate data points were spread over a wider range. ^^ Note that one SHS organisation which reported a very high number of staff was excluded for the purposes of calculating the mean.

3.1 Age profile of staff

The survey asked about three broad age groups: staff aged over 55 (to capture the number approaching retirement age); those at the beginning of their careers (aged 24 and under), and those aged between 25 and 54.

Table 3.2 shows that organisations delivering SHS had slightly smaller proportions of staff aged 55 or over on average (17.3%) compared with other community sector organisations (26.2%). This suggests the problem of workforce ageing and retirement may be slightly less pronounced in SHS providers than in other areas of community services, at least in the next few years.

Table 3.2 Mean proportion of staff in each age category, organisations delivering SHS and others (n=395)

	Mean proportion aged 24 and under (SD)	Mean proportion between 25 and 54 (SD)	Mean proportion aged 55 or over (SD)
Organisations delivering SHS (n=71)	7.6 (12.1)	75.2 (19.4)	17.3 (16.9)
Other organisations (n=324)	7.1 (10.2)	66.7 (24.6)	26.2 (24.9)
All	7.2(10.6)	68.2 (23.9)	24.6 (23.9)

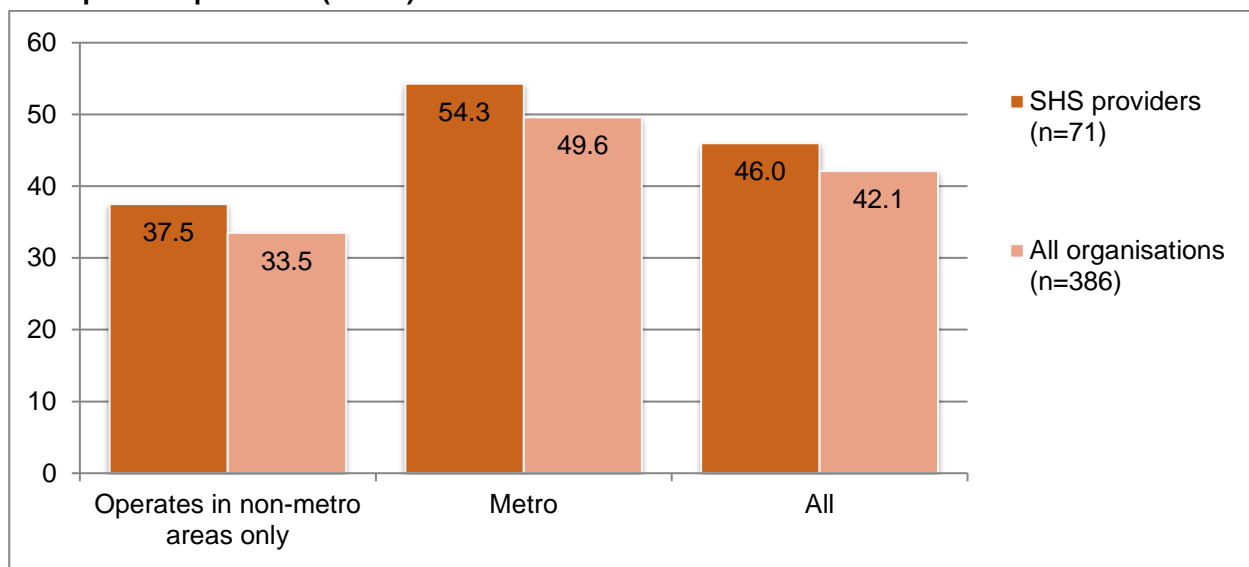
3.2 Degree qualifications

Respondents were asked to report the approximate percentage of staff who had a degree level qualification, and whether they perceived this to be too high, too low, or about right, given the skill requirements of the work.

On average, organisations delivering SHS reported that 46.0% of staff had a degree level qualification. However, this was lower in organisations which operated outside of metropolitan areas. Those delivering services in non-metropolitan areas reported, on average, that 37.5% of staff had degree qualifications, while the average figure was higher for those which had some

metropolitan operations (54.3%). This is shown in Figure 3.2, which also highlights how SHS had slightly higher levels of degree qualified staff compared with all community service organisations.

Figure 3.2 Mean proportion of staff with a degree level qualification, by metropolitan and non-metropolitan operations (n=386)



Note that organisations operating metropolitan and non-metropolitan areas are classified as 'operating in metro areas', and that those in the non-metro category have no metropolitan operations.

Most SHS providers felt that the proportion of staff in their organisation with degree level qualification was 'about right' (50 organisations, or 70.4%). Only 1 organisation said the proportion was too high.

In just over a quarter of SHS provider organisations, the proportion of staff with qualifications was perceived to be too low (19 organisations, or 26.8%). Closer examination shows that these 19 SHS providers did have lower proportions of qualified staff: 31.3% on average, compared with 51.4% in organisations where the number of degree qualified staff was reportedly 'about right'. A little over half of organisations which reported they employed too few degree qualified staff operated outside the metropolitan areas.

While the survey captured information about degree qualified staff only as indicators of qualification levels, it should be noted that many respondents commented that staff in their organisation have diplomas.⁹ Comments included for example:

Nearly all have diploma qualifications (Small non-metropolitan service)

Our staff have community services Diplomas and I feel the balance of theoretical and practical experience is the right mix for our service provision. (Small generalist SHS operating in metro and non-metro areas)

⁹ While other sources do not offer precise data on diploma and Certificate level qualified staff in the NSW homelessness sector, data about the general community services sector (including homelessness services) was collected in 2009 and can be considered roughly indicative. That study found that 51% of employees in the general community services sector had a bachelor or postgraduate degree as their highest level of qualification, while 19% had a Diploma and 15% had a Certificate Level 3 or Level 4. See Martin, B., & Healy, J. (2010). *Who Works in Community Services? A profile of Australian workforces in child protection, juvenile justice, disability services and general community services*. Adelaide: National Institute of Labour Studies.

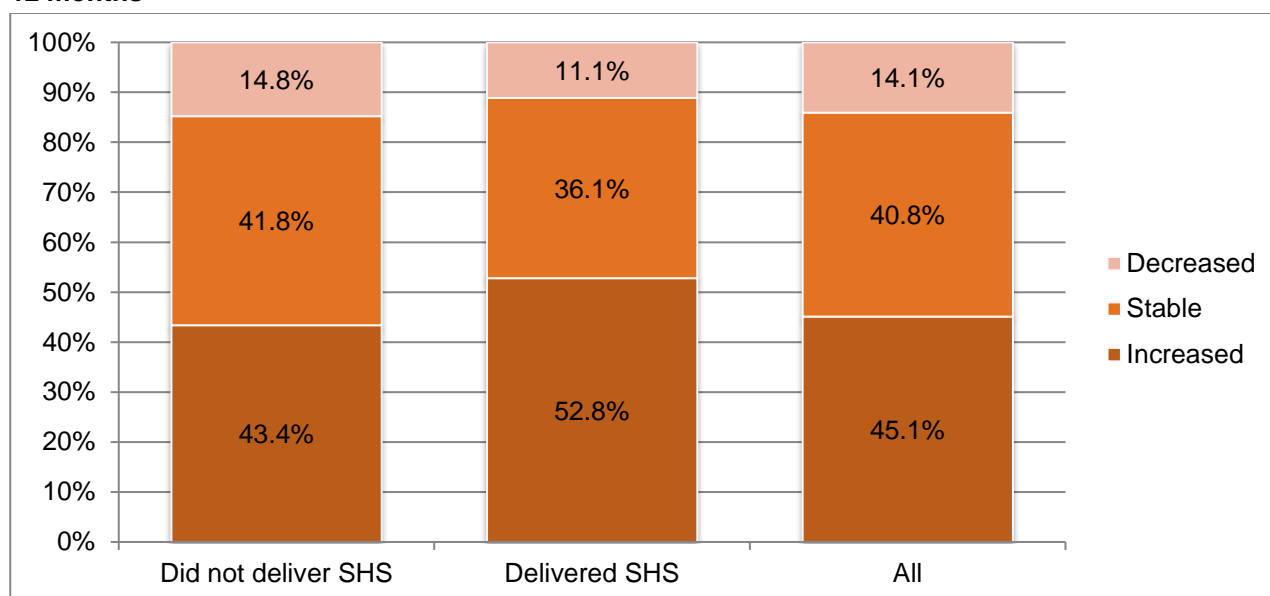
We don't place too much emphasis on holding a degree we are more interested in years of experience and qualifications at Cert 4 or Diploma level (Small non-metropolitan service)

Overall, these data suggest that although SHS providers value diploma and certificate level qualifications in addition to degrees, staff tend to be more highly qualified than in the whole community sector, indicated in that higher proportions of staff are degree qualified. In most SHS organisations, the proportion of degree qualified staff is seen to be 'about right'. However, in around a quarter, degree qualifications are too low, and this is particularly apparent outside metropolitan areas.

