



Workforce Issues in the NSW Community Services Sector

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Contents

Executive Summary	1
1. About the research	5
1.1 Background	5
1.2 Building on existing knowledge	5
1.3 Data collection method	7
2. About responding organisations	10
2.1 Main service type	10
2.2 Location	10
2.3 Annual income	11
3. Staff numbers and characteristics	14
3.1 Total numbers of staff	14
3.2 Average numbers of staff	14
3.3 Age profile of staff	15
3.4 Degree qualifications	18
3.5 Changes in staff numbers	18
4. Contract types	22
4.1 Total number of permanent, fixed term and casual staff	22
4.2 Average number of permanent, fixed term and casual staff	22
4.3 Reasons for using fixed term and casual staff	23
4.4 A closer look at casual employment	23
5. Staff development	25
5.1 Support for learning and development	25
5.2 Communities of Practice	26
5.3 Clinical Supervision	27
5.4 Senior Practitioner roles	28
5.5 Comments on professional development	28
6. Recruitment and retention	33
6.1 Recruiting and retaining staff	33
6.2 Factors affecting recruitment and retention	33
6.3 Recruitment of particular groups of staff	35
6.4 Improving capacity to recruit and retain quality staff	35
7. Workforce diversity	38
7.1 Women in community service organisations	38

7.2	Female leadership	38
7.3	Employment targets	40
7.4	Promoting workforce diversity in community service organisations	40
8.	Flexible work arrangements	43
9.	Remuneration issues	45
9.1	The Equal Remuneration Order	45
9.2	Perspectives on supplementation	48
9.3	Salary Sacrificing	48
9.4	Superannuation	49
9.5	Funding under the NDIS	50
10.	Developing and Sustaining the Community Services Workforce	53
10.1	Improving remuneration	53
10.2	Improving contracts with government	54
10.3	Improving access to quality professional development	55
10.4	Issues for rural and regional services	56
10.4	NDIS issues	57
11.	Conclusions	58
	References	59
	Appendix A Supplementary Information	61

List of Tables

Table 2.1 Main service type of responding organisations	10
Table 2.2 Numbers of staff in organisations operating in metropolitan and non-metropolitan areas	11
Table 2.3 Organisations by income range	12
Table 3.1 Average number of full and part time staff in responding organisations	15
Table 3.2 Mean proportion of staff in each age category, by number of staff (n=395)	16
Table 4.1 Mean proportion of staff employed on a permanent, fixed term or casual basis, by main service type	23

List of Figures

Figure 2.1 Main income source of organisations by annual income (n=398)	13
Figure 3.1 Size categories of responding organisations (staff numbers) (n=398)	14
Figure 3.2 Mean proportion of staff in each age category, by main service type (n=395)	17
Figure 3.3 Mean proportion of staff with a degree level qualification, by metropolitan and non-metropolitan operations (n=386)	18
Figure 3.4 Proportion of organisations for which staff numbers increased, decreased, and stayed the same (n=397)	21
Figure 5.1 Organisations with budgetary supports for professional development	25
Figure 5.2 Internal and external opportunities to participate in communities of practice, by non-metropolitan operations (n=397)	27
Figure 5.3 How often professional or clinical supervision is provided by a manager or supervisor specifically trained to provide it (n=225)	28
Figure 6.1 Factors which helped attract and retain staff (%)	34
Figure 7.1 Mean proportion of staff in organisations who were women (n=394)	39
Figure 7.2 Proportion of organisations with a female CEO, by annual income (n=379)	39
Figure 8.1 Proportion of organisations in which flexible start and finish times, controlled by employees were common, by number of staff (n=389)	43
Figure 8.2 Common flexibility arrangement in organisations	44
Figure 9.1 Proportion of organisations receiving ERO supplementation, by main service type	46
Figure 9.2 Proportion of organisations receiving ERO supplementation, by main income source	47
Figure 9.3 Mean proportion of staff using salary sacrificing arrangements	49
Figure 9.4 Perceptions of adequacy of NDIS prices	51
Figure 9.5 Employment conditions under the NDIS	51

Abbreviations

ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
ERO	Equal Remuneration Order
FACS	NSW Department of Family and Community Services
FBT	Fringe Benefit Tax
LGBTI	Lesbian, gay, bisexual, transgender and intersex
NCOSS	NSW Council of Social Service
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
SCHADS	Social, Community, Home Care and Disability Services Industry Award
SD	Standard Deviation
SPRC	Social Policy Research Centre

Executive Summary

This report provides information about paid employees in non-profit community service organisations in New South Wales (NSW). It profiles workforce characteristics, and leaders' perceptions of workforce strengths and issues and ways to respond to emerging challenges. Information comes from survey data collected from leaders of 398 community service organisations in February 2017.

Staff numbers and characteristics

Consistent with previous information, the community services workforce remains strongly female dominated. Many workers are approaching retirement age, especially in small organisations, and the employment is characterised by high rates of part time and casual employment.

- On average, organisations reported that 77.6% of their staff were women.
 - Around 1 in 5 organisations were completely staffed by women.
- Part time workers outnumbered full time employees, at a ratio of around 4 to 3.
- 1 in 4 workers in community service organisations were aged 55 or over.
 - Very small organisations reported higher proportions of older staff. In organisations with 5 or fewer staff, 1 in 3 workers were 55 or older, and very few staff were aged under 25.
- On average, around 2 in 5 staff had degree level qualifications.
 - Organisations focused on health-related services had higher proportions of degree qualified staff.
 - Organisations focused on ageing, disability and carer services had lower proportions of degree qualified staff, as did organisations based outside metropolitan areas.

Sector growth

A high proportion of community service organisations are experiencing workforce growth.

- Over the last year, 45.0% of organisations reported growth in staff numbers, while staff numbers decreased for only 14.1% (the remainder were stable).
 - The most common reasons for increasing staff numbers related to service expansion including the National Disability Insurance Scheme (NDIS). Correspondingly, organisations focused on ageing, disability and carer supports were most likely to report that their staff numbers grew.

Difficulty Recruiting and Retaining Staff

- Many organisations reported difficulty recruiting and retaining staff. Most commonly this was attributed to uncertainty about funding, and low levels of funding.
 - 40.7% of organisations reported difficulty recruiting and retaining degree qualified practitioners in the last 12 months.
 - 32.5% reported difficulty recruiting other frontline practitioners.

- Organisations reported particular difficulty recruiting Aboriginal staff, multi-lingual staff, solicitors, and allied health workers.
- The NDIS is widely perceived to be contributing to recruitment and retention difficulties, with non-metropolitan services finding it particularly difficult to attract support workers.
- Sector leaders continue to report that the wages their organisation can offer are too low, especially for staff living in Sydney.

Casual and fixed term employment

A relatively high proportion of the community service sector workforce is employed casually.

- Across responding organisations, 50.1% of staff were employed on a permanent or ongoing basis, 18.2% were fixed term and 31.5% were employed casually.
- The percentage of staff employed casually is higher than the national figure (24%).
 - In large organisations, higher than average proportions of staff were employed casually, as was the case in organisations focused on delivery of ageing, disability and carer services.
 - In 1 in 8 organisations (12.1%) the majority of staff are casual, and almost half of these were in organisations with more than 50 staff.
- Organisations report offering casual positions to cater for fluctuations in demand and because of uncertainty about the continuity of their funding.
- Similarly, respondents reported that fixed term contracts are offered because of funding uncertainty, and because funding is fixed term.

Professional development

Although some organisations report that their staff have good access to professional development, others are struggling to provide it.

- Organisations reported that staff participated in an average of 6.5 days of professional development per year, although this varied.
- Cost was the greatest barrier to accessing training, especially for non-metropolitan based services.
- Some organisations reported that available training doesn't meet staff needs, including the needs of very experienced staff.
- Many organisations are unable to cover the costs of covering positions while staff attend training, with some services needing to close when staff are absent.

Workforce Diversity

The diversity of the community services workforce is a strength of the sector.

- 71.1% of organisations had a female CEO, which is high in comparison to other industries.
 - However, organisations with annual incomes over \$5 million were much less likely to have a female CEO than smaller organisations.

- Half of organisations had policies in place to support employment of Aboriginal and Torres Strait Islander (ATSI) people and 43% had policies relating to culturally and linguistically diverse (CALD) populations.

Organisations use many strategies to promote diversity, including:

- Diversity targets
- Identified positions
- Pathways for progression and skill development for target groups
- Targeted advertising of positions, and
- Physical and process modifications for employees with disability.

Remuneration

Around 2 in 3 organisations reported receiving supplementation from government to cover the Equal Remuneration Order (ERO) for social and community services.

- Organisations whose main source of funding was the Australian government were more likely than others to receive supplementation.
- There is much dissatisfaction with the adequacy of supplementation, and with processes for obtaining it. Many organisations reported that supplementation is too low and or that it isn't provided by all government funders or for all programs, or that it is not passed on through subcontracting arrangements.

The National Disability Insurance Scheme

A third of responding organisations were registered to provide the NDIS. These organisations report the Scheme is placing significant pressure on their financial status and stability. This is affecting sector capacity to implement good workforce management models, and deliver good quality services.

- Two thirds of registered NDIS providers reported that current pricing levels do not enable them to meet their industrial obligations, to recruit or retain staff, or to cover the costs of support workers travelling between clients.
- In around 1 in 3 registered providers, staff delivering the NDIS are not paid to attend regular team meetings or to attend training and development.
- These pressures were reported by NDIS providers of different sizes, and across metropolitan and non-metropolitan areas.

Developing the community service sector workforce

Despite the wage increases resulting from the ERO, organisations still feel community services work is undervalued, and that wages and conditions need to be improved to attract and retain highly skilled and qualified staff.

- Organisations underlined how low levels of funding, and short term funding, make it difficult to attract and retain high quality staff. Organisations called for:
 - funding contracts that allow for adequate salary levels and pay for overheads; and
 - longer term funding to improve job security and stability.

- Many respondents pointed to the need to improve preparation for practice, and ongoing professional development, especially for organisations outside the metropolitan areas. Respondents called for:
 - Free or subsidised training, especially for non-metropolitan services, for ATSI and CALD workers, and for mature aged people returning to the workforce.
 - Alleviation of the costs of replacing staff who are attending training, so that professional development does not disrupt service delivery.
 - Ensure that the NDIS prices cover the full costs of service delivery, including staff training and development.

1. About the research

1.1 Background

Good workforce planning requires good information. Yet detailed information about workforce characteristics, issues and challenges in the community services sector has been lacking. To develop an evidence base for and about the community services workforce in New South Wales (NSW), the Social Policy Research Centre (SPRC) was commissioned by the Council of Social Service of NSW (NCOSS) to conduct a survey of organisations. The aim was to help sector advocates, organisations and policy makers to:

- identify and understand the strengths of the community sector workforce, factors impeding quality and performance;
- gaps in workforce regulation and supports; and
- future strategies for workforce development.

To do this, we collected information from organisational leaders responsible for employment arrangements or workforce development, covering a range of topics including organisational and employee characteristics, non-standard working arrangements, and professional development. Although the contribution of volunteers in service delivery, administration and governance is a distinctive feature of the sector (see Cortis and Blaxland, 2014, 2015), the focus of this study was on paid employees only.

1.2 Building on existing knowledge

For survey purposes, the community sector was defined to include non-profit organisations delivering community services (other than aged care and childcare)¹ in NSW. Organisations were within scope if they were non-profit organisations and were either receiving funding under key NSW Government programs for community services²; delivering services under the National Disability Insurance Scheme (NDIS) in NSW, or who were members of NCOSS. While there is no consistent definition of community services in Australia, this definition is more specific than the definitions usually used in national data collections, which tend to include residential aged care and early education and care services as community services, and often do not distinguish non-profits from other providers of community services.

Collecting new data was necessary because of the limited detail available from existing data collections, and the need to capture the knowledge of sector leaders on workforce issues or challenges, which are not available from other data sources. Unlike the United Kingdom, Australia does not have a national minimum dataset for care industries, used for detailed workforce

¹ Workforce information for aged care and child care are collected through national data strategies, such as the National Early Childhood Education and Care Workforce Census (see <https://www.education.gov.au/nationalworkforcecensus>) and the National Aged Care Workforce Census and Survey (see King et al, 2012).

² This included a range of health, youth, family, disability and specialist homelessness services, among others. Early education and care and residential aged care were not included, although some organisations included through the criteria used also delivered these services.

monitoring.³ Australian Bureau of Statistics data from the Census and Labour Force Surveys for example do not provide breakdowns for non-profit organisations, nor can the information collected in these general datasets profiling the workforce reflect the specific operational contexts of the community services sector. National statistics do however demonstrate key features of working arrangements and workforce development issues in community services, which were used as a basis for designing our more specific study of the NSW community sector.

Growth in the community sector workforce

A key feature of the community sector workforce is that it is growing rapidly. Around 5% of employed people in Australia work in community service industries, although this definition includes residential aged care and childcare, as well as 'other social assistance' services such as disability services, youth services, family support and other welfare services (AIHW, 2015: 46). In 2014, there were 605,900 people employed in community service industries, and around three quarters of these (449,000) were in occupations distinctive to community services, such as community workers and disability support workers (rather than accountants, tradespersons or others, who could also work in other industries)⁴. From 2004 to 2014, the number of workers in community service industries increased by 54%, which was much higher than the increase of 21% experienced across industries overall (AIHW, 2015: 46). While the child care workforce grew the fastest, there was also significant growth in the numbers employed as non-residential aged and disability carers, along with social workers, welfare support workers, counsellors, and recreation and community arts workers.

Other national data similarly attests to rapid growth in the community sector workforce, especially among direct care and other frontline workers. Census data shows that across Australia, from 2006 to 2011, the occupation of 'welfare worker' grew by 52.6%, and 'community worker' grew by 35.6% (CSHISC, 2014:9). Personal care assistants grew by 27.7% and aged and disabled carers grew by 39.8%. (CSHISC 2014:9). Importantly, growth in the community services workforce is an enduring trend, not an artefact of economic cycles (CSHISC, 2014:10).

Pressures on the community sector workforce

The growth of the community sector workforce reflects the interplay of social and demographic factors. These changes include population ageing, improved identification of social need, reduced availability of informal supports arising from growing female workforce participation, shrinking government provision, and rising economic inequalities. Together, these changes increase demand for services provided by the community services sector, while also placing the sector's ageing and feminised workforce under stress.

Gender based undervaluation

Previous research has explored the drivers of low rates of pay in the sector, including gender-based undervaluation, and strategies to address it (Cortis and Meagher, 2012). An underlying problem is that roles supporting, nurturing or developing others are culturally undervalued on the

³ Information about the United Kingdom's exemplary National Minimum Data Set for Social Care, established in 2005 and run and supported by 'Skills for Care', is at <https://www.nmds-sc-online.org.uk/>

⁴ That is, they were community workers and welfare workers, rather than administrators, accountants and tradespersons, who could work in other industries.

basis of expectations they will be performed out of altruism or duty, not for money, and the idea that workers providing care and support will accept lower pay in exchange for opportunities to perform satisfying or mission driven work (Budig and Misra, 2008; Charlesworth et al, 2015). The 2010-2012 Equal Remuneration Case for social and community service workers drew attention to the structural problems of the community service workforce, and the way that gender-based undervaluation holds wages down and exacerbates recruitment and retention difficulties (Cortis and Meagher, 2012). Although award wages are increasing as a result of the Equal Remuneration Order resulting from the case, the data presented in this report shows community service work is still considered undervalued.

Funding arrangements

Our survey findings also build on recognition of the workforce pressures arising from the structure of funding arrangements in the community services sector. Short-term funding, funding uncertainty, and inadequate funding levels contribute to job insecurity and limit career pathways and resources available to support upskilling (Martin and Healy, 2010; AIHW, 2015). There has been much previous evidence of workforce shortages in particular areas, such as allied health professionals to support people with disability living in rural areas. Ultimately, this has been argued to make service users in rural areas particularly vulnerable to low quality provisioning and service disruption (Lincoln et al, 2013).