3.3 Changes in staff numbers

Just over half of organisations delivering SHS (52.8%) reported their staff numbers have grown over the last year. This was higher than for organisations which did not deliver SHS, and for all community service organisations (see Figure 3.3). Eight SHS organisations (11.1%) said their staff numbers had decreased, although all said they decreased 'a bit' rather than 'a lot'. Of those which said their staff numbers increased, the most common reason was because of an expansion of existing programs, or increases in the scale of current programs, rather than funding for new programs. Of those which said their numbers decreased, the most common reason was that a funding contract ended, and was not renewed, and followed by difficulties recruiting suitable employees.

Figure 3.3 Proportion of organisations for which staff numbers increased or decreased over the last 12 months



4. Contract types

Respondents were asked the proportion of their staff employed on a permanent or ongoing basis, on fixed term contracts, or as casuals. This was used to calculate the total number of permanent, fixed term and casual staff, and to calculate the mean proportion of staff on each contract type.

4.1 Total number of permanent, fixed term and casual staff

Together, organisations which delivered SHS had 8,321 paid staff. This was 115.6 on average, although the median was much lower (18). Of staff in SHS organisations:

- almost half (47.1%) were employed on a permanent, ongoing basis (slightly lower than the figure of 50.1% across all community service organisations)
- 29.0% were employed on a fixed term basis (which was very high in comparison to 18.2% across all community sector organisations);
- 24.0% were employed on a casual basis (on par with national figures but lower than the figure of 31.5% across the community sector).

The proportion of SHS providers which employed any permanent, fixed term and casual staff is in Table 4.1.

Table 4.1 Key indicators of permanent, fixed term and casual employment

	% SHS organisations which employed any	Average proportion of staff in SHS organisations	Proportion of all staff in SHS organisations
Permanent	94.4	63.8	47.1
Fixed term	61.1	21.1	29.0
Casual	66.7	15.2	24.0

Fixed term staff

As shown in Table 4.1, 61.1% of SHS providers employed fixed term staff, and fixed term staff comprised 29.0% of staff employed in all SHS organisations. The most common reason for employing fixed term staff was because funding was fixed term, reported by 31 of the 44 SHS organisations which employed fixed term staff (70.5%). The next most common reason was uncertainty about funding, reported by 24 organisations (54.4%). Reflecting the link between workforce arrangements and the funding environment, most organisations which employed staff on fixed term contracts said that the length of these contracts depends on the funding contracts (54.5%), while 27.2% usually employed for a 12 month period or less, and 15.9% usually employed using 2 or 3 year contracts.

Casual staff

As shown in Table 4.1, 2 in 3 SHS providers employed casual staff, and they comprised 24.0% of employees across all SHS organisations, which is on par with national figures. The most common reason for employing casual staff was to cater to fluctuations in consumer demand, reported by

58.3% of the 48 SHS organisations which reported employing casuals. The next most common reason was uncertainty about the continuity of funding, reported by 15 organisations (31.3% of those employing casuals). Several explained that casual employment was used to cover permanent staff on leave, such as maternity, annual or sick leave. Some also reported using casual staff while recruiting for permanent positions, or to backfill or accommodate shift work and variability of shifts. One emphasised that casual employment could be a pathway to ongoing roles:

The majority of our casuals gain employment through our organisation when a different permanent role becomes available or may move to one of our partner organisations (Medium SHS provider operating across metropolitan and non-metropolitan areas).

Most SHS organisations that employed casual staff reported receiving requests from casuals for extra hours (78.3%). Of these, only 1 organisation (2.1%) was able to provide all the requested hours, while 29 organisations (61.7%) were able to provide some of the extra hour requested. In 7 organisations (14.9%), organisations were unable to offer any extra hours to casual staff who requested them. This reflects there is likely to be some under-employment of casuals in SHS organisations. One small organisation commented on the dilemma for the organisation in being unable to offer secure work:

It is terrible to have such excessive demand for supporting our clients, yet not to be able to offer job security, or be able to employ more people to meet the demands that we are faced with - it is a recipe for burning out the faithful staff we have. (Small non-metropolitan SHS provider)

5. Staff development

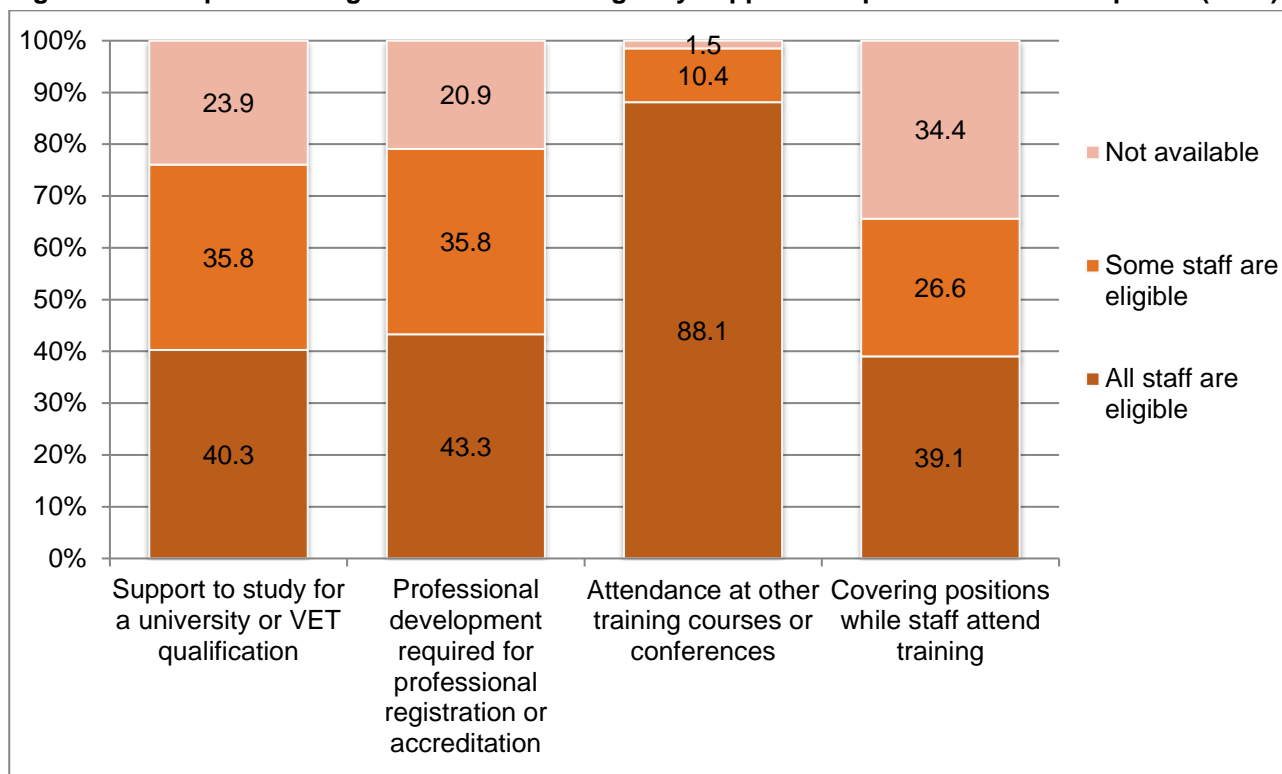
Questions about staff development covered availability of budgetary supports for professional development, and issues of supervision and support for career development, including whether organisations used particular structures and practices, such as clinical supervision and communities of practice, and senior practitioner roles.

5.1 Support for staff development

SHS organisations reported that staff spent an average of 9 days per year on professional development. The average number of days was higher than the figure across all community services organisations (6.5 days). However, the median for SHS organisations was lower than the average figure (6.0 days).

To capture the kinds of supports available for professional development, respondents were asked whether all staff, some staff, or no staff in their organisation could access various kinds of assistance. In almost 9 in 10 SHS organisations, all staff were reportedly eligible for support to attend training courses or conferences (88.1%). This was higher than across the sector: 79.8% of all responding organisations reported that all staff were eligible (full data in Supplementary Tables, Table A.4 and Table A. 5). Some respondents however, elaborated that funding is usually inadequate to fully cover training costs.

Figure 5.1 SHS provider organisations with budgetary supports for professional development (n=67)



Fewer organisations made support for university or VET qualifications available: in SHS organisations almost 1 in 4 said this was not available at all (23.9%), and 35.8% said it was available to some staff. This was higher than across the whole community sector, in which 34.5% of organisations said this kind of support was not available to staff (see Supplementary Tables,

Table A. 5). Responses clarified that in this was sometimes provided as study leave rather than funds, and that generally it was accessible to permanent staff only, or was decided on a case by case basis, for example taking into account years of service and performance.

Covering positions while staff attend training is difficult for many SHS organisations: around a third said this was not available at all (34.4%) and 26.6% said it was available to some. Respondents explained that funding was usually inadequate to cover this, and that it wasn't in client's best interests so meetings would be rescheduled. Another explained: "Herein lies the problem, if study leave is applied for or external training there is not a relief line to cover this placing pressure on remaining staff" (Medium sized non-metropolitan SHS provider).

5.2 Communities of Practice

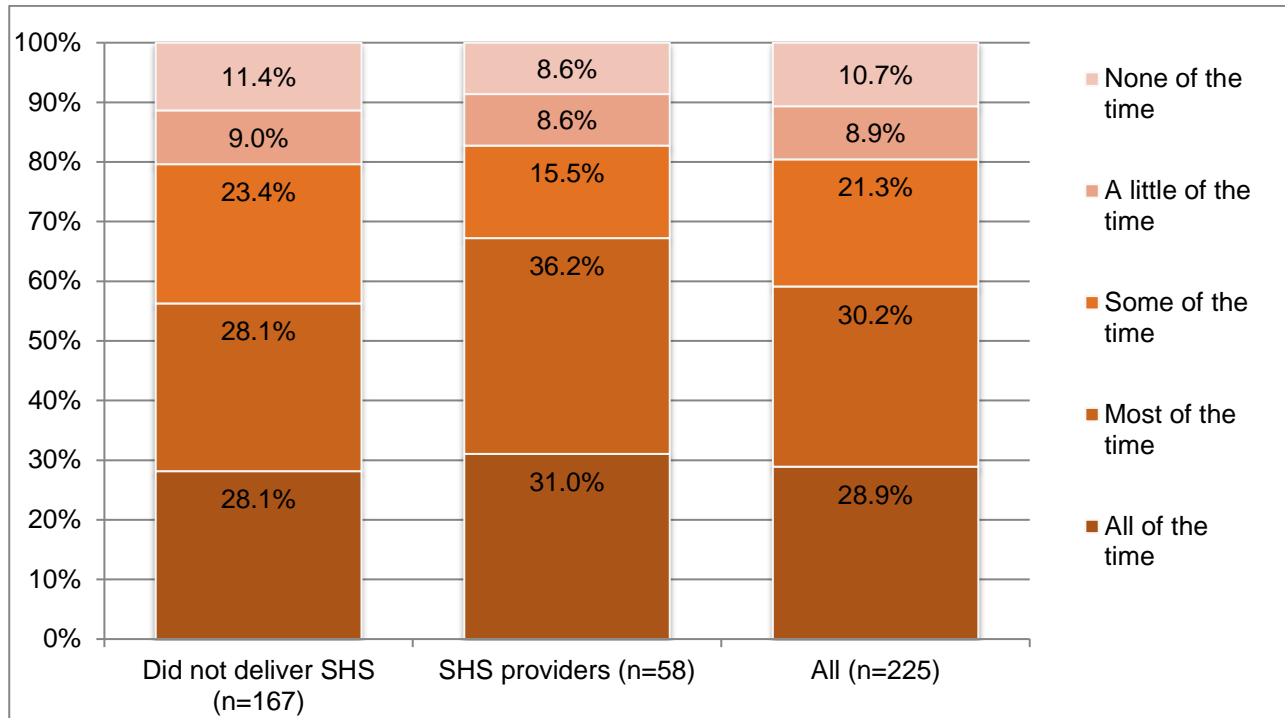
One in 8 SHS organisations (9 organisations, 12.5%) said that frontline staff in their organisation did not have access to 'communities of practice', while 73.6% said there were opportunities within the organisation, and 38.9% said there opportunities for staff externally. Of the nine that said opportunities were not available, seven were organisations operating in non-metropolitan areas.

5.3 Clinical Supervision

Most organisations delivering SHS provide clinical or professional supervision for staff working directly with clients, such as psychologists, social workers and allied health workers. Of the 72 SHS providers, 9 (12.5%) said they don't provide this kind of supervision as staff don't require it, and 4 (5.6%) said they don't provide it (although they do have clinical or professional staff who require it). Respondents left comments to clarify their arrangements, for example that clinical supervision would be available when required (for example if there was a critical incident) although it was not routinely provided. Others highlighted some of the difficulties, such as the cost of supervision, or finding appropriate external supervisors.

Respondents were also asked how often supervision was provided by a manager or supervisor who had been specifically trained to provide professional or clinical supervision. Of the 58 SHS providers that answered, 1 in 3 said supervision was provided by those specially trained to provide it 'all of the time', and a further 36.2% said 'most of the time'. Figure 5.2 shows that this was slightly higher among SHS providers than other organisations, and compared with all community service organisations.

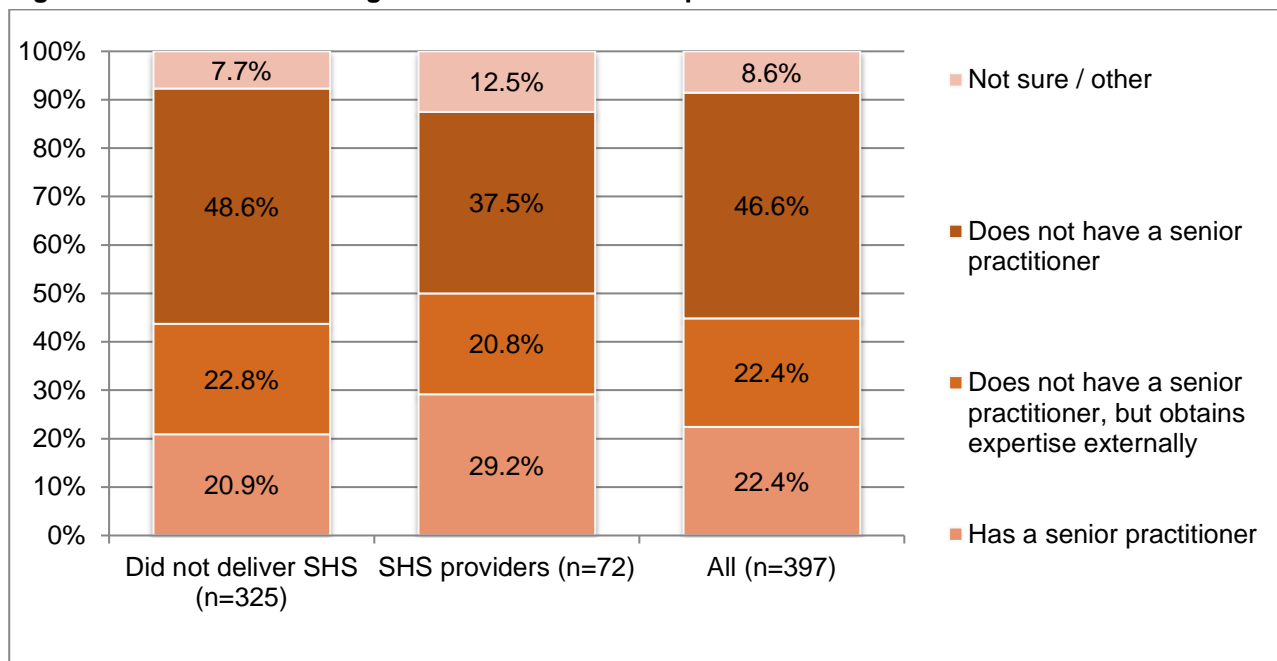
Figure 5.2 How often clinical or professional supervision is provided by somebody specifically trained to provide it



5.4 Senior Practitioner roles

Organisations were asked if their organisation had a senior practitioner role, to provide clinical expertise to staff, for example advice on therapeutic interventions, case consultancy, and trauma informed care. Organisations delivering SHS were more likely than others to employ a senior practitioner: 29.2% of organisations said their organisation had a senior practitioner, compared with 20.9% of other organisations, and 22.4% across community service organisations.