Increasing complexity, and the NDIS

An additional source of pressure on the workforce is the increasing complexity of community services work. Workers need to work collaboratively with other services, and with practitioners with a multitude of disciplinary backgrounds, and must also work with service users in more flexible and client-centric ways. Consumer-centred models of service provision, including the NDIS requires increased capacity to identify, understand and respond to the individual needs of service users, and underlines urgent needs to invest in and develop the workforce.

1.3 Data collection method

Survey design

In light of these trends, the survey instrument was specifically designed to capture contemporary workforce issues in the NSW community sector, and was refined in consultation with NCOSS and the sector representatives and academics who participated in the project advisory group. The survey instrument was structured around a series of modules relating to different workforce issues. These captured information about the characteristics of 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 the NSW Department of Family and Community Services (FACS) and NSW Health programs, a list of NCOSS members, providers of the NDIS and Specialist Housing Services. The lists were cleaned to ensure surveys were distributed only to non-profit organisations. 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 (CEO) 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 1,438 contactable organisations.

Strategies to maximise survey response

To maximise survey responses, NCOSS and Homelessness NSW⁵ provided advance notice of the survey to member organisations. 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.

Response analysis

Of the 1,438 organisations which were contacted, 398 surveys were completed. This represents a response rate of 27.7%. This is lower than the response obtained from the State of the Community Services Sector in NSW studies conducted in 2014 and 2015. This is perhaps because of the narrower scope of the survey content, because government agencies were not engaged in promoting it, and because smaller organisations may have seen it as less relevant if they employ only one or two staff. Notwithstanding, the response 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 (71.9%) said they were the CEO, Executive Director or General Manager, while 12.8% were the manager of Human Resources, Workforce Development or equivalent. In a relatively small number of cases (7.3%) 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 (3.0%), or another staff member, such as a coordinator, team leader or other staff member (5.0%).

Analysis and reporting

Survey responses were analysed to identify key characteristics and perspectives across the sector, and to examine any differences among groups of respondents. Analysis involved a range of

⁵ Homelessness NSW helped promote the response through their networks, as the survey was also used as the basis for a sub-report focused on workforce issues in specialist homelessness services, forthcoming in 2017.

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. Numbers and percentages are reported here. Where respondents skipped questions, or where questions were asked of only a subset of respondents, the sample for each question may be less than 398.

2. About responding organisations

This section provides detail of the characteristics of responding organisations, such as their main service, locations, and income. Section 3 then focuses on numbers of staff and workforce characteristics within these organisations.

2.1 Main service type

Responding organisations were asked what category of services best captures their main service type, but for brevity, were not asked for a full list of the activities they perform. The largest number were in the category of 'Ageing, disability and carer organisations' (30.9%), followed by 'Child, youth and family services' (15.8%), 'Housing and homelessness' (12.8%) and 'Community development (including Neighbourhood Centres)' (12.1%). A breakdown is provided in Table 2.1. As this captures the main service type of organisations only, it doesn't reflect the full diversity of services and activities they perform⁶. Indeed, many of the 15 organisations which selected 'other' specified that they were a multi-service agency in which there was no dominant service type.

Table 2.1 Main service type of responding organisations

Main service type	n	%
Aboriginal and Torres Strait Islander services [^]	19	4.8
Ageing, disability and carer	123	30.9
Child, youth and family services	63	15.8
Community development (including Neighbourhood Centres)	48	12.1
Employment, training and financial Support [^]	5	1.3
Health-related services (including mental health, AOD)	36	9.0
Housing and homelessness	51	12.8
Information and advocacy [^]	14	3.5
Law and legal services [^]	6	1.5
Sector development and peak bodies [^]	18	4.5
Other [^]	15	3.8
Total	398	100.0

[^]Throughout the report, where measures are compared by service type, categories with less than 30 respondents are combined into the category of 'other'.

2.2 Location

The vast majority of responding organisations operated in NSW only (84.9%). Of the 60 organisations which also operated in other states, nine (2.3%) operated in all states and territories. Respondents were asked to select which areas of NSW their organisation operated in. Almost half

⁶ More detailed information on service types[^] can be found in previous reports on the NSW community service sector, see Cortis and Blaxland, 2014, 2015.

(46.5%) operated in non-metropolitan areas only, that is, in regional and remote areas. Among organisations operating in non-metropolitan areas, there was a relatively high proportion of organisations which had five or fewer staff (26.5%). Among those with metropolitan and non-metropolitan operations, 29.5% had more than 100 staff. This is shown in Table 2.2, with a visual summary in Figure A.1.

Table 2.2 Numbers of staff in organisations operating in metropolitan and non-metropolitan areas

	Metropolitan areas only		Non-metropolitan areas only		Both metropolitan and non-metropolitan areas		Total	
	n	%	n	%	n	%	n	%
5 or fewer	22	17.6	49	26.5	14	15.9	85	21.4
6 to 10	23	18.4	28	15.1	16	18.2	67	16.8
11 to 20	20	16	37	20	9	10.2	66	16.6
21 to 50	32	25.6	38	20.5	9	10.2	79	19.8
51 to 100	12	9.6	15	8.1	14	15.9	41	10.3
More than 100	16	12.8	18	9.7	26	29.5	60	15.1
All	125	100	185	100	88	100	398	100
% of total	31.4		46.5		22.1		100	

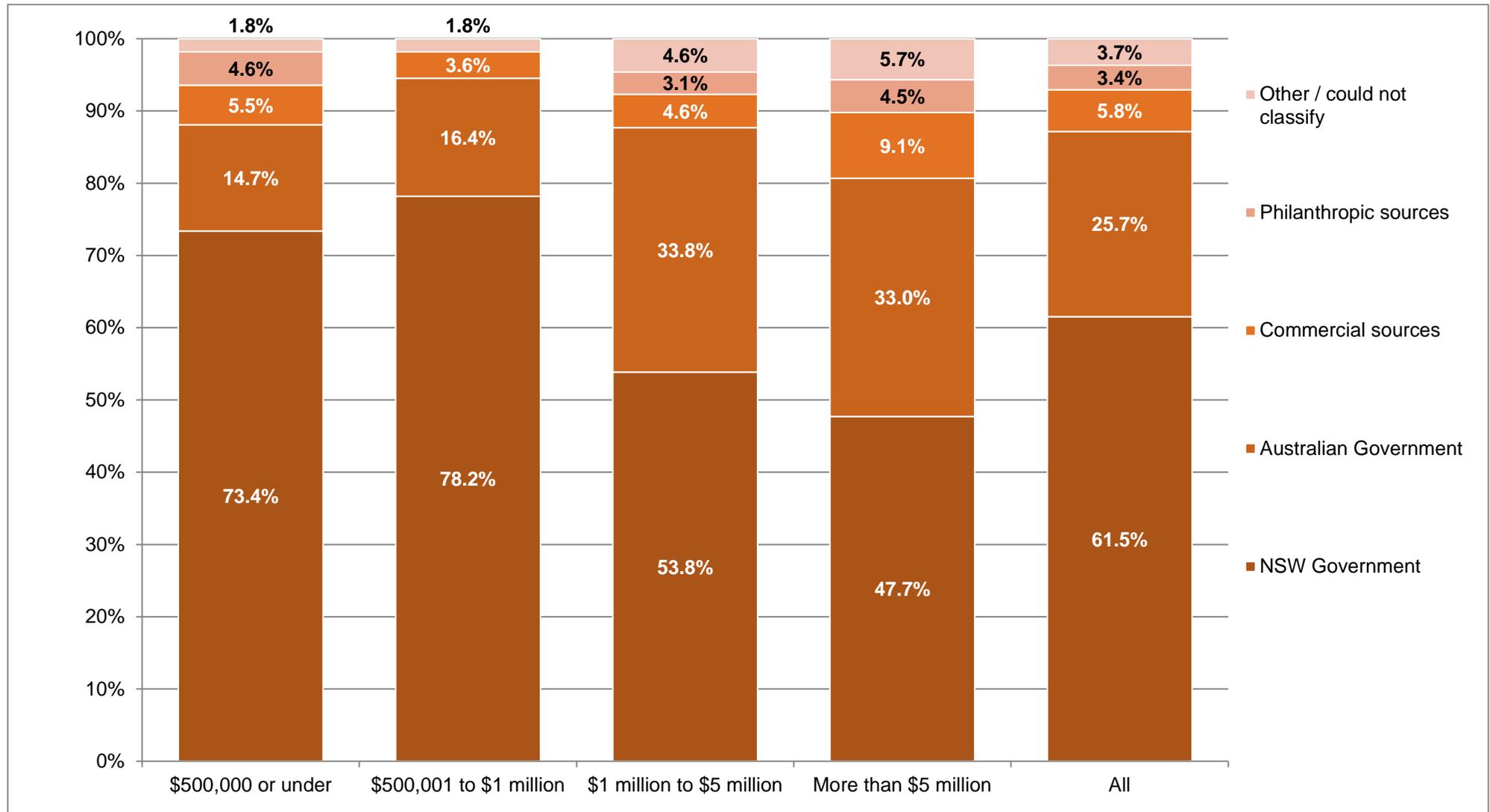
2.3 Annual income

The largest group of organisations had incomes in the \$1-\$5 million range (32.7%). However, there was much variation, with the majority being much smaller or much larger, as shown in Table 2.3. Respondents were also asked whether their most important source of income was from the NSW Government, Australian Government, commercial or philanthropic sources, or another source. For most (61.5%), the NSW Government was the main income source, but Australian Government funding was more important to larger organisations (see Figure 2.1).

Table 2.3 Organisations by income range

Income range	n	%
Under \$250,000	57	14.3
\$250,001 to \$500,000	52	13.1
\$500,001 to \$750,000	29	7.3
\$750,001 to \$1 million	26	6.5
\$1 million to \$5 million	130	32.7
\$5 million to \$10 million	37	9.3
Over \$10 million	51	12.8
I prefer not to say	16	4.0
Total	398	100.0

Figure 2.0.1 Main income source of organisations by annual income (n=398)



3. Staff numbers and characteristics

3.1 Total numbers of staff

Together, responding organisations reported employing 29,017 staff. On the basis that respondents represent 27.7% of organisations identified as operating in NSW, we estimate that there were 104,575 employees in community service organisations which fit the definition used in the study⁷.

Figure 3.1 shows the distribution of organisations according to their total staff numbers. Notably around a fifth (21.4%) of responding organisations had five or fewer staff. More than half of organisations (54.8%) had 20 or fewer staff.

Figure 3.1 Size categories of responding organisations (staff numbers) (n=398)



3.2 Average numbers of staff

Table 3.1 shows that on average, organisations employed 72.9 staff, although this number is inflated by the small number of very large employers. Numbers varied across organisations, reflected in high standard deviations (SD), and differences by main service type (see Table 3.1).

Table 3.1 shows the average number of part time workers was 44.3 and the average number of full time workers was 33.1, although there was much variation. While part time staff outnumbered full time staff across community service organisations, this was not the case for child, youth and family service organisations, health related services, and housing and homelessness. For these, average numbers of full time staff were higher than the average numbers of part time staff.

⁷ Within scope were non-profit organisations providing community services and which were either funded under the main NSW community service programs, registered providers of NDIS, or NCOSS members.

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)
Ageing, Disability and Carer (n=123)	54.1 (159.9)	100.8 (264.1)	151.9 (410.5)
Child, Youth and Family services (n=63)	26.4 (54.4)	19.2 (31.2)	40.8 (72.4)
Community development (n=48)	5.9 (21.2)	12.0 (16.6)	16.4 (34.2)
Health-related services (n=36)	42.2 (78.4)	34.3 (49.6)	73.5 (122.3)
Housing and Homelessness (n=51)	25.1 (54.0)	9.2 (12.5)	31.2 (61.0)
Other (n=77)^	18.4 (29.3)	20.2 (36.3)	35.6 (55.6)
Total (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. For example, total number of staff reported by ageing, disability and carer organisations ranged from 2 to 4000, while among organisations whose main service type was housing and homelessness, the total number of staff ranged from 2 to 400.

^ Note that the category of 'other' includes categories reported in Table 2.1 which had under 30 respondents (Aboriginal and Torres Strait Islander services, Employment, Training and Financial Support, Information and advocacy, Law and legal services, sector development and peak bodies, and other).

3.3 Age profile of staff

The survey asked about two age groups: staff aged over 55 (to capture the number approaching retirement age); and those at the beginning of their careers (aged 24 and under). In general, small organisations had higher proportions of older workers, which may reflect high levels of skills and experience required in very small organisations. Table 3.2 shows that in organisations with five or fewer staff, 1 in 3 were aged 55 or over, on average. In contrast, the figure was between 1 in 4 and 1 in 5 in larger organisations.

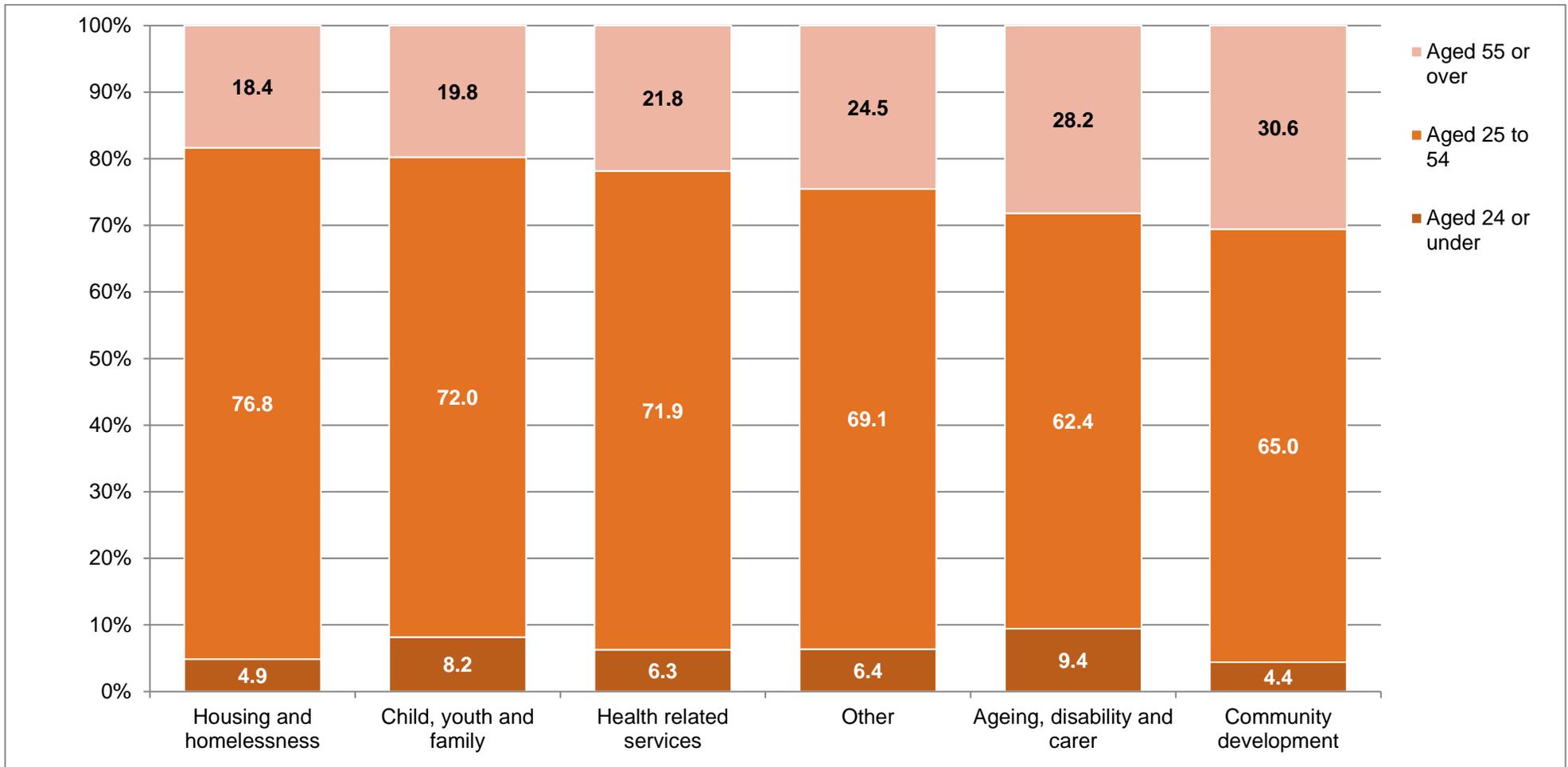
Small organisations reported lower proportions of younger staff. Among organisations with five or fewer staff, 88.1% employed no staff aged 24 and under. Small organisations had lower mean proportions of staff aged 24 or under. Younger staff made up 2.2% of staff in the smallest organisations, and 5.1% of staff in organisations with 6 to 10 staff. In contrast, in organisations with more than 50 employees, staff aged 24 and under comprised more than 10% of the workforce (see Table 3.2).

Table 3.2 Mean proportion of staff in each age category, by number of staff (n=395)

	Mean proportion aged 24 and under (SD)	Mean proportion between 25 and 54 (SD)	Mean proportion aged 55 or over (SD)
5 or fewer	2.2 (7.5)	63.7 (33.8)	34.1 (33.7)
6 to 10	5.1 (9.5)	71.7 (22.4)	23.1 (23.2)
11 to 20	6.2 (9.9)	71.5 (21.1)	22.4 (19.8)
21 to 50	9.1 (13.0)	70.7 (21.0)	20.2 (19.3)
51 to 100	10.6 (10.4)	66.6 (19.4)	22.8 (20.2)
More than 100	12.7 (8.8)	65.1 (16.1)	22.1 (16.2)
All	7.2 (10.6)	68.2 (23.9)	24.6 (23.9)

The age profile of organisations also differed across service types (see Figure 3.2). In organisations for which the main service type was community development (including neighbourhood centres), 30.6% of staff were aged 55 or over, on average. By comparison, less than 20% of staff in organisations focused on housing and homelessness or child, youth and family services, were aged 55 or over.

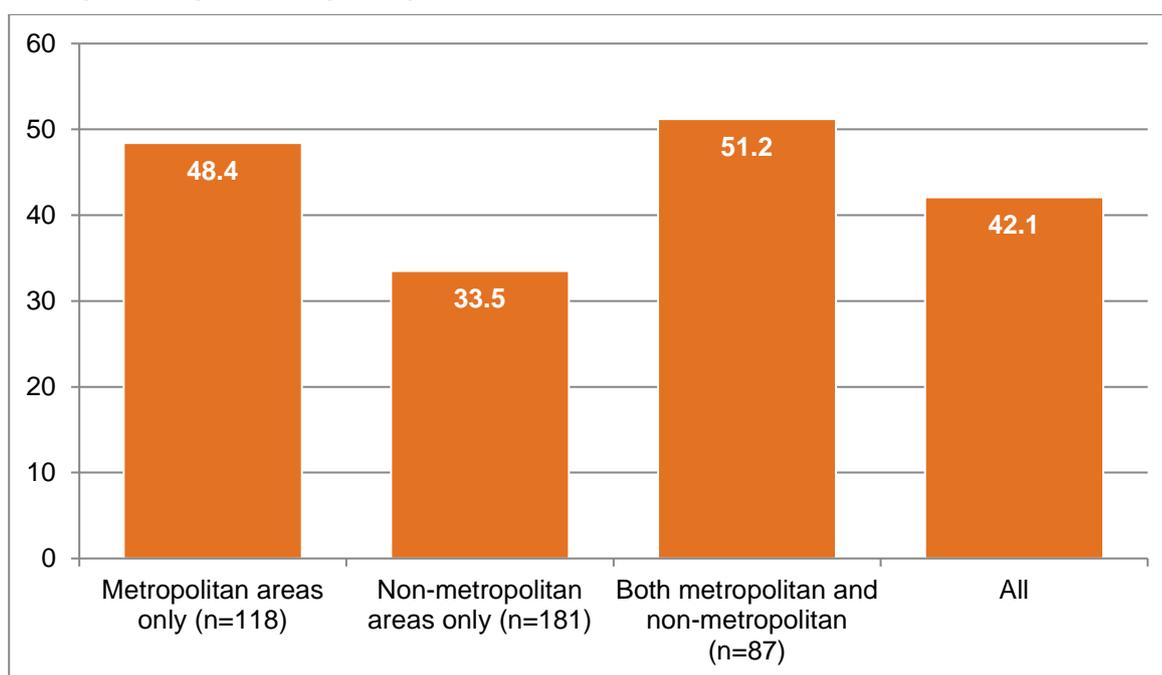
Figure 3.2 Mean proportion of staff in each age category, by main service type (n=395)



3.4 Degree qualifications

Respondents were asked approximately what percentage of their staff 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. As shown in Figure 3.3, on average, 42.1% of staff in responding organisations had degree level qualifications. Organisations operating outside the metropolitan areas had lower proportions of degree qualified staff (33.5%, on average). By service type, organisations which were focused on health-related services had higher average proportions of degree qualified staff (56.9%), while ageing, disability and carer services had the lowest (29.9%) (data shown in Appendix, see Table A.2).

Figure 3.3 Mean proportion of staff with a degree level qualification, by metropolitan and non-metropolitan operations (n=386)



All staff had degree level qualifications in 6.5% of organisations, while a smaller number (4.4%) said that none of their staff were degree qualified (4.4%). Organisations without degree qualified staff were spread across service types; 12 were very small organisations (with five or fewer staff), and 12 operated outside metropolitan areas.

As well as being asked to report the percentage of staff in their organisation with degree level qualifications respondents were also asked whether this was too low, about right or too high, considering the skill requirements of the organisation. Almost three quarters of respondents (74.4%) rated the percentage of degree qualified staff as 'about right', while eight organisations (2.1%) said it was too high. Ninety-two organisations (23.6%) said their figure was too low. The 92 organisations which said qualifications were too low were spread across organisations of varying sizes. Almost half were operating outside the metropolitan areas (46.7%) and a significant proportion were ageing, disability and carer services (32.6%).

3.5 Changes in staff numbers

The survey asked respondents whether compared with the same time last year, the total number of employees in the organisation had increased, decreased or stayed the same. Almost half reported

growth in staff numbers, with 32.7% saying numbers increased 'a bit', and a further 12.3% reporting numbers increased 'a lot' (45.0% in total). For 162 organisations, (40.8%), numbers had stayed roughly the same, while staff numbers decreased for 56 organisations (14.1%), although most often respondents reported that numbers had decreased 'a bit' rather than 'a lot'.

As shown in Figure 3.4, high proportions of very small organisations (five staff or fewer) reported stability in staff numbers over the period. Larger organisations were most likely to report growth in staff numbers: more than half of organisations with over 100 staff reported that staff numbers grew 'a bit' over the last year (53.3%) and almost a third said they grew 'a lot' (31.7%).

A breakdown by main service type is in Appendix A, Table A.4. This shows that organisations focused on ageing, disability and carer supports were most likely to report that their staff numbers grew, with 34.1% saying they increased a bit, and 25.2% saying they increase a lot. Services whose main service type was community development (including neighbourhood centres) were most likely to report decreases in staff numbers (25.5%), although these were relatively few in number, and no respondents reported that numbers had decreased significantly.

Reasons for increases or decreases in staff numbers

When respondents were asked the reasons their staff numbers had increased, the most common response was that the increase was associated with an expansion of existing services or programs (24.4%), and 14.3% said they obtained funding for a new program. Thirty-five organisations said the increase was due to changes in funding models, and this was reflected in open ended quotes, in which respondents pointed to the NDIS, for example:

With the change to the NDIS we have seen an increase in casual staff. (Large metropolitan based organisation organisation)

[The] NDIS has required significant growth in support staff with a vast range of skill sets. (Medium-sized organisation working across metropolitan and non-metropolitan areas)

Those for which staff numbers had decreased most commonly reported this was due to the end of a funding contract (26 organisations). Ten organisations said it was because they had difficulties recruiting suitable employees and ten said they needed to reduce staff numbers to offset increased wages. In the open-ended comments, some also referred to the NDIS. One explained the organisation made a:

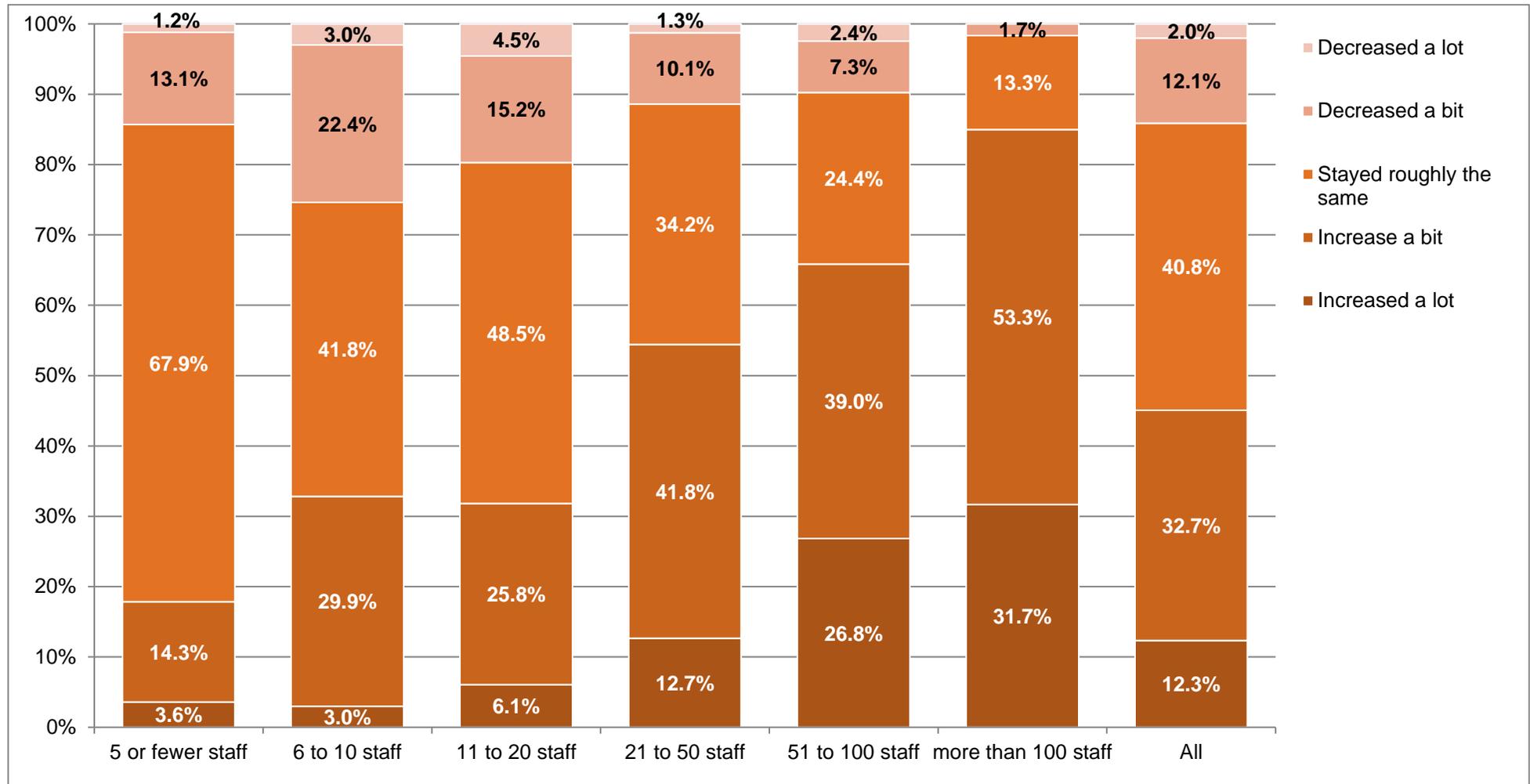
Decision to close some services due to financial burden placed on our organisation to continue to provide effective service delivery under the NDIS funding model. (Medium-sized organisation working across metropolitan and non-metropolitan areas)

Others explained how funding insecurity had led to staff decreases:

Insecurity related to funding programs ... scheduled to end in June 2017 has made it difficult to offer job security when recruiting new staff & has been the main reason for two staff choosing to leave this organisation. (Metropolitan based community development organisation)

Uncertainty around funding, so staff cut as a contingency strategy. (Medium size organisation conducting activities related to sector development and peak bodies)

Figure 3.4 Proportion of organisations for which staff numbers increased, decreased, and stayed the same (n=397)



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 in organisations

4.1 Total number of permanent, fixed term and casual staff

Together, responding organisations employed 29,017 staff in total. Of these, approximately:

- 14,536 were permanent (50.1%)
- 5,284 were fixed term (18.2%)
- 9,147 were casual (31.5%).

By comparison, across the whole workforce, around 24% of employees were employed casually (ABS, 2014), indicating that rates of casual employment are relatively high in the NSW community services workforce.

However, across organisations, the mix of casual, fixed term and permanent staff differed. Forty-eight organisations (12.1%) reported that over half of their staff were employed casually. Twenty-one of these organisations were large, having more than 50 staff, indicating that casualisation in larger organisations is contributing to the higher levels of precarious employment across the sector.

4.2 Average number of permanent, fixed term and casual staff

Across organisations, the average proportion of staff employed on a permanent or ongoing basis was 62.1%, while 19.3% were casuals and 18.7% were employed on a fixed term basis. This varied by main service types, shown in Table 4.1.

Organisations focused on housing and homelessness tended to have higher proportions of staff employed on permanent or ongoing bases (70.0%, on average), while those focused on ageing, disability and carer services had the lowest (55.8%, on average). Among respondents, there were high rates of casual employment in ageing, disability and carer organisations, which were 33.2% casual, on average.

Table 4.1 Mean proportion of staff employed on a permanent, fixed term or casual basis, by main service type

Main service type	Permanent or ongoing		Fixed term contract		Casual	
	Mean	SD	Mean	SD	Mean	SD
Ageing, Disability and Carer (n=123)	55.8	32.2	11.0	20.6	33.2	29.9
Child, Youth and Family services (n=63)	63.2	35.3	20.0	29.3	16.8	22.3
Community development (n=47)	68.1	33.8	18.8	33.4	13.1	18.3
Health-related services (n=36)	62.4	36.2	25.4	32.6	12.2	20.1
Housing and Homelessness (n=51)	70.0	30.6	16.6	27.3	13.4	21.8
Other (n=76)	61.9	34.6	28.1	34.4	10.0	15.6
Total (n=396)	62.1	33.7	18.7	29.1	19.3	25.0

4.3 Reasons for using fixed term and casual staff

The most common reasons for offering positions on a fixed term basis were because of uncertainty about the continuity of funding, or because funding was fixed term, while others indicated it was to cover special projects or longer term absences like parental leave, or for new positions where it was not yet clear if the work needed to be ongoing. A large group (37.4%) said fixed term contracts were usually offered for a year, but around the same number (36.0%) said it differs depending on the length of their funding contracts.

The most common reason reported for offering positions on a casual basis was to cater for fluctuations in demand, and because of uncertainty about the continuity of their funding. Open ended comments also indicate casual employment is widely used for to cover staff absences such as parental leave, while a few said they used casuals to fill positions while recruiting permanent employees, or because it was the choice of staff, or because staff were working in the organisation as a secondary job.