Figure 5.3 Whether or not organisations has a senior practitioner



A few organisations commented that although they didn't have a senior practitioner, their managers or senior staff were specialists and were available to provide advice on practice. A couple said they could access this expertise from outside the organisation if they needed it, such as through a partner organisation.

5.5 Comments on professional development

Respondents were asked to elaborate on access to professional development in their organisation, in an open-ended question: 'Please comment on access to professional development, and any barriers for particular groups of staff.' Many respondents spoke of a strong commitment to professional development in their organisation, which was enacted in different ways by different organisations, and often supported by specific strategies and policies.

Every staff member has a development plan and we encourage staff to participate in relevant programs. (Large SHS provider operating in both metropolitan and non-metropolitan areas)

All staff receive 3% of their gross wage to pay for professional development each financial year. (Medium sized metropolitan SHS provider)

Staff may identify training opportunities they would like to pursue and training opportunities are provided both in-house and externally. (Small metropolitan SHS provider)

Our Peak Body provides quarterly peer network forums (in areas of professional speciality, ie asset management, middle management, income management staff) as well as generalist/specialist training programs. (Small metropolitan SHS provider)

However, several organisations explained how their staff, or groups of their staff, frequently experienced difficulty accessing training. These included staff located in rural and remote locations, casual and part-time staff and shift workers.

Due to distance, time away from work is usually a disadvantage to us. If the training is Sydney, for example, it's 1.5hrs to catch the plane that leaves at 6.30am so really, for safety, need to go the night before and stay. Then if training finishes at 4.30pm, the plane arrives back at 8pm, and then another nights' accommodation. (Small non-metropolitan SHS provider)

It is difficult to access essential training nearby. For example FACS free training is always booked out nearby, necessitating travel and an overnight stay to access - this equates to major increase in costs. The Sydney-centric nature of a lot of training of a tertiary nature also adds to cost for accommodation and travel. This is the same for major conferences. (Medium non-metropolitan SHS provider)

For Aboriginal staff going off country to a place they identify as not safe for women can create barriers. (Medium non-metropolitan SHS provider)

We do not have enough funding capacity to pay casual's to attend professional development training. (Small metropolitan SHS provider)

Staff working in regional locations often find it difficult to access professional development opportunities. Some providers endeavour to provide training in these locations but they are often cancelled at short notice because of low registrations. We often arrange in-service training to address this barrier. This is usually very cost effective. Programs like SHS have very good access to training through FACS funded opportunities. This is not the case for other program areas and it is sometimes difficult to resource professional development as well as we would like to. (Large SHS provider operating in both metropolitan and non-metropolitan areas)

Cost and the ability to replace absent staff were also described as barriers to professional development.

Our main issue is covering the clinical workload when employees go to continuing professional development. But we actively encourage it and so other staff will always put their hands up to cover. (Small metropolitan organisation SHS provider)

Funding - we don't receive enough funding to enable as much access to professional development as other organisations. (Small SHS provider operating in both metropolitan and non-metropolitan areas)

We are a small NGO and there is noticeably less free training in the sector. What there is gets booked out quickly eg SHS training. (Small metropolitan SHS provider)

Our staff that work shifts in our 24-hour staffed service are sometimes disadvantaged in terms of attending professional development, as they work outside business hours, are casual and often have other work commitments to prevent attendance [...]. Regional staff experience barriers in the availability of professional development options in their areas. Cost of getting regional staff to Sydney to attend professional development is also very high. (Medium SHS provider operating in both metropolitan and non-metropolitan areas)

Inability to backfill positions if courses are longer than a day. (Small non-metropolitan SHS provider)

This issue was explored further in the next question, when the survey asked, 'In what ways is your organisation affected when staff are absent from their usual roles to attend training?' Most respondents said it was difficult when staff were absent due to training, but some respondents said that it was easy to accommodate.

Not a major impact. We plan for this. (Large non-metropolitan SHS provider)

It is not often a major drama if it is timed well. (Small metropolitan SHS provider)

The mutually supportive team shares the load. (Small metropolitan SHS provider)

In other organisations, when staff attended training, the workload of others increased. Examples of comments include:

Existing staff have to cover for them the best way they can. (Small non-metropolitan SHS provider)

Short staffed = greater pressure on workers and less ability to meet demand for service. It also impacts on the workers attending training as their work is there waiting for them. Time constraints and demand for frontline service provision makes many workers reluctant to attend training, and also means they are unlikely to allocate time to read reports, research findings, etc. (Medium non-metropolitan SHS provider)

With a small staff base it is difficult but urgent and high priority tasks are covered. (Small metropolitan organisation)

Sometimes, short-term staff could be employed to temporarily fill positions, but many found this difficult to resource, for example:

Financially it can be difficult in particular if the training is 2 days or more as we don't have enough funding to cover relief staff, there may also be travel and accommodation costs as well. Most of the free training occurs in Sydney. (Medium metropolitan SHS provider)

For programs providing residential care (OOHC and SHS) we backfill workers when they are attending training. This has a significant budgetary impact. (Large SHS provider operating in metropolitan and non-metropolitan areas)

Quite a number of organisations described needing to cancel or limit service delivery when staff were absent to attend training. Often these organisations were small and/or located in non-metropolitan areas.

[Training limits our] capacity to provide for children, youth and families that may experience a crisis while staff are absent from work as we cannot afford (and often not available) relief staff. (Medium non-metropolitan SHS provider)

Quality client assistance is disrupted for extended periods as it requires two days out of office for a one day course (Small non-metropolitan SHS provider)

We usually need to either limit or cancel services, or identify other staff who can back up within their normal working hours - given very tight budgets with not much scope for additional hours payment to cover. (Medium metropolitan SHS provider)

We are unable to replace staff when they are on training as we do not have casual staff. If staff attend training we are unable to attend to clients. (Small non-metropolitan SHS provider)

6. Recruitment and retention

6.1 Recruiting and retaining staff

The survey asked if in the last 12 months, particular groups of staff had been difficult to recruit or retain, and to briefly comment on their experience.

Managers

Two in five organisations delivering SHS said that in the last 12 months, managerial level staff had been difficult to recruit or retain (40.9%). This was higher than the figure across all community sector organisations, of 31.5%. Some commented that they had limited interest for positions, while another said difficulty had been only moderate. One respondent explained the difficulty of filling a co-ordinator role, given the range of skills required:

Difficulty in recruiting a suitably experienced SHS coordinator who has all the skills necessary, ie leadership, negotiation, supervision , computer skills and FACS reporting, supervising data entry, upload and extraction (medium sized non-metropolitan SHS organisation).

Degree qualified staff

Half of SHS organisations (51.6%) reported that service delivery staff with degree qualifications, such as social workers, nurses, psychologists and allied health workers had been difficult to recruit or retain. This is high: across all organisations in the study 40.7% of organisations said they experienced difficulty recruiting or retaining this group. Some respondents clarified their responses with comments, with one pointing out it had been "hard to recruit, ok to retain" while another said difficulties were experienced in some regional areas only.

It can be very difficult to recruit qualified and experienced staff in certain locations. This is a particular problem in regional and rural NSW but we have also experienced difficulty in Sydney and Wollongong. Sometimes it is cyclical or related to the time of year, sometimes it seems completely random. (large SHS organisation operating in metropolitan and non-metropolitan areas.

Another explained that recruiting Aboriginal staff for identified roles could be difficult, while another said 'psychologists', and a few others commented that they had low turnover. A couple commented on poor pay as a reason, commenting that award rates were too low, especially compared with government and given the degree of complexity and risk in the client groups staff were working with.

Other service delivery staff

A third (33.3%) reported difficulty recruiting or retaining service delivery staff without degrees, such as support workers. This was on par with the figure across the community sector (32.5%). Respondents commented that it could be harder to retain these staff, as they were often casuals, or that it was difficult to recruit particular groups, such as shift workers to cover a service operating overnight. Highlighting the impact of the complexity of working with vulnerable clients, another commented "turnover is high in lower skilled and shift roles, especially where client's needs are very demanding" (large SHS organisation operating in metropolitan areas.