4.4 A closer look at casual employment

As suggested above, casual employment by larger organisations appears to be contributing to precarious work across the sector. This is evident in Figure 4.1 which shows that organisations with over 50 staff had relatively high proportions of casual employees, on average. Figure 4.2 shows that NDIS registered staff had particularly high proportions of staff employed casually, on average.

Figure 4.1 Mean proportion of staff employed on a casual basis, by number of staff (n=396)

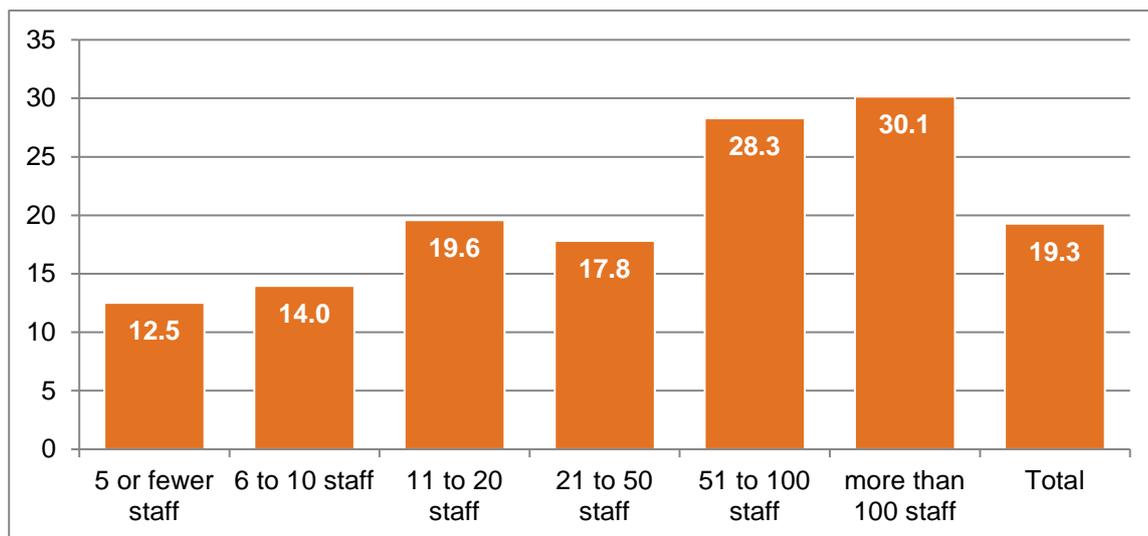
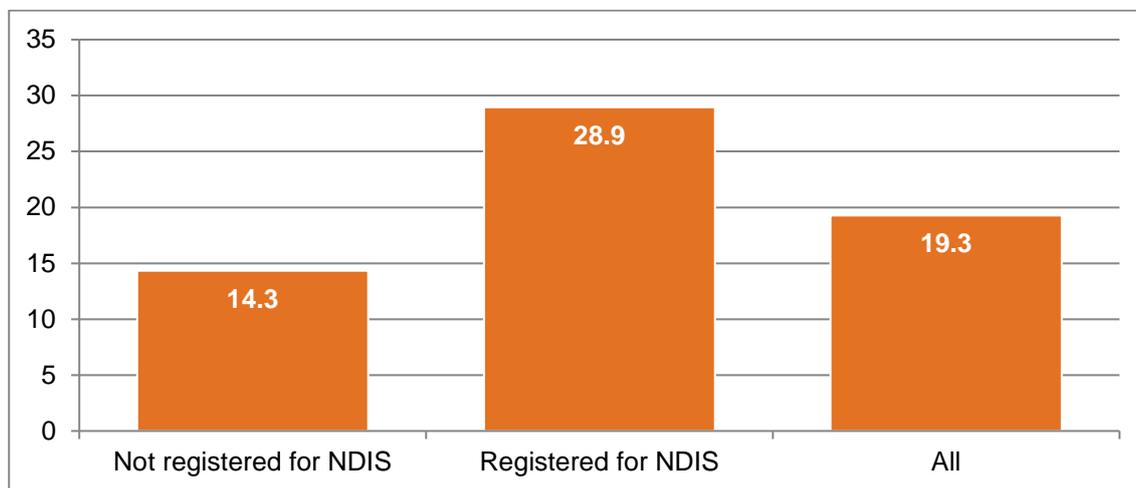


Figure 4.2 Mean proportion of staff employed on a casual basis, NDIS registered providers and other organisations (n=396)



As casual workers may experience high rates of underemployment and be unable to access additional paid hours when they need them, organisations with casual staff were asked if, in the last 12 months, any casual staff had requested additional work hours. Almost half of respondents said that they had received requests and were able to provide some of the extra hours casual staff had requested (48.2% of those employing casuals). Around 1 in 10 (9.8%) said they received requests for extra hours and were able to provide all the hours requested. A further 13.7% received requests but were unable to offer any extra hours, while 28.2% said that none of their casual staff requested more hours. This suggests that many organisations may be unable to meet the work needs of casual workers, raising risks of loss of staff where workers need to leave to obtain sufficient working hours.

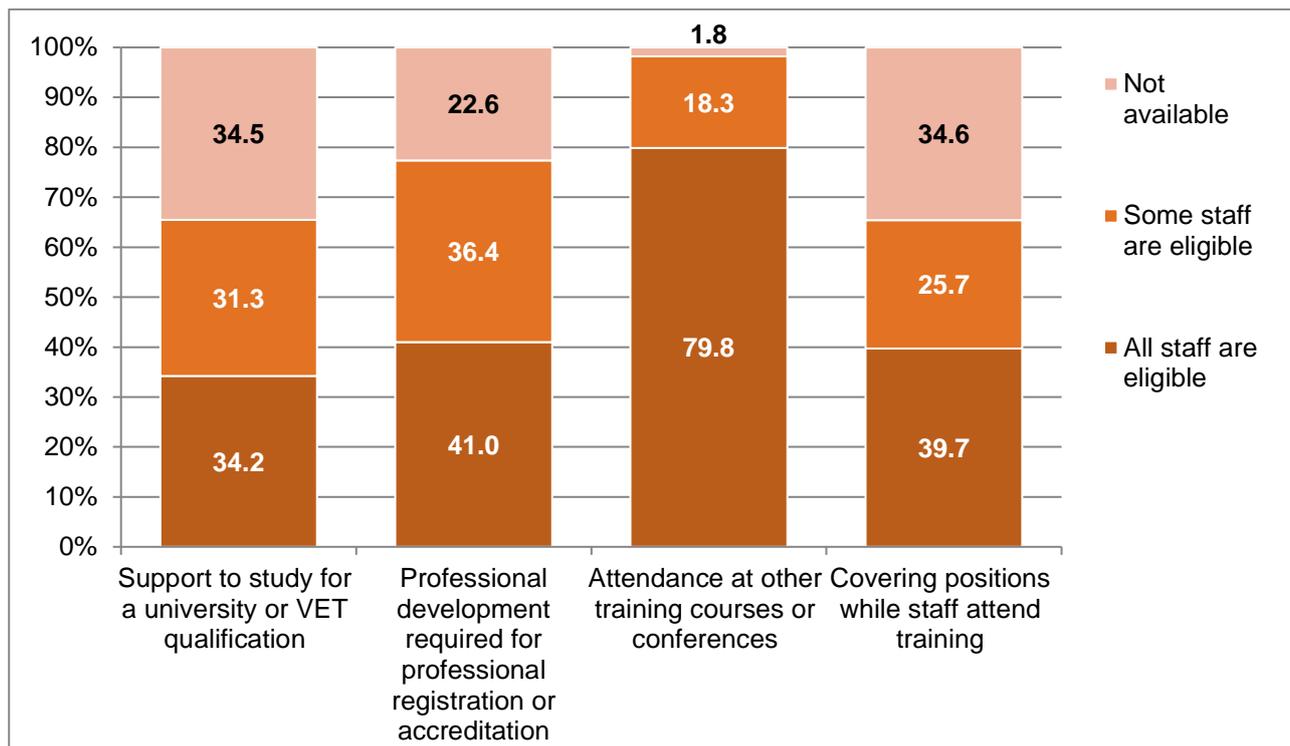
5. Staff development

Respondents reported that on average, staff participated in around 6.5 days of professional development each year, although the figure was higher in some organisations, while others reported minimal access to training and development. Other respondents reported figures but specified that this did or didn't include particular developmental opportunities (such as clinical supervision). As such, the number of days should be considered indicative only. To explore professional development issues more closely, a series of questions were asked about supports for various forms of learning and development, and employees' opportunities to participate in communities of practice, and clinical supervision.

5.1 Support for learning and development

Figure 5.1 shows the proportion of organisations which provided supports for staff to access various kinds of professional development. Around 4 in 5 organisations (79.8%) reported that all staff could access supports to attend training and development, while a further 18.3% said that some staff were eligible for this.

Figure 5.1 Organisations with budgetary supports for professional development



Note: numbers of respondents differed across the measures. Support to study for a university or VET qualification: n=368; Professional development for registration or accreditation: n=376; Attendance at other training and events: n=387; and covering positions while attending training: n=370.

Access to assistance with the costs of other kinds of professional support was patchy. In around 1 in 3 organisations, support to study for a university or vocational qualification was not available to any staff (34.5%). In around the same number, there was no budget available to cover positions while staff attend training. In 22.6% of organisations, there was no provision of professional development required for professional registration and accreditation (Figure 5.1).

Several respondents commented that access to support for a formal qualification was available only to permanent staff, that casuals were not eligible, or that it was available only after probationary periods were completed. Others said that it depended on funds being available, or that their funding arrangements didn't allow it. Others said that in theory, staff had access, but that the policy was applied stringently so it wasn't accessible in practice.

Those who commented on access to assistance for professional development required for professional registration also commented that it was generally available for permanent staff only, that the cost was a factor restricting access, as the organisation had to cover the cost itself. Some also noted the difficulty of covering positions while attending training, pointing out that funding was usually inadequate to cover this. One survey respondent said that "herein lies the problem, if study leave is applied for or external training [provided] there is not a relief line to cover this, placing pressure on remaining staff".

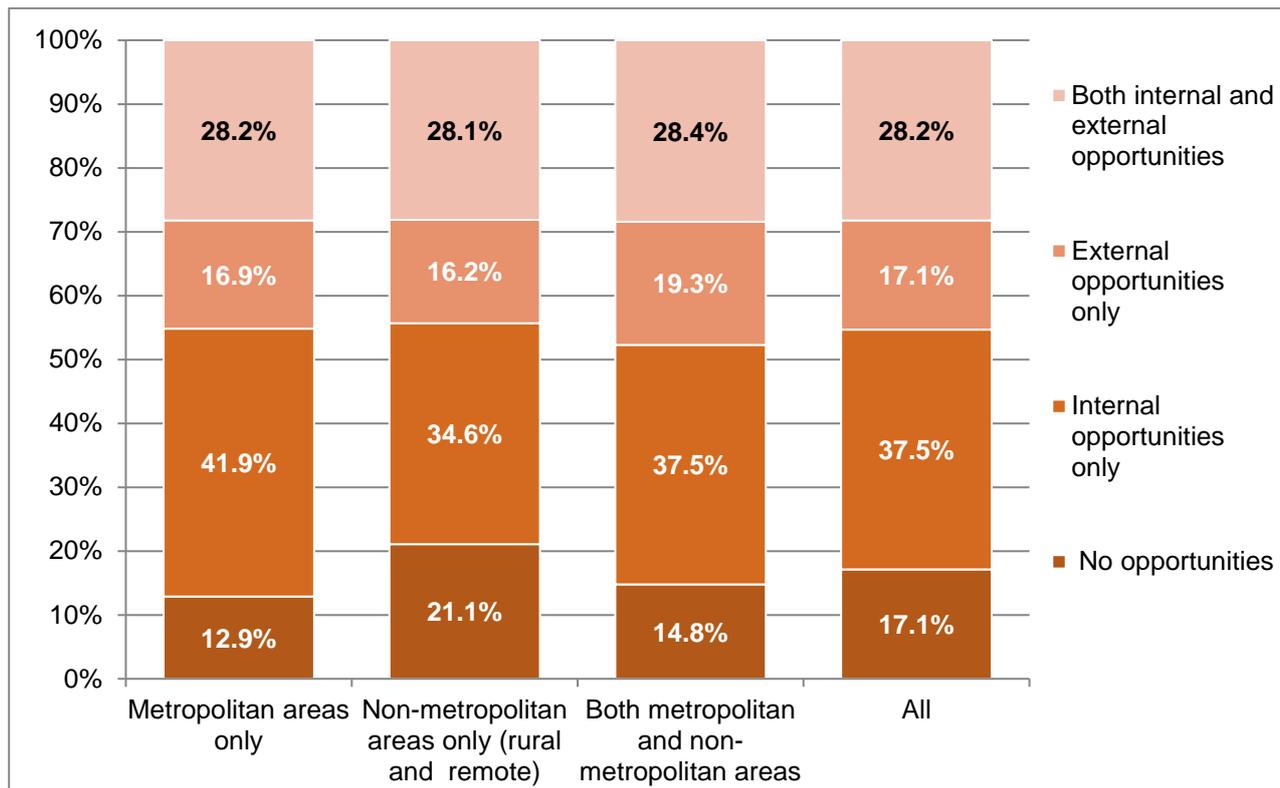
5.2 Communities of Practice

Communities of practice are collaborative mechanisms for bringing practitioners together to share knowledge, reflect on practice, learn together and improve their practice (Anderson-Carpenter et al, 2014). Survey respondents were asked if frontline staff had access to communities of practice within the organisation, and/or externally.

The largest group said they had opportunities internally only (37.5%), although a significant group (28.2%) said staff had both internal and external opportunities. The survey did not capture the extent to which staff took up these opportunities, nor which staff did so.

There were some slight differences in access to communities of practice in metropolitan and non-metropolitan areas (see Figure 5.2). Among those which operated in non-metropolitan areas only (rural and remote), there were no opportunities for communities of practice in 1 in 5 organisations (21.1%), By comparison, among those operating only in the metropolitan areas, 1 in 8 organisations had no opportunities (12.9%).

Figure 5.2 Internal and external opportunities to participate in communities of practice, by non-metropolitan operations (n=397)

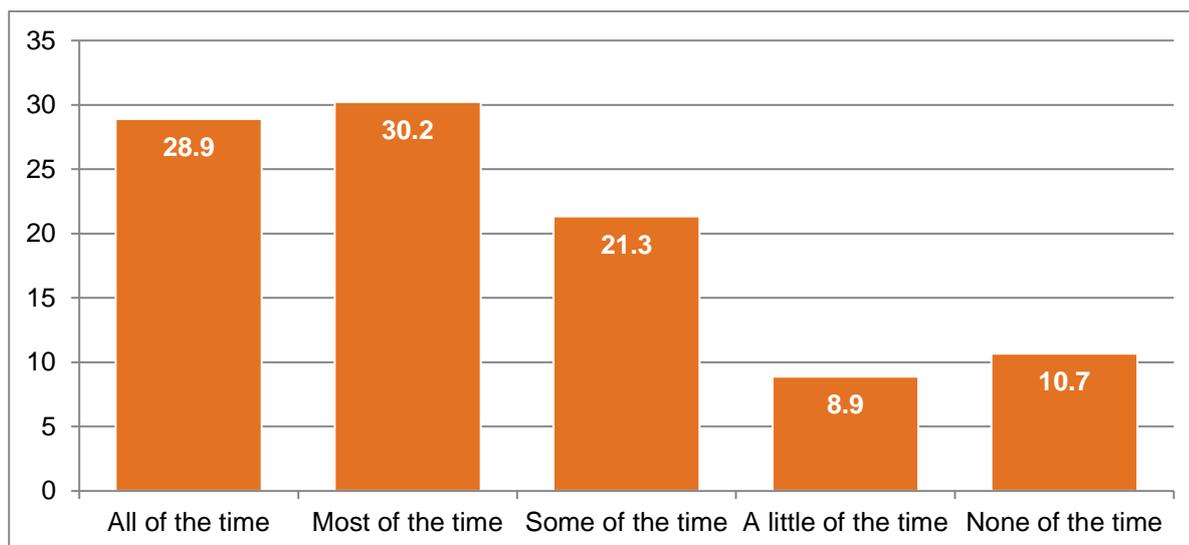


5.3 Clinical Supervision

Of the 397 organisations which answered the question, 281 (70.8%) employed staff who worked directly with clients and required clinical or professional supervision (such as psychologists, social workers and allied health professionals). Of these, most (80.1%) said their organisation provided clinical or professional supervision to these staff, while (16.4%) did not and the remainder (3.6%) were unsure.