Specialist project officers

A high proportion of SHS organisations reported difficulty recruiting or retaining specialist project officers in the last 12 months: 38.7% compared with 27.2% across the sector. One respondent, from an organisation working with victims of family and domestic violence, reported that it was difficult to recruit staff to a new program involved in centrally managing referrals, while another commented that they had trouble retaining project officers, which caused them to focus on improving their initial recruitment of these staff.

6.2 Factors affecting recruitment and retention

Figure 6.1 shows that more than three quarters of SHS organisations felt the reputation of their organisation helped them attract and retain staff (78.6%), and more than 2 in 3 (68.6%) reported fringe benefit arrangement helped recruitment and retention efforts. Training and development opportunities and working hours on offer were also seen as helpful by over a third of organisations (39.1% and 36.8% respectively), although more organisations thought these had no impact (see Figure 6.1).

Compared with all community services organisations, there were higher proportions of respondents from SHS organisations which saw training and development opportunities as an asset. Training and development was reported to help attract and retain staff by 39.1% of SHS respondents, but only 21.4% of organisations across the sector. Compared with the wider sector, SHS respondents were less likely to see working hours as a factor helping attract and retain staff. These were seen as attractive by 48.5% of all organisations, but only 36.8% of SHS providers.

Figure 6.1 Whether arrangements helped or hindered recruitment and retention efforts, SHS organisations



6.3 Recruitment of particular groups of staff

The survey asked if the organisation had, in the last 12 months, taken any steps to recruit agency staff, independent contractors, students, overseas visa holders, or trainees and apprentices.

The most common group were students: 54.4% of organisations delivering SHS said they had taken steps to recruit students in the last 12 months. Comments underlined the importance of students, such as those on field placement to the workplace, with some commenting that many students go on to be offered paid positions in the organisation after their placements.

Many also reported recruiting independent contractors (44.8%), although most comments clarified that these were used for specialised, short term projects only, or for ICT or business development.

Almost a third (30.9%) said they had recruited agency staff in the last year, with comments highlighting that this was considered very expensive, with some clarifying they only used agency staff occasionally, or only in particular areas where staffing had been particularly difficult. One described, for example "Last resort for frontline services. Only used them for a couple of weeks in total". Another respondent from a large SHS provider wrote about how their agency avoided using agency staff, because staff in their organisation needed to be specifically trained in their service model and approach, which was seen to contribute to better client outcomes, and to reduce risk.

Around a third (31.3%) of organisations providing SHS said they had taken steps to recruit trainees or apprentices in the last 12 months. Comments clarified that these were sometimes targeted at particular populations, such as young people, Aboriginal people, or to develop a pipeline of workers with specific skills, such as accounting.

Only a small number of SHS provider organisations actively recruited overseas workers (14.7%), although comments some respondents included people on 'working visas', although the organisation had not specifically recruited this group.

6.4 Improving capacity to recruit and retain quality staff

The survey asked, 'What would help improve the capacity of community service organisations like yours to recruit and retain quality staff?' By far the majority of respondents cited higher levels of funding as critical, either so they could pay higher salaries, offer better conditions, offer positions with more hours or offer access to better training.

Additional funding towards relevant training and conference opportunities for staff to attend and to have the resources to cover the positions with casual staff. (Medium sized metropolitan SHS provider)

Funding to pay for full time positions. (Small non-metropolitan SHS provider)

More funding to give them the hours they would need to actually stay here. Most of them eventually have to leave to have good work/life balance and only have one full time job. (Small metropolitan SHS provider)

Better salaries - work vehicles - more funding for more staff as staff are inundated with complex and entrenched issues around DV, homelessness, Poverty, Drug and alcohol etc. plus very long waiting lists. (Medium non-metropolitan SHS provider)

Better wages, funding to allow suitable staffing levels. (Medium non-metropolitan SHS provider)

Others felt that longer term funding contracts would offer staff more security of employment.

The underlying fact is that we are government funded for cycle periods where funding contracts and notifications of outcomes continues to be delayed or left to the last minute where we may lose staffs due to uncertainty in ongoing funding or new contracts. (Medium non-metropolitan SHS provider)

Job security - not having to tie employment to funding contracts. (Large non-metropolitan SHS provider)

Some were frustrated with the award, feeling that it limited flexibility and set pay rates too low compared to similar employment.

Flexibility with employment offers – [it would] be good to offer staff the options to work across programs, but the Award makes it hard if funding is an issue - eg. all duties have to be paid at the highest rate. Award does not cater for flexible working conditions - eg. all [extra work must be counted as] overtime, but being able to 'bank' hours is more valuable for staff. (Large non-metropolitan organisation)

The inequity of pay rates between government and NGO mean it is very difficult to recruit degree qualified staff. (Large non-metropolitan organisation)

We pay staff in line with the relevant modern award. This makes it difficult to compete against agencies who pay above the award and provide benefits to employees as part of their package e.g. vehicles. Our organisation needs to address this problem. It is also a system issue. We are competing against government agencies for staff with specific skills, qualifications and experience. Sadly, the pay equity case did not resolve this issue. (Large SHS provider operating in both metropolitan and non-metropolitan areas)

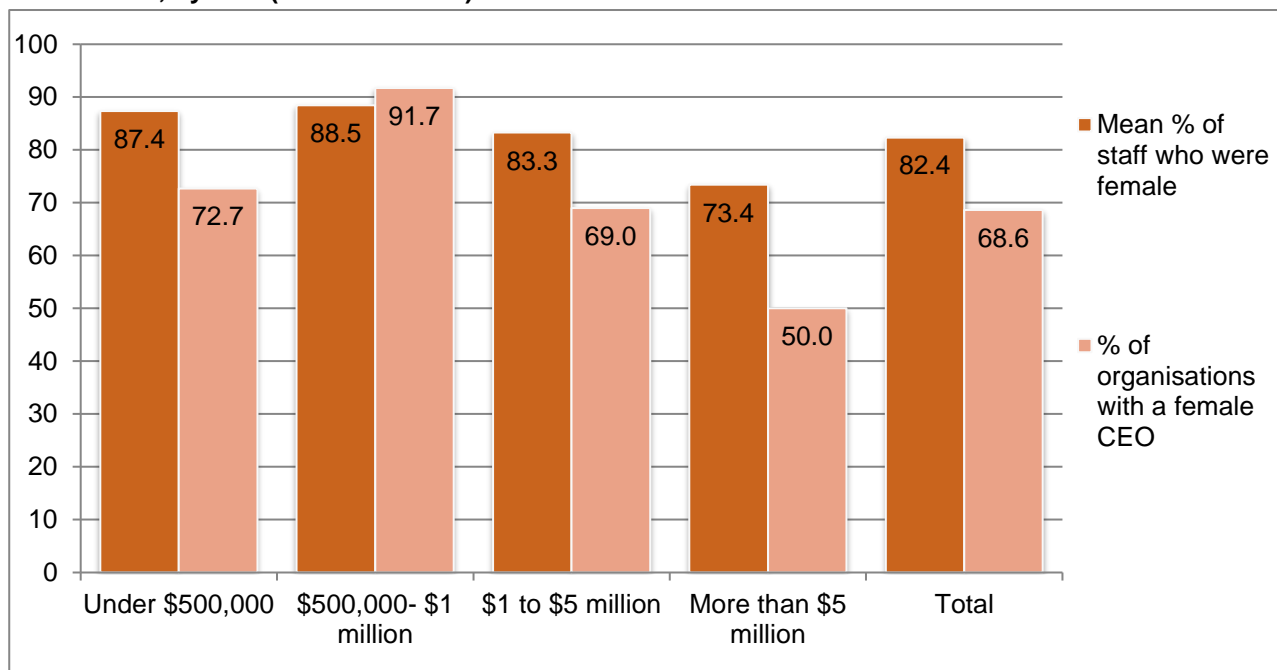
7. Workforce diversity

7.1 Women in SHS

On average, respondents from SHS organisations reported that 82.4% of staff were female. This was slightly higher than the figure across all community service organisations (77.6%). As would be expected, the proportion of staff who were female was higher for organisations which said their SHS were targeted primarily to people experiencing family and domestic violence (the average proportion of women in these organisations was 97.1%), and lower in generalist services.

Consistent with the wider sector, 7 in 10 SHS providers had a female CEO (see Figure 7.1). As for other community service organisations, SHS providers with annual incomes over \$5 million were much less likely to be led by women. The average proportion of staff in SHS who were female was also lower in larger organisations, but this trend was less pronounced than the drop in female leadership (see Figure 7.1).