The 225 organisations which did provide clinical supervision were asked how often it was provided by a manager or supervisor who has been specifically trained to provide it. Most respondents said this was the case in their organisation either 'all of the time' (28.9%) or 'most of the time' (30.2%). There were no significant differences according to the size of the organisation, the number of staff, or whether it operated outside the metropolitan areas.

Figure 5.3 How often professional or clinical supervision is provided by a manager or supervisor specifically trained to provide it (n=225)



Some respondents commented that their organisation was unable to cover the costs of clinical supervision and that it was difficult to provide in a small or rural organisation. One explained:

Being rural, it is sometimes difficult to find a good supervisor. We have engaged external supervisors and they move away and it often takes time to find someone to replace them. (Small non-metropolitan organisation focused on housing and homelessness)

Some clarified that supervision was provided externally, while a few clarified that it was available to staff on request or if a critical incident occurred. One explained that while they do provide it, their continued capacity to do so was uncertain under the NDIS:

It is the culture of the organisation to provide professional supervision. Whether we can do this in the future is uncertain as the funding through the NDIS does not cover this arrangement. (Large metropolitan organisation focused on ageing, disability and carer services)

5.4 Senior Practitioner roles

Respondents were also asked if their organisation had a senior practitioner role able to provide clinical expertise to staff, for example advice on therapeutic interventions, case consultancy, or trauma informed care. Relatively few did (22.4%), however, the same proportion (22.4%) said they accessed this expertise from outside the organisation, through a partner organisation or by contracting the expertise. Others explained that while they did not have a designated senior practitioner role, they could access practice expertise from senior managers or team leaders in the organisation.

5.5 Comments on professional development

Respondents were asked to comment on access to professional development and any barriers to particular groups of staff. Some organisations and groups of staff had ready access to professional development:

Professional development and training is available to all staff on request. (Medium-sized community transport service)

We take a very pro-active stance on professional development and rarely refuse a request. (Medium-sized community development service)

However, for most it was more difficult. Cost was the greatest barrier to accessing training. Some organisations said they sought free or low cost courses where possible, and commented that pricing was not appropriate for the community sector:

Cost of training is a consideration, we access free or lost cost training whenever possible. (Large community development service)

As a small organisation with a small, uncertain budget, the greatest barrier to accessing professional development is cost. We get around this by requesting discounted rates but this is not always available. I have often recommended to organisations that there be a sliding scale for organisations, or other forms of community sponsorship. (Small peak body)

Many organisations based in regional, rural or remote parts of the state explained there were few courses available locally and that travelling to attend training posed a number of difficulties. Examples included these statements:

There is a lack of training available in regional areas. We have no funds to send staff to Sydney etc. for training. (Small community development service)

Location of training is usually in major cities and it is difficult for regional organisations to send staff due to the cost of travel. (Large ageing, disability and carer service)

The challenge for rural staff is their ability to access quality local training without having to travel. (Large ageing, disability and carer service)

Other organisations indicated that specific groups of staff that had difficulty accessing training, and pointed to limitations of the training on offer. Some respondents reported difficulty finding the type of courses their staff needed, either with a focus on a particular topic or that engaged workers in sufficient depth:

Because of the nature of the work we do [...] there is also a lack of professional development opportunities in our particular field. I feel there is a lack of opportunity for ongoing professional development. For example, there are far more one-off type trainings/workshops but very few that will cover topics in depth over a longer period of time. (Small peak body)

Another described difficulties:

Finding training that isn't basic for more experienced staff. (Large child, youth and family service)

Training on offer had also been found to be inaccessible to workers from culturally and linguistically diverse backgrounds:

Some of our staff members are with east Asian ethnic background and do not have high level of comprehension of English, which have prevented them from attending training or development courses or programs, which are usually delivered in English. (Large ageing, disability and carer service)

There were also comments that professional development was not available for administrative positions, and that part time staff had difficulty accessing it:

Professional development is readily available for our practitioners, but very little is available for administrative positions. The cost of registrations and lack of capacity to provide relief for their positions is a significant barrier. We have very little funding to support professional development. (Large health service)

If someone is only employed for 15 hours a week, it doesn't allow much room for professional development. (Small community development service)

Many respondents also pointed to the problem of covering positions when staff attended training:

Funding limits the amount of time. Apart from the cost of the training the majority of staff have direct care responsibilities which means they have to be replaced for the day which is an additional cost. (Medium-sized ageing, disability and carer service)

Cost and having to cover a position reduces the amount of time spent on PD. (Large ageing, disability and carer service)

Covering shifts when other staff are out for training, very difficult and the associated costs are prohibitive in some cases. (Large ageing, disability and carer service)

Managing staff absences for training

The survey also collected information about the impact on an organisation when staff attend training. In some organisations, having staff away from their usual duties posed little or no challenge, as responsibilities could be distributed across the team, or could be managed by individual staff upon their return to work:

Others cover - we all pitch in. (Medium-sized community development organisation)

Not a huge issue - this can be covered by the team. (Small child, youth and family service)

Other staff have to cover position - answer phone calls, take messages, attend meetings, etc. (Small peak body)

Depends on the duration of training, but the rest of the team normally carry the extra load. (Large child, youth and family service)

For many organisations however, it was more difficult to manage the absence of colleagues attending training, as this increased workloads or took staff away from frontline responsibilities. Difficulties included:

We are currently running a Cert IV in Community Development one day per fortnight. We have six workers currently participating. It has been difficult to cover six positions each fortnight as staff are doing it as part of their work hours. (Medium-sized community development service)

In some cases all staff are affected and roles have to be multifunctional in order to stand in. The CEO may have to work in our Coffee Shop making coffee to cover staff etc. (Medium-sized Aboriginal or Torres Strait Islander service)

Others identified the financial costs as presenting difficulties to the organisation:

Covering shifts when other staff are out for training, very difficult and the associated costs are prohibitive in some cases. (Large ageing, disability and carer service)

We need to replace staff and cover costs so it is a financial cost for us. (Large child, youth and family service)

Cost and having to cover a position reduces the amount of time spent on professional development. (Large ageing, disability and carer service)

Funding limits the amount of time. Apart from the cost of the training the majority of staff have direct care responsibilities which means they have to be replaced for the day which is an additional cost. (Medium-sized ageing, disability and carer service)

Sometimes unable to find replacement staff, and if there are staff available, cost is significant. (Large ageing, disability and carer service)

Some organisations described extreme difficulties managing staff absences, including disruption to services and in some cases, closing the service when staff were unavailable:

With two paid staff in our organisation, when we're attending professional development, there is no one else to pick up the workload. This means we have to be very selective with the types of activities we attend and how we manage the rest of our workload. (Small peak body)

An existing admin position needs to cover for them or in the case of practitioners we need to cancel clinic days. (Large health service)

Client services are limited as backfill is not carried by most funding contracts. This impacts on other staff and colleagues' normal workloads. There is an organisational/reputational risk if this happens for long periods. The circular effect is that the organisation limits approval for professional development that requires extended absence. (Medium-sized health service)

The centre will be closed, or when a volunteer is available, we could stay open. Other services may still operate from the centre. (Small community development service)

It is notable that small organisations, and those providing health services appeared to struggle the most with managing staff absences for training, along with non-metropolitan services for which training off-site could require prolonged absence.

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 for the organisation to recruit or retain. Over a third of organisations (34.7%) reported difficulties recruiting or retaining tertiary qualified staff, such as social workers, psychologists, teachers, nurses or allied health workers. Some commented that for their organisation, difficulties were only experienced in some regional areas and for specific roles, including Aboriginal-identified roles, multilingual staff, solicitors, and allied health staff, such as speech and occupational therapists.

Respondents commented that funding uncertainty made it difficult to recruit and retain staff due to low funding and low award rates of pay. Some commented that higher pay is available in the government and private sectors, and competition with private sector organisations makes it difficult to recruit allied health staff.

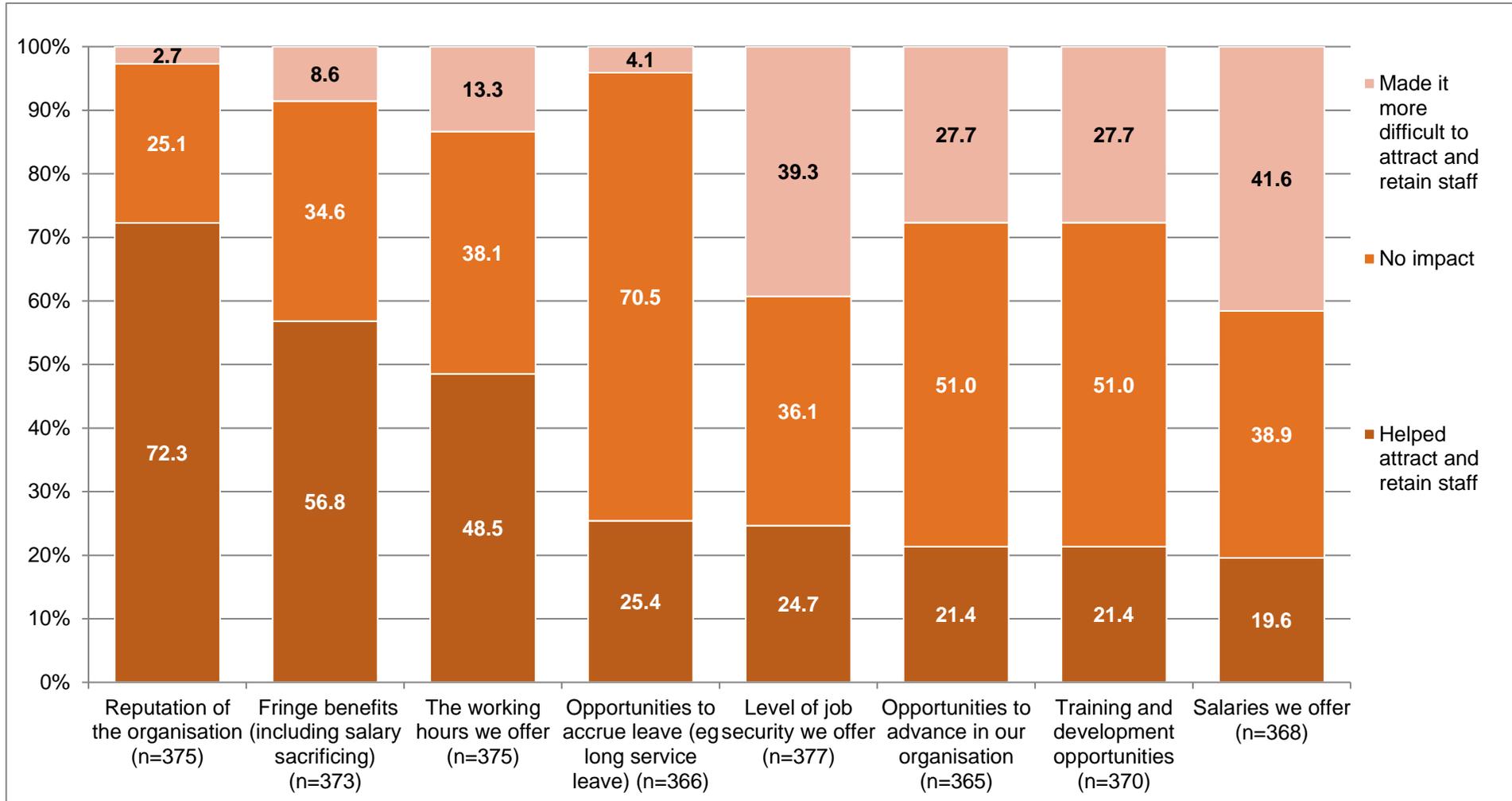
Over a quarter of all respondents (27.1%) reported difficulties recruiting service delivery staff without degrees (e.g. personal care and support workers, and childcare workers). Respondents explained they had experienced, or expected to experience, a shortage of support workers due to the NDIS. Difficulties in recruiting service delivery staff in regional areas, or for particular services, such as overnight shifts was also noted.

Almost a quarter of organisations (22.6%) reported difficulty recruiting or retaining specialist project officers, and 15.8% reported difficulties in recruiting or retaining administrative staff. Reasons included high turnover, overqualified staff occupying administrative roles while searching for higher skilled positions, and low pay rates.

6.2 Factors affecting recruitment and retention

Figure 6.1 shows that almost three quarters of organisations (72.1%) considered the reputation of their organisation helped them attract and retain staff, and very few (2.7%) felt it made it more difficult. Other factors included fringe benefits, working hours, and training and development opportunities. Relatively high proportions of organisations reported that the salaries on offer hindered their capacity to attract and retain staff (41.6%) and almost as many reported job security was a hindrance (39.3%). A relatively large proportion of respondents (27.7%) felt opportunities to advance in the organisation made it more difficult to attract and retain staff, although many more felt it had no impact (51.0%).

Figure 6.1 Factors which helped attract and retain staff (%)



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, who were actively recruited by 52.8% of responding organisations. Some made comments to highlight their positive regard for students, and the excellent contribution they made to their organisation. Several comments pointed out that students sometimes were offered paid positions in the organisation following their placement, with one for example commenting that students were “our biggest source of new workers”. A few comments noted that hosting students could be costly for organisations, or that it was difficult for practitioners to find the time to supervise them.

A large proportion of organisations (43.7%) reported taking steps to recruit independent contractors. In their comments, several noted these were used for specific ‘non-core’ business tasks or short term, specialist projects (e.g. trades, ICT projects, coaching / team consultation) or time limited tasks such as a review of policies. Others reported using contractors to conduct assessments of clients’ needs or circumstances prior to service delivery, or that they used them where funding was insufficient for direct employment (e.g. home maintenance services). Others said it was inappropriate for their organisation to work with independent contractors due to confidentiality requirements.

While agency staff were recruited by 28.1% of organisations, others commented that they did not use agency staff because they were too costly, or because they disagreed with the approach. A couple of respondents explained that they had a ‘no agency staff’ policy, to ensure all staff had thorough training in the organisation’s policies and approach to service delivery, believing this would lead to better client outcomes. Others used agency staff when attempts to recruit had been unsuccessful, in particular regions where staffing was difficult, or as a ‘last resort for frontline services’.

Trainees or apprentices were employed by 27.6% of organisations. In some cases trainees were used to help recruit and train people who would be well placed to understand service user groups, in some cases Aboriginal people, or young people. In their comments, some organisations reported that employing apprentices or trainees could be costly, or was difficult under funding models, with one commenting for example that the “NDIS rates prohibit extra support in back end to adequately train and spend time with trainees”.

A minority of organisations (11.8%) said that they had taken steps to employ overseas workers. In their comments, some pointed out that they employed them but had not specifically intended to recruit overseas workers.

6.4 Improving capacity to recruit and retain quality staff

Respondents were asked, “What would help improve the capacity of community service organisations like yours to recruit and retain quality staff?” The majority of the responses related to funding, followed by pay and conditions, and training. Some linked the three issues:

Our problem is not around recruiting and retaining staff as such; it is more about the security of ongoing funding in general which then impacts on recruitment and training. (Small child, youth and family service)

The impact of funding was well summed up in the comments of another organisation:

Being funded for higher wages, to attract the level of skills and experience needed. The biggest though is security, all our funding is time limited and no surety of refunding into the future. It used to be better when we had recurrent funding, it is shocking now. So the combination of temporary work really and lower wages than public positions we are only recruiting less abled workers in the most which puts enormous burdens on abled workers and managers to carry others. This effects morale and increases burn out. (Large Aboriginal and Torres Strait Islander service)

Others also called for higher levels of funding to pay for improved wages, greater funding security and longer contracts to allow organisations to offer greater employment security:

Move away from fixed term contracts, which requires longer term funding cycles. (Small health service)

More secure funding would help us offer permanent positions rather than fixed term. Increased funding would allow us to offer full-time positions. (Small peak body)

If we could provide pay rates that are equal to those in the government sector. Our funding bodies pay their staff more than they fund us to pay our staff. (Large health service)

Pay rates were identified as a key issue across the sector:

In relation to allied health staff, it is hard to compete with privates when you can only offer award pay rates. (Large ageing, disability and carer service)

Better award conditions with the funds to pay staff. (Large ageing, disability and carer service)

The cost of living in both Sydney and the cost of attracting staff in non-metropolitan areas, was identified as making current wage levels in the sector unsustainable. Organisations in both contexts called for higher rates, for example:

Pay rise every six months. On the basis that workers are finding it hard to survive in Sydney as they believed it is a very expensive city. Therefore, they are more after good pay. (Small ageing, disability and carer service)

To be able to offer extra remuneration as the organisation is based in rural/remote part of NSW. It is hard to recruit skilled and experienced staff as most of them live in urban or regional areas where they can easily find similar employment with the same conditions without having to travel to the location of our service. (Large ageing, disability and carer service)

To increase remuneration, it was suggested that changes to fringe benefits tax arrangements to enhance access to salary packaging, could make employment in the community sector more attractive:

Strengthening of FBT concessions. Remove cap from meal entertainment expenses. (Large health service)

More varieties of fringe benefits and higher cap of fringe benefits are made available to the employees in community organisations. (Large ageing, disability and carer service)

As discussed in Section 9 however, not all organisations and employees have access to the benefits of salary sacrificing.

7. Workforce diversity

Because non-profit community service organisations are mission driven organisations that promote social inclusion and social justice, they could be expected to be actively promoting diversity principles in their workforce. To explore this, the survey asked about the proportion of women in the organisation, whether the CEO was female, and whether the organisation had diversity policies or targets relating to particular groups. Respondents were also given the opportunity to provide comments on promoting diversity and any barriers they face.

7.1 Women in community service organisations

Organisations reported that women comprised on average 77.6% of staff. However, 86 responding organisations (21.6%) were completely staffed by women. These all-female organisations were spread across service types, but most were relatively small. Almost half had five or fewer staff (46.5%) and 20.9% had 6 to 10 staff. However, there were also all-female organisations with more than 20 staff, and some with over 50 staff. Only 18 organisations (8.1%) were male-dominated.

The average proportion of staff who were female differed across service types, as shown in Figure 7.1. Health-related services and ageing and disability were less likely to be female dominated (74.3% and 74.4% respectively). The most female dominated organisations were focused on community development (including neighbourhood centres) (85.3%), and housing and homelessness (85.7%).

7.2 Female leadership

Seven in 10 responding organisations had female CEOs (71.1%). However, organisations with annual incomes over \$5 million were much less likely to have a female CEO.⁸ Only 21.4% of those with incomes between \$5 and \$10 million were led by women, and 47.1% of those with incomes over \$10 million were led by women. The main service type also appeared to be an influencing factor, 44.4% of organisations whose main service type was health related were female led, compared with 91.5% of organisations focused on community development (see Appendix A, Table A.5).

⁸ This echoes findings reported in Cortis and Blaxland (2015), see page 23-24.

Figure 7.1 Mean proportion of staff in organisations who were women (n=394)

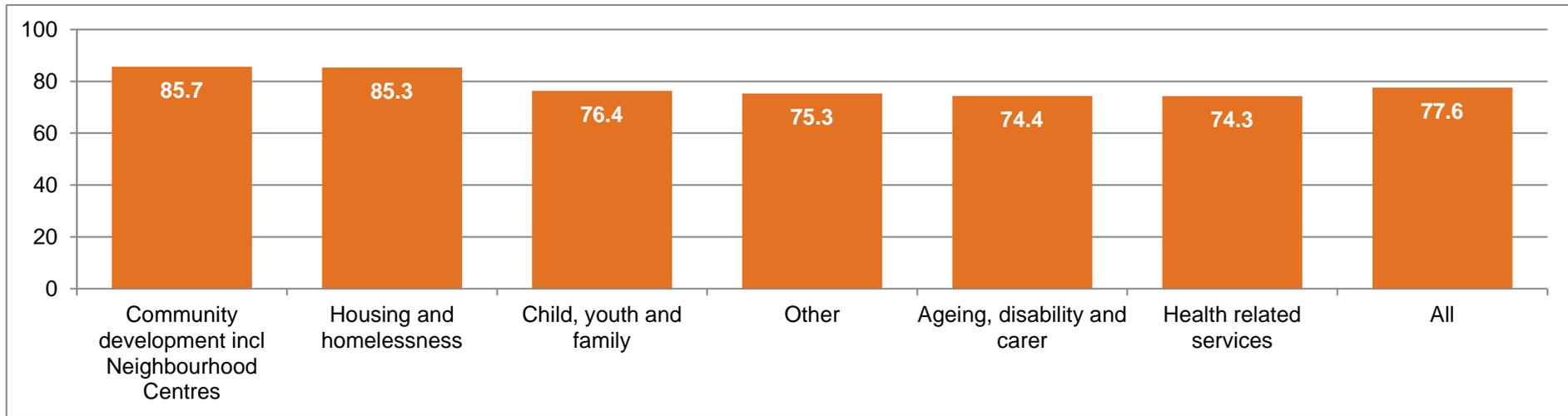
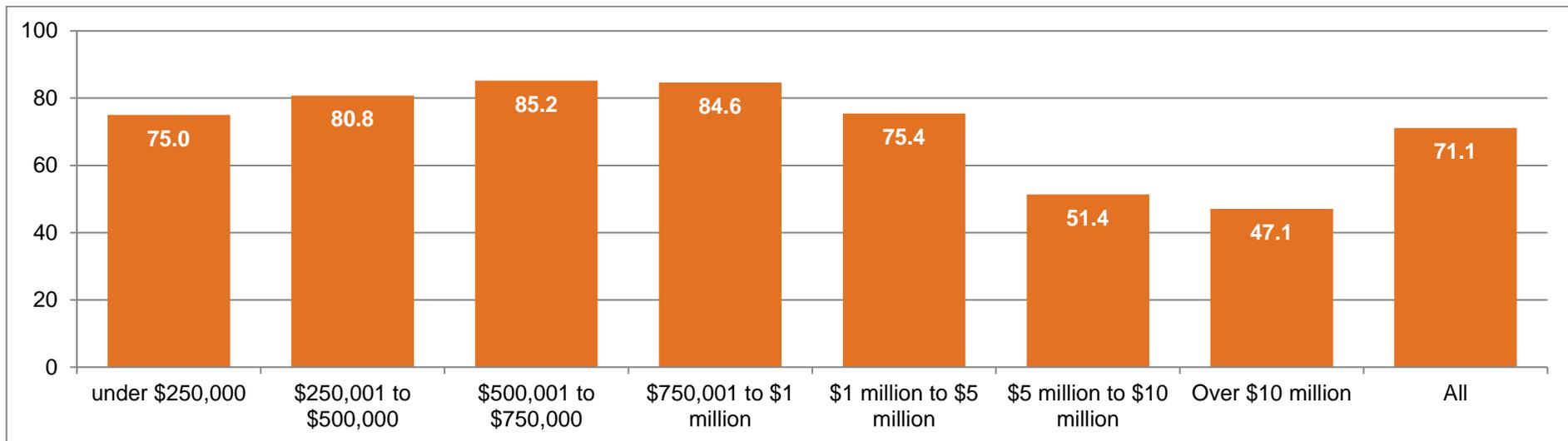


Figure 7.2 Proportion of organisations with a female CEO, by annual income (n=379)



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, organisations had policies relating to ATSI populations: 51% of respondents said their organisations had one, and 43% said they had policies relating to CALD populations. A third (33.7%) had policies relating to employment of people with disability, a similar number had policies relating to employment of people with lived experience of social disadvantage (32.2%). Fewer had policies relating to employment of young people (21.4%) or carers (19.3%).

Other organisations commented that they had policies and procedures which ensured access and equity for both clients and staff, or had policies for additional or more specific groups, such as females or males (depending on the type of service), lesbian, gay, bisexual, transgender and intersex people, or people with lived experience of mental illness. Others noted that while they did not have specific targets they were actively inclusive or sought to employ diversely while recruiting staff with the right skills and qualifications.

7.4 Promoting workforce diversity in community service organisations

Respondents were asked how they promoted workforce diversity in their organisation and the barriers they faced. Several were clearly strongly committed to diversity and understood the benefits for their organisation:

Work force diversity enhances a business at its core [...] Diversity is Discovery.
(Medium-sized Aboriginal and Torres Strait Islander organisation)

I feel [this organisation] has been very visionary and has a principle of inclusivity in its recruitment policy and protocols. [The organisation] encourages a totally diverse and multicultural employee workforce. (Small organisation focused on employment, training and financial support)

This organisation has a very diverse workforce and a healthy culture of acknowledging, accommodating and celebrating diversity. It's required us to examine our praxis and culture and then intentionally change and/or adopt new practices that are inclusive and respectful to the needs of people from ATSI and diverse CALD backgrounds, not just staff. This hasn't always been easy and we've faced resistance and criticism at times but it's been possible through commitment to the values, principles and practices of inclusion and valuing of diversity and clarity of leadership. (Medium-sized community development service)

Approaches to workforce diversity varied considerably. Some organisations implemented specific strategies. Others, like in the example below, did not have policies in place, but were open to improving practice:

We believe in workforce diversity absolutely, but we don't have any specifically proactive policies or targets in place. Our volunteer workforce is a mixed and diverse group of people; our staff are employed on the basis of their experience and

capacity to do the job. I don't believe we have set up any barriers for people to apply for positions here, but I'd be interested to hear more about best practice in this area. (Small community development service).

A number of respondents echoed the above service's call for more information and guidance on how to encourage workforce diversity. Others provided information about the strategies they use to support and promote diversity. Strategies include:

- Diversity targets and identified positions:

We have targets for employment of Indigenous staff for a specific project targeting indigenous communities however have no policies regarding workforce diversity. (Medium-sized child, youth and family service)

Some positions require the worker to be a member of the Aboriginal or Torres Strait Islander Community and all other positions state that Aboriginality is a desirable attribute. (Large Aboriginal or Torres Strait Islander service)

- Pathways for progression and support for skill development in target groups:

We have an extensive Indigenous workforce in place it is also well known within the community we have a volunteer program that is a great conduit for people to gain experience that then allows opportunity to seek work within the organisation. (Large ageing, disability and carer service)

Over the years, we have had a diverse workforce with employees from CALD backgrounds, people with disabilities, carers, young people, older workers. We tend to retain our staff for relatively long tenures because we are an actively flexible and supportive place of work. Our major employment rationale is that people have either the skills and qualifications to do the job, or the ability to acquire those skills. And, because we require a fairly specific skill set, we have been happy to support staff in acquiring the required skills. (Small metropolitan based information and advocacy organisation)

- Targeted advertising of positions through networks:

We liaise with the local Aboriginal health college, UTS, UNSW, UWS and UNewcastle to offer students internships, casual employment opportunities. We try to get the right person for the job, this includes skills and attitude towards the work and clients, team players and those willing to continue to learn. (Large health service)

Access and Equity Policy, and Recruitment Policies specify promoting vacancies to Aboriginal community. (Medium-sized legal service)

- Partnerships with particular services:

We previously held a consulting partnership with a dedicated ATSI service, but unfortunately this ceased 12 months ago. During this time we had no barriers to promoting workforce diversity in this category. Steps are in place to develop a policy to achieve ATSI diversity. (Large ageing, disability and carer service)

- Physical and process modifications for people with disability:

Due to the nature of our work being caring for older people and younger people with a disability, much of the work we undertake is not suitable for people with a disability. However we have recently taken on student work placements with two people with disabilities and we were able to change some workplace processes to accommodate them. I believe that following this we are now in a position to offer work to people with disabilities in some of our roles. (Large ageing, disability and carer service)

Challenges in promoting diversity

Some noted that while diversity was important, the need to prioritise attracting suitably qualified staff, and other recruitment issues could make it difficult to employ a diverse workforce:

We tried for a while to make a position available only to an Aboriginal person but could not recruit a suitable person. (Large child, youth and family service)

Diversity is best, but people with the right qualifications and experience, and capacity to do the job is critical. (Small child, youth and family service)

We always recruit utilising EEO, however many of our positions require highly qualified health practitioners. (Large health service)

Generally, those who already supported a diverse workforce spoke most positively about the benefits of workforce diversity. There is perhaps room to improve the capacity of organisations to attract highly qualified staff from target groups, and to ensure that efforts result in achieving mutual goals of ensuring skilled and diverse workforce.

8. Flexible work arrangements

Previous research has shown that the non-profit sector tends to offer employees good access to flexible work arrangements, and that employees in non-profit organisations have relatively high levels of control over their working time (Parry et al, 2005; Powell and Cortis, 2016). While this may be linked to the inclusive, social justice ethos of the sector, it may also be a way that resource-constrained organisations can attract and retain employees, in lieu of pay (Matz-Costa & Pitt-Catsouphes, 2009).

The survey was designed to explore in more depth the various types of flexible work arrangements in the non-profit sector, and which types of community service organisations were more likely to offer them. Respondents were asked whether or not particular arrangements were common, not so common, or not used at all in their agency.