Figure 7.1 Average % of staff in SHS organisations who were female, and % of organisations with a female CEO, by size (annual income)



7.3 Employment targets

Respondents were asked if their organisation had any policies or targets relating to employment of young people, ATSI staff, people from CALD backgrounds, people with disability, people with lived experience, carers, or others.

Most commonly, SHS organisations had policies relating to ATSI populations: 63.9% of SHS organisations said their organisations had policies or targets relating to employment of this group, which was higher than across the community sector (51.0%). A little under half had policies or targets relating to people from CALD background, and around a third (34.7%) had policies or targets relating to employment of people with lived experience of service use or social disadvantage. About the same number (31.9%) had policies or targets relating to employment of

people with a disability, while fewer had strategies for targeting young people (16.7%) and carers (8.3%). Others commented that while they do not have specific policies or targets they had a diverse workforce or conducted their practice with affirmative action intent, while a couple said they focused on merit rather than targets.

7.4 Promoting workforce diversity in community service organisations

Respondents were asked how they promoted workforce diversity in their organisation and the barriers they may face. Comments underlined recognition among SHS organisations of the importance of diversity, for example:

We encourage diversity and continue to work on identifying how we can support and improve the diversity across our organisation. It is a key success factor well documented in our Strategic Plan. (Large non-metropolitan SHS provider)

Our organisation is CALD specific hence diversity is one of our key values (Large SHS provider operating across metropolitan and non-metropolitan areas).

Some saw diversity in their workforce was achieved 'naturally' or with little effort. For example:

We have a naturally diverse workforce - disabled, Aboriginal and Torres Strait Islander, mature aged workers, etc. (Large SHS provider operating across metropolitan and non-metropolitan areas)

Others underlined how promoting diversity had taken significant effort:

We have done well to attract 10% Aboriginal staff - this process has taken many years and required ongoing focus. (Large metropolitan SHS provider)

Indeed, several other organisations also noted challenges in attracting a diverse field of candidates for job openings, including recruiting ATSI workers, and accessing a diverse pool of experienced staff in rural areas. Examples of comments included:

Open to diverse workforce however have had little interest from culturally diverse applicants (small non-metropolitan SHS provider)

Good Aboriginal staff are hard to recruit and retain. We find that their links with their own community which makes up 75% of our clients and the culture of expected sharing places a lot of pressure on them. (medium non-metropolitan SHS provider)

For some SHS providers, resources were perceived to be a barrier to promoting workforce diversity:

We would like to increase the employment of people with a lived experience but currently do not have the resources in terms of staff to be able to offer the additional support for staff from this background (medium SHS provider operating in metropolitan and non-metropolitan areas).

We have found it difficult to access LBQTI training. To obtain a 'rainbow tick' for our organisation and train 2 of our staff in this area is going to cost over 2K. (Small non-metropolitan SHS provider).

One respondent identified the need for better sharing of practical examples of how organisations are promoting workforce diversity. This respondent commented:

Practical tips are limited - real working examples of what has worked for other organisations would be great. We have done a lot of research around 'Peer Workers' but there are not many staff experienced at managing these workers. (large non-metropolitan SHS provider)

Others did offer examples:

We find that using job sites such as "Ethical Jobs" and giving clear statements in job ads gives applicants good understanding of our values/approach. We try to ensure culling/recruitment practices recognise and remove barriers to employment for applicants from diverse backgrounds. (Medium metropolitan SHS provider)

In general however, it does appear that it would improve capacity across SHS providers if there was a mechanism to share examples of ways to promote workforce diversity.

8. Flexible work arrangements

The survey was designed to explore the types of flexible arrangements offered by community service organisations, and which types of organisations offered them. Respondents were given a list of flexible work arrangements, and asked whether each was common, not so common, or not used at all in their organisation.

In most SHS providers (85.7%), time off in lieu of overtime was common (see Figure 8.1). Figure 8.2 shows this was high relative to the whole community service sector (it was common in 78.4% of all organisations).

Flexible start and finish times (controlled by employees) were common in over half of SHS providers (54.3%). This was lower than the figure across all organisations (64.8%, see Figure 8.2), which may reflect the nature of work, and requirements to ensure accommodation or other service delivery sites were attended by staff at particular times. Flexible start and finish times were available (but not so common) in a further 40.0% of SHS providers (see Figure 8.1).

The least common arrangements in SHS providers were flexible leave and job sharing, which were common in less than a quarter of organisations.

Figure 8.1 Proportions of SHS organisations in which flexible working arrangements were common, not so common, or not used

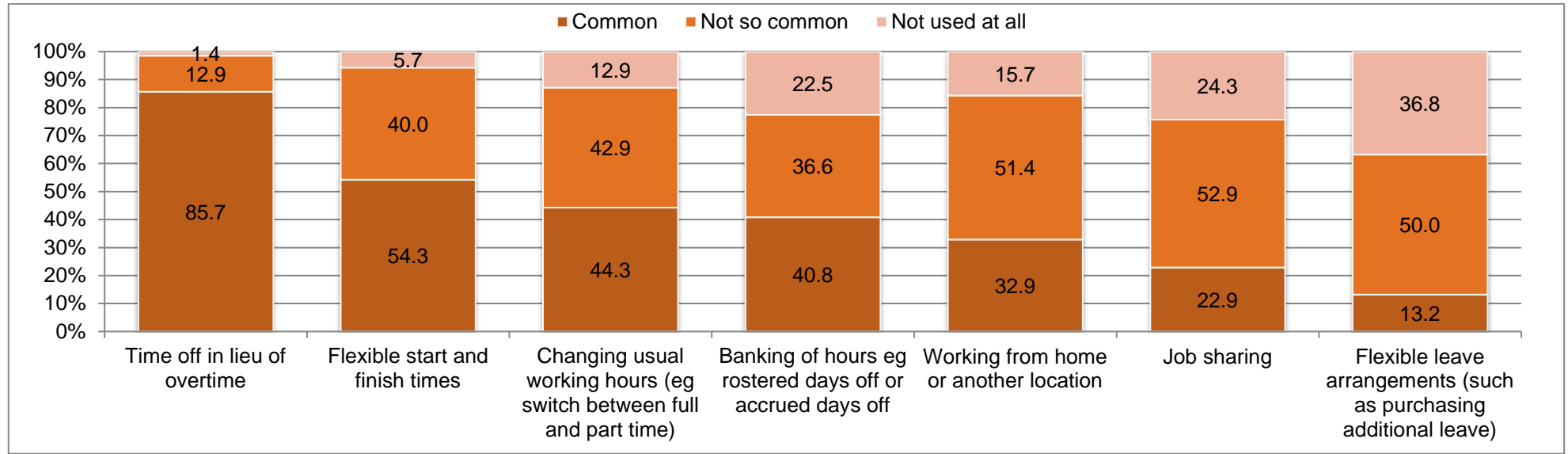
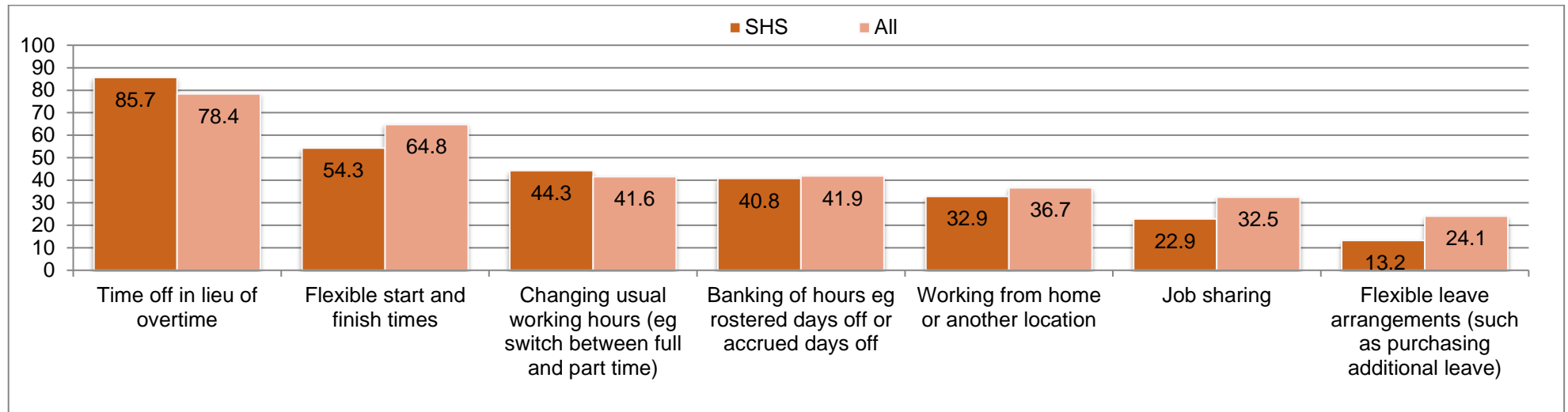


Figure 8.2 Proportion of SHS and all community service organisations in which flexible working arrangements were common



9. Remuneration issues

As it is well recognised that rates of pay in the community service industry are low, the survey did not ask for exhaustive information about pay levels. Rather, it sought information about current and topical remuneration issues affecting the sector, including:

- the Equal Remuneration Order and experiences of implementing it;
- the use of salary sacrificing; and
- access to superannuation.

9.1 The Equal Remuneration Order

In February 2012, The Fair Work Commission issued an Equal Remuneration Order (ERO) for the social and community services industry, providing wage increases of between 23% and 45% to be phased in over ten years. Supplementation arrangements were made involving increases in government funding, to assist funded organisations to cover these increases, where they were affected by the decision and delivered services on behalf of government¹⁰.

Around two thirds of SHS providers (65.3%) said their organisation receives supplementation from a government funder to help cover the ERO increase. This was on par with the wider community sector (64.7%). A further 15.3% of SHS respondents were not sure if they received it. While organisations funded directly by FACS to deliver SHS would have received ERO supplementation, those organisations subcontracted to deliver SHS may not have received it.

SHS organisations commented that the ERO supplementation they received was not keeping pace with increasing costs, and was insufficient to cover real staffing costs, or the gap between pay levels in non-profit and government organisations.

ERO payments are not enough to cover the increase in costs each year and do nothing to close the gap between what government agencies and NGOs can pay.
(Large SHS provider operating in both metropolitan and non-metropolitan areas)

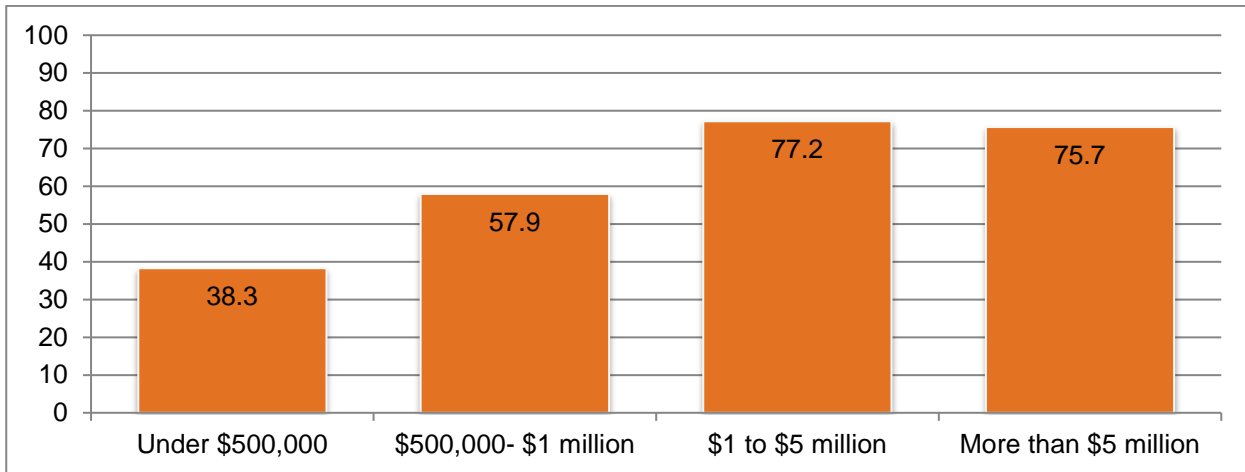
Some noted that a major funder does not provide supplementation, that it complicates payroll arrangements, and that contractors do not pass on supplementation. One noted confusion about whether Service Support Fund (SSF) funded organisations are included in the ERO.

9.2 Salary sacrificing

SHS organisations reported that 66.3% of staff, on average, used salary sacrificing arrangements. This was much higher than across all community service organisations (53.6%). There was lower utilisation of salary sacrificing among SHS organisations operating in non-metropolitan areas (61.2%) compared with those operating in metropolitan areas (71.2%). The proportion of staff using salary sacrificing was also lower in smaller organisations. This is shown in Figure 9.1.

¹⁰ Organisations affected were those employing staff under the SACS Modern Award, or an enterprise agreement which directly applied award rates.

Figure 9.1 Mean proportion of staff using salary sacrificing in SHS organisations in which flexible working arrangements were common



9.3 Superannuation

Employers are required to pay superannuation (at least 9.5% of ordinary time earnings) for employees who earn \$450 or more before tax in a calendar month. The vast majority (86.1%) reported that 100% of their employees were paid superannuation. Of the remainder, 7.0% reported that over 90% of staff were paid superannuation. Only a minority paid superannuation to less than 90% of staff. Comments highlighting concerns relating to superannuation focused on high administration fees for low paid workers, and disadvantage for older workers who have not had superannuation for their whole careers.

10. Developing and Sustaining the Community Services Workforce

The last question in the survey asked, 'Before we finish, what do you think needs to change to help to develop or sustain the community services workforce?' The majority of responses referred to funding in their answers. They expressed a wish for longer funding contracts to provide greater security for staff delivering SHS and other services, and increased funding to pay for better wages and training, to ensure a highly skilled and stable workforce.

Enhanced funding to cover increased pay rates which recognise the difficulty and complexity of the work and the emotional toll that it can take on staff. (Small non-metropolitan SHS provider).

Additional funding to ensure that workers are properly qualified in the field, that they work to ensure the health, safety and wellbeing of themselves and those that they provide care and services to. Salaries and wages to increase with inflation and funding to support this. (Large non-metropolitan SHS provider).

It all comes down to funding to be able to offer fair wages for skilled staff and offer job security through ongoing funding. (Small non-metropolitan SHS provider).

In my experience community services offer a lot for the money provided and are taking on more and more of the critical work around homelessness and child protection - without the resources and permanency offered to government bodies. (Medium sized non-metropolitan SHS provider).

Closely related to the above comments on funding were responses that focused on the pay and conditions of staff working in the community services sector. These focused on a need for better pay and improved employment conditions and benefits. Many felt that greater recognition of the important social contribution made by the sector and if the skills, experience and commitment of staff would help improve pay and conditions.

Better rates of pay, especially in recognition of years of experience. (Small non-metropolitan SHS provider)

Improving overall wages and salary for to match the level of care and service that is already provided at such a low rate. value the sector and the worker in what they do to assist people and families. improved working conditions to retain staff. (Large SHS provider operating in metropolitan and non-metropolitan areas)

Payment of ERO for the new projects like Homelessness Youth Assistance Program and Out of Home Care as these still have to pay the staff [...] Indexation and ERO payments made without a fight every year. (Large non-metropolitan provider)

Portability of long service leave is a big issue for the community services sector. (Small non-metropolitan provider)

A recognition that clinical supervision is a must in this field and funding also needs to reflect that. (Small non-metropolitan provider)

Improved recognition from government and society regarding the degrees attained and skills in the sector. Even though the SCHADS award has increased it is still below other awards [...] compared to other professionals the wages are considerably less but the stress levels are more. (Small non-metropolitan provider)

Respondents also called for workers to more readily accessible professional development, either through locally run training, increased funding to cover training costs or improvements in the courses available.

Better access to a variety of training. We don't seem to have much new to attend. I feel DV Core training is missing in our industry and is important to a lot of new workers as many DV specialists workers were lost in the GSH reforms. The sector lost a lot of very knowledgeable workers during the reforms that will take a long time to replace. More training for helping men is also essential. (Small non-metropolitan SHS provider)

Training - maintain current supports for free training and assistance with accommodation/travel costs (Small non-metropolitan provider)

All our staff are keen to further their skills and networks through by attending relevant training/conferences. I would like to send more staff however we are limited in how many staff we can send at the same time due to funding restraints. There should also be more localised training opportunities this would also save costs. (Medium metropolitan SHS provider)

11. Conclusions

This report provides information about workforce characteristics and issues in organisations delivering SHS in NSW. The intention is that the data will help inform workforce development initiatives for the sector, and enable monitoring of workforce characteristics and challenges over time.