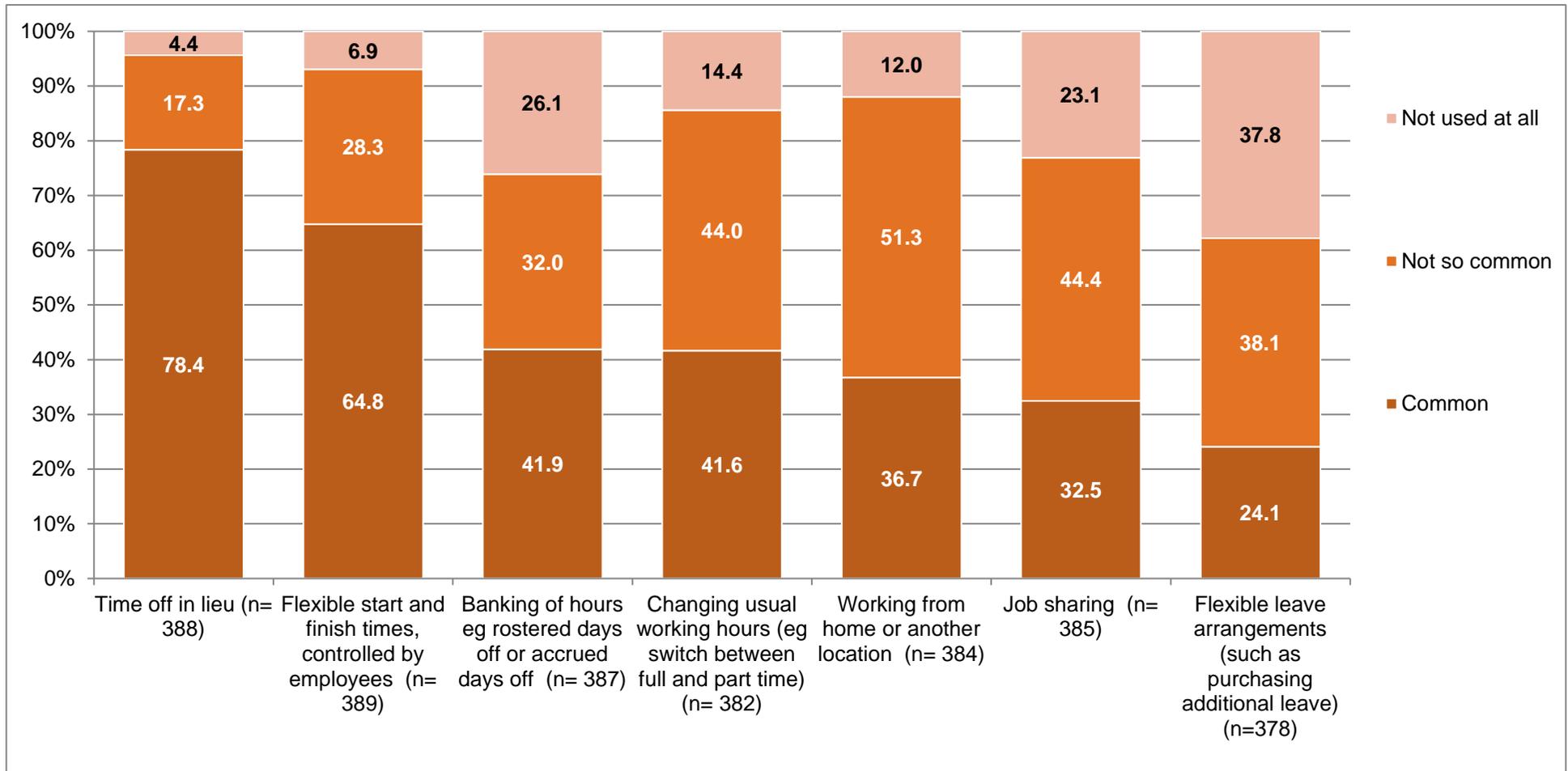
Time off in lieu of overtime was reportedly 'common' in 78.4% of organisations, and flexible start and finish times were common in 64.8% (see Figure 8.2). Flexible leave arrangements, such as opportunities to purchase additional leave, were relatively uncommon, with 37.8% of organisations saying they were not used at all in the organisation (see Figure 8.2).

Interestingly, flexible start and finish times were most common in the smallest organisations. Figure 8.1 shows that while this was common in at least two thirds of organisations with under 50 staff, in those with over 100 staff only 45% of organisations said flexible start and finish times were common.

Figure 8.1 Proportion of organisations in which flexible start and finish times, controlled by employees were common, by number of staff (n=389)



Figure 8.2 Common flexibility arrangement in organisations



9. Remuneration issues

Previous research has shown that rates of pay in community service organisations are low, resulting from gender-based undervaluation (Budig and Misra, 2008; Cortis and Meagher, 2012) and exclusion from award coverage in Australia (Briggs et al, 2007). Rather than capture exhaustive information about pay levels, the survey sought information relating to current and topical remuneration issues affecting the sector:

- the Equal Remuneration Order and experiences of implementing it
- the use of salary sacrificing
- access to superannuation, and
- NDIS pricing and the impact of prices on wages and conditions.

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 10 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 government⁹.

The survey asked whether the organisation received any supplementation from a government funder to help cover the ERO wage increases, and if so, their perceptions of the adequacy of this. Around 2 in 3 organisations were receiving supplementation (64.7%), although a further 12.6% were unsure. Figure 9.1 shows that organisations whose main service type was community development, ageing and disability, and those focused on child, youth and family services, were most likely to receive supplementation, while those focused on health related services were least likely, presumably because of their lower likelihood of employing staff under the relevant award.

Figure 9.2 show that organisations whose main source of income was the Australian Government were slightly more likely to report receiving supplementation than those whose main source of income was from the NSW Government. As could be expected, few organisations whose main income came from philanthropic or commercial sources received it.

⁹ Organisations affected were those employing staff under the SACS Modern Award, or an enterprise agreement which directly applied award rates.

Figure 9.1 Proportion of organisations receiving ERO supplementation, by main service type

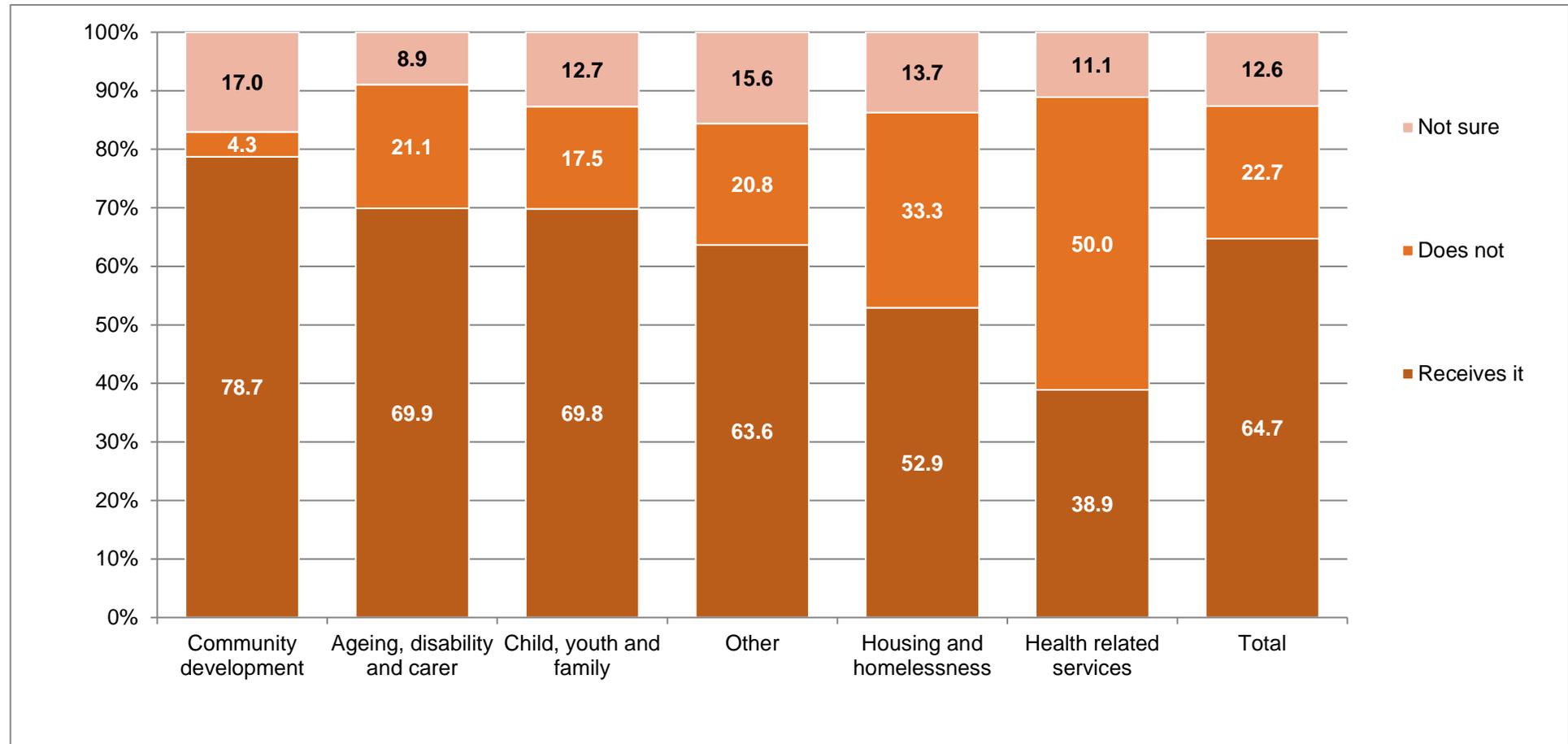
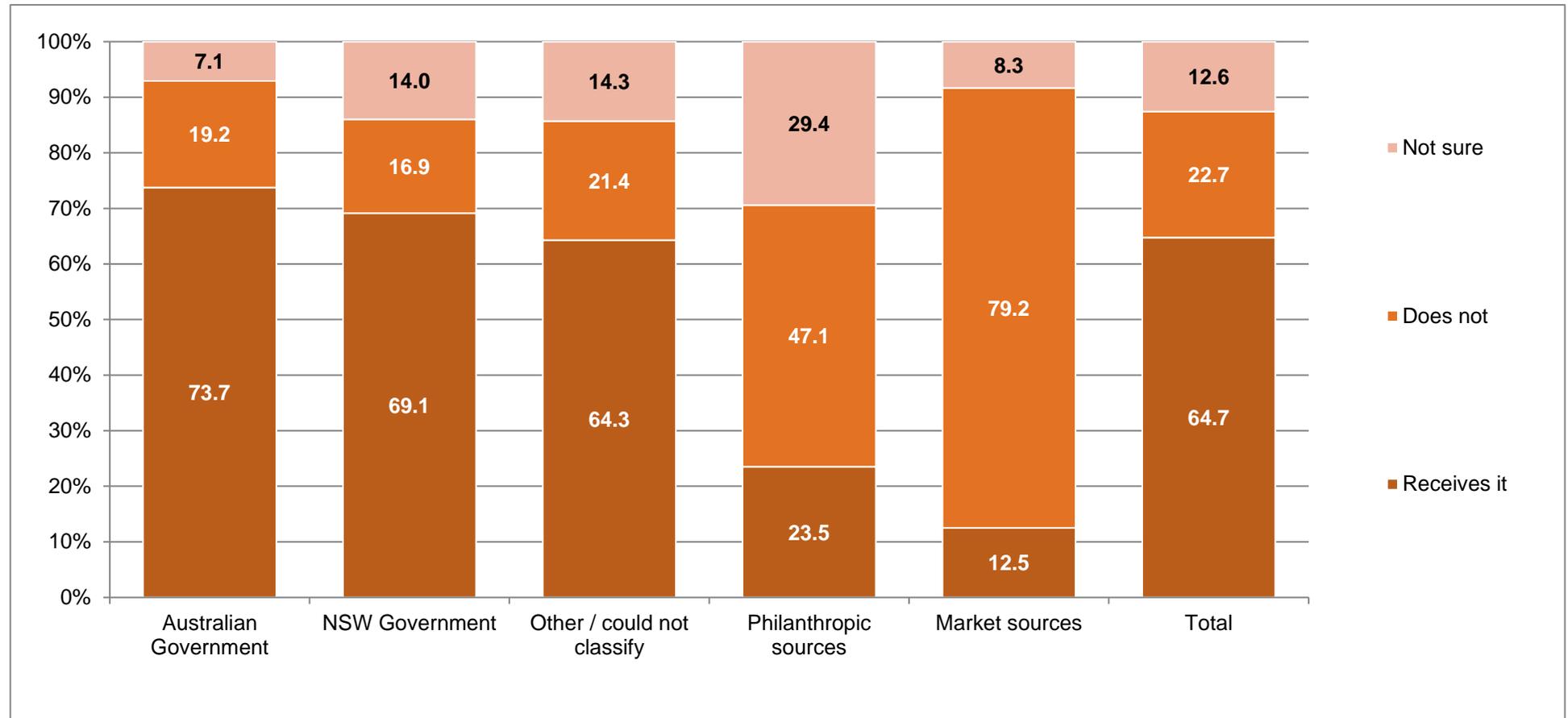


Figure 9.2 Proportion of organisations receiving ERO supplementation, by main income source



9.2 Perspectives on supplementation

There was much dissatisfaction with the adequacy of supplementation, and with the process of obtaining it. Many commented that supplementation was too low and or that it wasn't provided by all government funders or for all programs. One respondent pointed out that supplementation was costed at a mid-point which meant it was inadequate for organisations with staff concentrated at the top of the scale. One summed up that supplementation arrangements were contributing to financial difficulties: "This is not full coverage, this means that over time our organisation's financial position will steadily decline".

Other respondents focused on the process for obtaining supplementation. One pointed out that they were subcontracted by another service provider, and although the contractor received the supplementation, this was not initially passed on and needed to be pursued over a long period of time. Another explained they had lengthy negotiations with their funding body over ERO payments, and as a result, had not yet received ERO funds for two financial years.

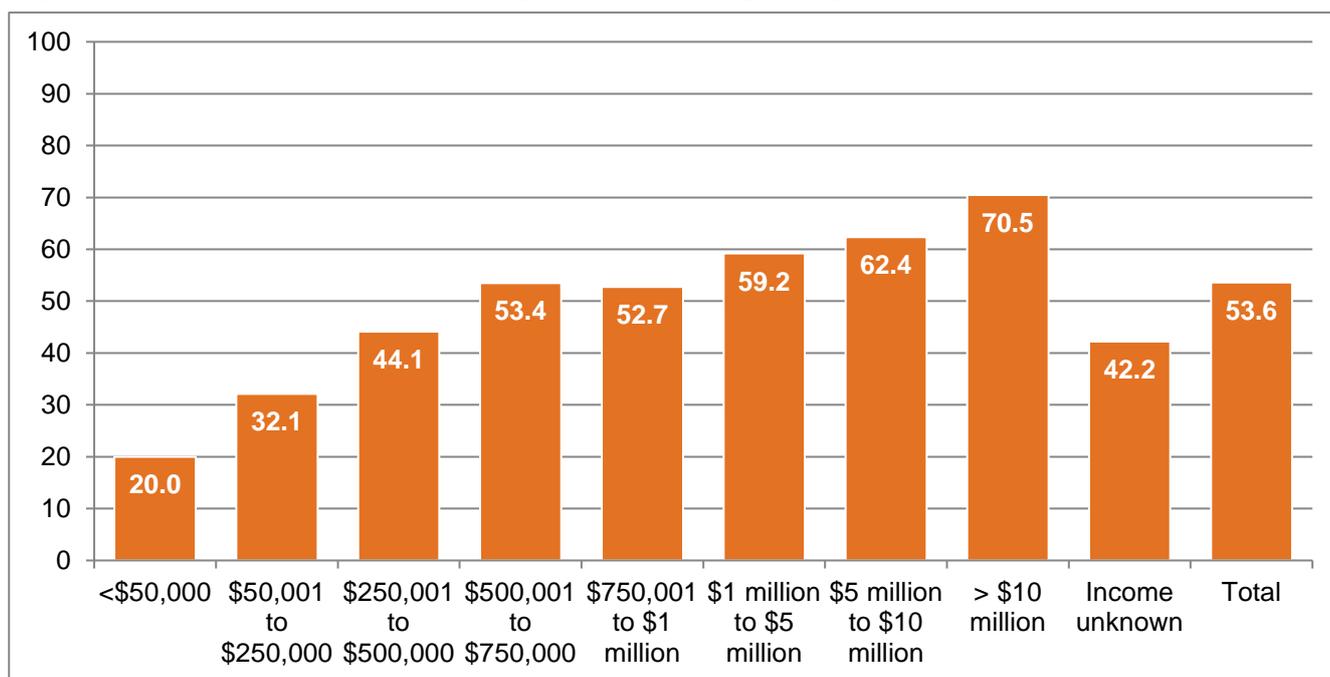
9.3 Salary Sacrificing

Salary sacrificing helps employers increase the value of salary packages on offer, and to recruit and retain staff. By enabling employees to forego part of their pay in exchange for non-cash benefits, organisations can boost the value of employees' total remuneration package. This is enabled through Commonwealth tax arrangements which exempt health promotion charities or public benevolent institutions from paying fringe benefit tax. Previous research has shown that not all employees take up salary sacrificing opportunities, and that high income earners, older workers and those in senior positions are most likely to benefit from it (Cortis and Eastman, 2015). Others have been critical of salary sacrificing on the basis that while it offers some boost in workers' incomes and help agencies attract and retain staff, it doesn't ensure decent wages and conditions, and fails to respond to the underlying problem of the undervaluation of care work (Charlesworth and Marshall, 2011).