The data shows how the SHS workforce has many strengths compared with the wider community services sector. High proportions of staff are degree-qualified, there is a rough a balance between full and part time positions, and a smaller proportion of staff are approaching retirement age. Organisations are also dedicated to supporting professional development, and ensuring diversity, with high proportions of organisations having strategies in place to attract Aboriginal and Torres Strait Islander workers.

However, there are also some workforce problems which appear to affect organisations delivering SHS particularly acutely. Although casual employment is on par with national figures, SHS organisations employ very high proportions of employees on fixed term contracts. Organisations see this as the outcome of fixed term and insecure funding contracts.

High proportions of SHS organisations have experienced growth in employment numbers. This is not surprising, as organisations also reported increasing levels of need in the community, that clients are in increasingly complex circumstances, and that high private housing costs make it particularly difficult to prevent and address homelessness. Compared with all community service organisations, a relatively high proportion of SHS organisations report they difficulty recruiting and retaining staff, especially degree-qualified practitioners, managerial staff, and specialist project officers.

In terms of respondents' suggestions about directions for workforce development, the most common issues for SHS organisations are funding levels and funding security, as is also the case in the wider community service sector. Indeed, funding arrangements are perceived to underpin many challenges in recruiting and retaining quality staff, and in enabling organisations to support staff to access professional development, as well as shaping staff contracts and job security.

Appendix A Further methodological details

Data provided by 72 organisations providing SHS were captured in a wider survey of community service organisations operating in NSW.¹¹ The survey instrument was specifically designed to capture contemporary workforce issues in the NSW community sector, and was refined in consultation with NCOSS, SHS and other sector representatives and academics which participated in the project advisory group. The survey instrument was structured around a series of modules relating to different workforce issues. The modules captured information about responding organisations, staff numbers and hours, contract types, supervision, development and training, recruitment and retention, workforce diversity, flexible working arrangement, remuneration issues, and how to better develop and sustain the community services workforce.

Sampling frame and distribution

To develop a sampling frame consisting of organisations operating in NSW, the survey team combined lists of community service organisations currently receiving funding from FACS and NSW Health programs, a list of NCOSS members, providers of NDIS and lists of Specialist Homelessness Services provided by Homelessness NSW. The lists were cleaned to ensure surveys were distributed only to non-profit organisations, consistent with the focus of NCOSS. As such, educational, government and commercial organisations were identified and excluded. These lists were combined and refined to ensure one survey was distributed to each non-profit organisation using the Australian Business Number as the unique identifier. Where service outlets, programs or projects run by non-profit organisations were contained in the lists, the researchers identified the organisations they were part of, for example their head office, to ensure the organisation was the unit of analysis and that only one survey was distributed to each organisation. The lists were also refined to ensure they were distributed to the Chief Executive Officer or senior manager responsible for human resources. Where there was more than one generic email address per organisation, the most senior was selected (e.g. ceo@sample was selected over info@sample).

Invitations to participate in the survey and unique survey links were then distributed to email addresses on the cleaned list. Addresses that bounced back were checked and replaced where possible, resulting in a final sampling frame of 1438 contactable community service organisations.

Strategies to maximise survey response

To maximise survey responses, NCOSS and Homelessness NSW provided advance notice of the survey to organisations in their network. Non-respondents were followed up with a reminder mid-way through the survey period, and were provided with final reminders three days before the survey closed, and on the day the survey closed. In addition, through the survey period SPRC provided assistance to any respondents requiring it, by email and over the phone. To encourage participation, the research team offered participants the opportunity to enter a prize draw to win an iPad for their organisation on completion of the survey.

¹¹ Cortis, N. and M. Blaxland (2017). Workforce Issues in the NSW Community Services Sector (SPRC Report. Sydney: Social Policy Research Centre, UNSW Sydney.

Response analysis

Of the 1438 organisations which were contacted, 398 surveys were completed. This represents a response rate of 27.7%, which is well within the acceptable range for web-based organisational surveys requiring input from senior executives. As intended, in most cases the survey was completed by the leader in the organisation responsible for workforce development. Most respondents from the 72 SHS organisations which participated (69.4%) said they were the CEO, Executive Director or General Manager, while 13.9% were the manager of Human Resources, Workforce Development or equivalent. In a relatively small number of cases (8.3%) the survey was completed by another senior manager (such as an operations manager or state or area manager), or by a member of the management committee or board (2.8%), or another staff member, such as a co-ordinator, team leader or other staff member (5.6%).

Analysis and reporting

Survey responses were analysed to identify key characteristics and perspectives for organisations delivering SHS and to identify any differences between workforce issues in organisations delivering SHS and the wider community sector. Analysis involved a range of comparisons, but for brevity, notable differences are reported only. Most often, these differences were based on the size of organisations, measured as either staff numbers in NSW or the annual revenue of the whole organisation. Where respondents skipped questions, or where questions were asked of only a subset of respondents, the sample for each question may be less than 72 SHS provider organisations or 398 community sector organisations.

Appendix B Supplementary Tables

Table A.1 Annual income of responding organisations which delivered SHS

Income range	n	%
Under \$250,000	8	11.1
\$250,001 to \$500,000	3	4.2
\$500,001 to \$750,000	7	9.7
\$750,001 to \$1 million	6	8.3
\$1 million to \$5 million	29	40.3
\$5 million to \$10 million	7	9.7
Over \$10 million	11	15.3
I prefer not to say	1	1.4
Total	72	100.0

Table A.2 Average number of staff in metropolitan and non-metropolitan organisations delivering SHS

	N	Mean	Median	Std. Deviation
Operates in metropolitan areas	36	82.9	26.5	137.0.0
Non-metropolitan areas only	35	38.2	13.0	63.7
Total	71	60.9	18.0	108.8

Table A.3 Mean number of staff employed in organisations delivering SHS, by income range

	N	Mean	Median	Std. Deviation
Under \$250,000	8	4.6	3.5	4.3
\$250,001 to \$500,000	3	8.0	9	2.6
\$500,001 to \$750,000	7	8.9	7	4.9
\$750,001 to \$1 million	6	12.8	12	2.9
\$1 million to \$5 million	28	33.7	25	46.3
\$5 million to \$10 million	7	101.7	60	134.0
Over \$10 million	11	223.1	180.0	165.0
Income not stated	1	11.0	11.0	
Total	71	60.9	18.0	108.8

Table A.4 Staff eligible for support to undertake professional development in SHS organisations

SHS	All staff are eligible	Some staff are eligible	Not available
Support to study for a university or VET qualification (n=67)	40.3	35.8	23.9
Professional development required for professional registration or accreditation (n=67)	43.3	35.8	20.9
Attendance at other training courses or conferences (n=67)	88.1	10.4	1.5
Covering positions while staff attend training (n=64)	39.1	26.6	34.4

Table A.5 Staff eligible for support to undertake professional development in all organisations

All organisations	All staff are eligible	Some staff are eligible	Not available
Support to study for a university or VET qualification (n= 368)	34.2	31.3	34.5
Professional development required for professional registration or accreditation (n=376)	41	36.4	22.6
Attendance at other training courses or conferences (n=387)	79.8	18.3	1.8
Covering positions while staff attend training (n=370)	39.7	25.7	34.6

Table A.6 Whether factors helped attract and retain staff, or made it more difficult

	Helped	No impact	Made it more difficult
Reputation of the organisation			
All, n=375	72.3	25.1	2.7
SHS, n=70	78.6	20.0	1.4
Fringe benefits (including salary sacrificing)			
All, n=373	56.8	34.6	8.6
SHS, n=70	68.6	30.0	1.4
The working hours we offer			
All, n=375	48.5	38.1	13.3
SHS, n=68	36.8	45.6	17.6
Training and development opportunities			
All, n=370	38.6	54.6	6.8
SHS, n=69	39.1	52.2	8.7
Opportunities to accrue leave			
All, n=366	25.4	70.5	4.1
SHS, n=68	17.4	46.4	36.2
Level of job security we offer			
All, n=377	24.7	36.1	39.3
SHS, n=69	18.8	37.7	43.5
Opportunities to advance in our organisation			
All, n=365	21.4	51.0	27.7
SHS, n=69	30.9	67.6	1.5
Salaries we offer			
All, n=368	19.6	38.9	41.6
SHS, n=68	20.6	30.9	48.5