To better understand the types of community service organisations which offer salary sacrificing, this survey asked approximately what proportion of staff in the organisation use it. Not all organisations used salary sacrificing. Indeed, 16.6% reported that no staff used salary sacrificing arrangements. At the other extreme, 13.5% of organisations reported all their employees used salary sacrificing. Across organisations, the average proportion of staff which used salary sacrificing was 53.6%, and the median was 50%.

Higher proportions of staff used salary sacrificing in larger organisations (see Figure 9.3). On average, only 1 in 5 staff in very small organisations (under \$50,000 in annual income) used it, while in large organisations (over \$10 million in income), 70.5% of staff used it. It was lower in organisations operating in non-metropolitan areas only. On average, 48.6% of staff in non-metropolitan areas used salary sacrificing, compared with 55.6% of those in metropolitan areas only, and 61.5% of those operating across areas (data shown in Appendix A, Table A.3).

Figure 9.3 Mean proportion of staff using salary sacrificing arrangements



9.4 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 majority of organisations in the survey (86%) said that all their employees were paid superannuation. Among those that didn't, most reported that employer superannuation contributions were made for over 90% of staff, however, in 4.5% of organisations, contributions were made for less than 75% of employees.

When asked specifically whether their organisation had concerns about employees' access to superannuation, few said they did (2.8%). Some however expressed strong concerns about access, pointing out that many casuals were falling under the minimum income threshold required for compulsory employer superannuation. Comments included:

We only pay casuals superannuation when they meet the threshold. This threshold needs to be lower so these casual staff are able to accrue superannuation. (Non-metropolitan child, youth, and family service)

For those women who are unable to work enough hours to receive income high enough to get superannuation paid for them - this group of women are discriminated against. Superannuation should not have a threshold. (Medium-sized ageing, disability and carer organisation)

With the casualisation of the workforce being pushed under the NDIS some staff may not receive any superannuation. (Large ageing, disability and carer organisation)

One respondent made an interesting, constructive suggestion to obtain assistance to increase superannuation and help address some of the workforce problems experienced by organisations and employees:

Some sort of help with increased Superannuation payments to support women in particular - their dollars in Super are low and need a boost to make up for time out of the workforce i.e. child bearing years, carers responsibilities etc. (Large child, youth and family service)

9.5 Funding under the NDIS

Organisations which were NDIS registered were asked, towards the end of the survey, a series of questions focused on the adequacy of NDIS pricing, and the impact of the NDIS on workforce arrangements. Overwhelmingly, respondents perceive NDIS prices to be inadequate (see Figure 9.4). Although many (18.8%) were neutral or unsure, the clear majority (67.2%) disagreed or strongly disagreed that NDIS prices were enabling them to meet their industrial obligations, and only 14% agreed or strongly agreed. Most NDIS registered providers in the sample also disagreed that NDIS prices were enabling them to pay rates necessary to attract and retain quality staff (65.9%) and only 10.9% agreed. Coverage of staff travel costs are a significant problem, with 3 in 4 respondents (74.6%) reporting that they disagreed or strongly disagreed that NDIS pricing covers the full cost of travelling between clients.

Figure 9.5 provides further information about employment conditions and arrangements under the NDIS. On all measures, more organisations disagreed with the statement than agreed, although on some there were some who were neutral or unsure, reflecting widespread uncertainty about the impact of the NDIS. There were no major differences between organisations operating in metropolitan and non-metropolitan areas, or across organisations of different sizes.

The findings raise concerns about staff access to development opportunities and supervision. Around 1 in 3 disagreed or strongly disagreed that staff delivering services and supports under the NDIS are paid to attend regular team meetings (33.4%) and about the same number 34.4% disagreed or strongly disagreed staff were paid to attend training and development.

The data shown in Figure 9.5 also raise concerns about career pathways for staff under the NDIS: more than half (54.3%) disagreed or strongly disagreed that under the NDIS, the organisation is able to provide pathways for staff to advance their careers (although one in three organisations reported being unsure about this). Employment security is also an issue, with large proportions of NDIS providers disagreeing they can provide support workers with regular hours (48.1%). Less than 1 in 5 registered providers agreed they were planning to offer more permanent employment under the NDIS, and 50.4% disagreed.

Figure 9.4 Perceptions of adequacy of NDIS prices

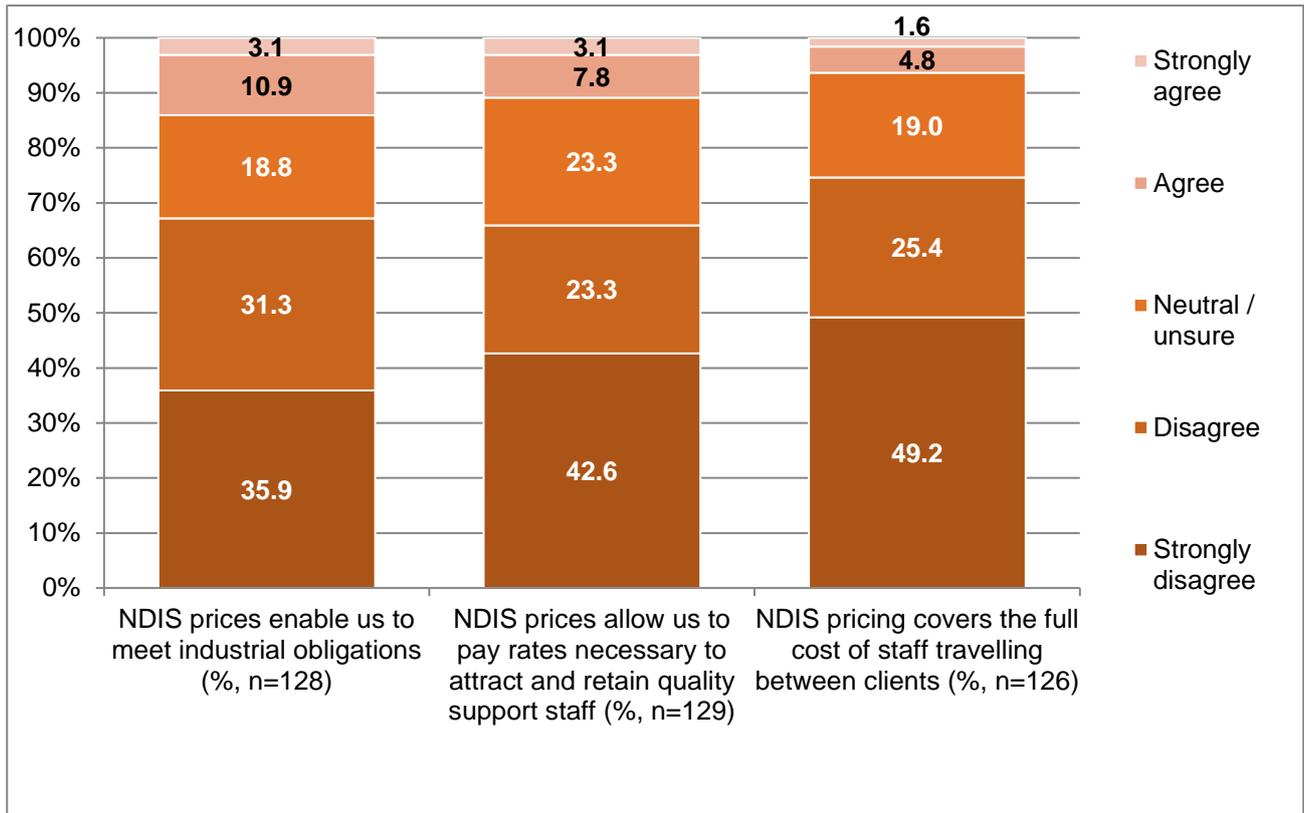
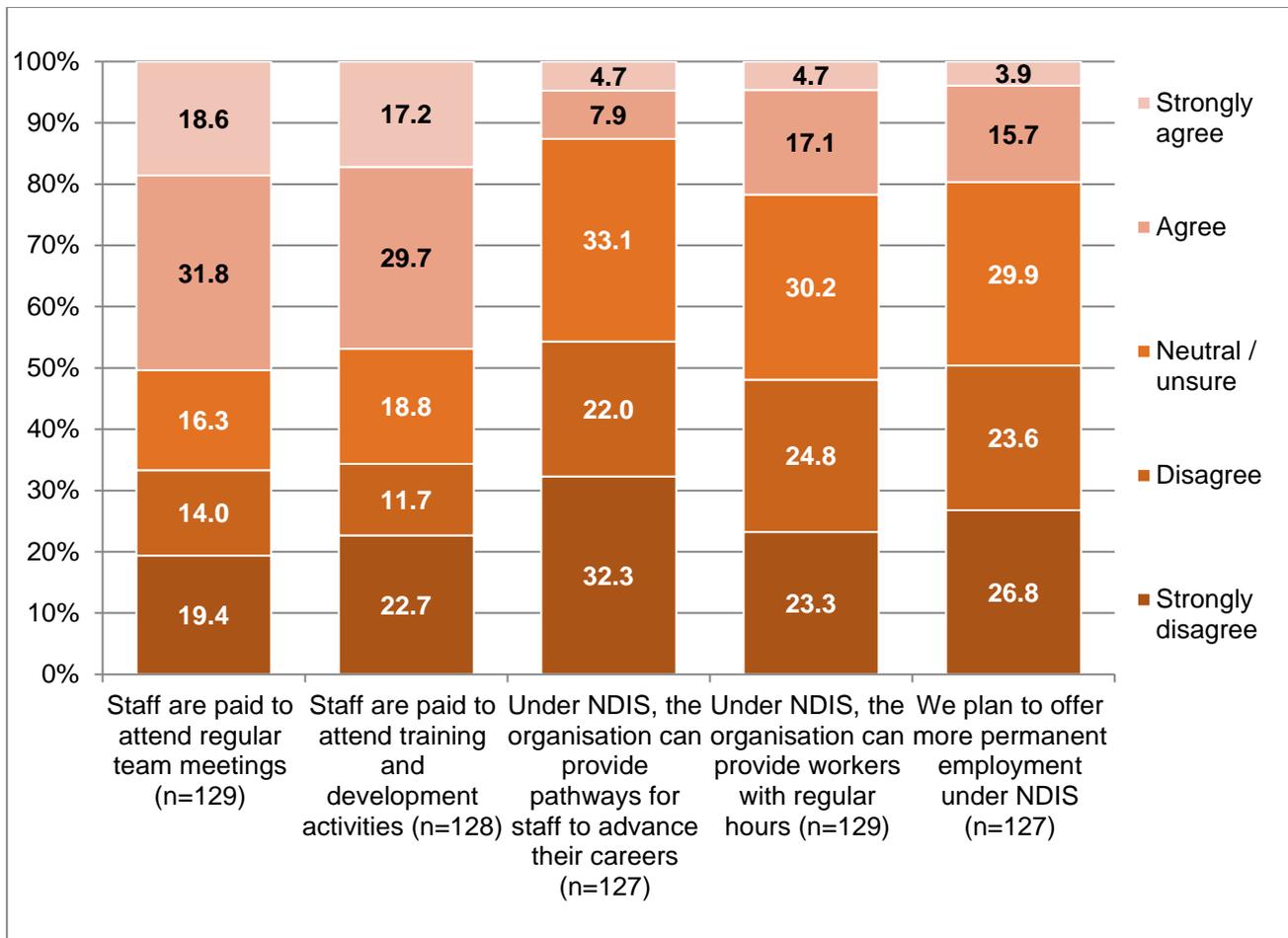


Figure 9.5 Employment conditions under the NDIS



Organisations delivering the NDIS made some general comments about the difficulties of implementing the model, arising from inadequate pricing arrangements and confusion about the future directions of the scheme. Respondents made comments about pricing like:

With the advent of [the] NDIS and 'billable hours' there is an eroding of workers' rights in relation to staffing, wages, opportunities for network meeting are now non-existent. (Large community development organisation)

One respondent, who was discussing home modifications explained:

We are finding that the hours allowed for in NDIS services in order to deal with client liaison/expectations and travel are not sufficient to run a viable business service. Add to that it is difficult to gain payment from clients who are self-managing and NDIA¹⁰ portal claiming issues for construction progress payments and it is disappointing to think that we may have to consider the viability of providing service to NDIS participants. Participants are very confused about home modification processes as are NDIA planners and LACs. There is a significant lack of understanding regarding high cost complex and major home modifications both for participants and the NDIA staff. (Ageing, disability and carer organisation based in a non-metropolitan area)

In describing the impact of the NDIS on the organisation, some emphasised the pressure on staff in the process of adapting to the new model, for example:

There has been great pressure on employees to deliver NDIS work efficiently when they have to learn new systems as well as work under dual systems of current funding and NDIS funding. (Small metropolitan service)

Others raised concerns about changes in the Scheme's governance, and future directions in funding and eligibility arrangements:

The changes in the NDIA Board are concerning as it seems the Government wishes to pull back the funding by raising the thresholds under which people will be eligible for the scheme and reducing the amounts. We are in the process of doing the metrics on how our organisation will continue to provide services and grow. (Large metropolitan service)

Another felt they were buffered from underfunding as allied health workers attracted higher rates than support workers:

As we employ mostly allied health professionals our experience is slightly better than those employing support workers as the rates under [the] NDIS are a bit better. (CEO of organisation operating in metro and non-metro areas with over 50 staff)

¹⁰ National Disability Insurance Agency

10. Developing and Sustaining the Community Services Workforce

At the end of the survey, respondents were given a final chance to share their thoughts on workforce issues in the sector. The survey asked, 'Before we finish, what do you think needs to change to help to develop or sustain the community services workforce?'

10.1 Improving remuneration

By far the most common suggestions focused on improving remuneration, and working conditions. Despite the wage increases resulting from the Equal Remuneration Order, respondents still feel the work is undervalued, and that wages and conditions need to be improved to attract and retain highly skilled and qualified staff. This health service highlighted the common experience of competing for experienced staff:

It is very hard as a not for profit charity organisation to compete for experienced people. Young people tend to move on to more lucrative roles and roles that are permanent to enable them to get home loans. Staff on contracted employment cannot get home loans. Staff [...] become disillusioned by the lack of benefits and social opportunities unlike their counterparts in big companies. The more ambitious staff tend to seek out higher paying jobs every 2-3 years, we are either left with the less ambitious or the new recruit. (Small health service)

Many pointed to low levels of pay in the sector:

Most of our senior staff are underpaid but work in the industry for job satisfaction. (Large ageing, disability and carer service)

In doing so, they pointed to higher rates in the private or public sector, and highlighted the undervaluation of community service work compared with work in male dominated industries:

Better remuneration- community services provide essential services to society and yet other less skilled roles receive better rates of pay. (Small child, youth and family service)

This area is generally seen as women's work and therefore lower pay is the norm. The ability to get good staff and be comparable to hospital wages we have to pay well above the modern award, which is about \$26 for a year 8 RN and the hospitals pay about \$40 plus. The community sector is a professional sector and as such should have funding like hospitals and schools to ensure we pay the best staff at the best rates. (Large health service)

I believe the pay rates are too low. Why does a speech therapist only get around \$40 per hour & an accountant \$140? Oh dear this is structural problem with female dominated sectors. (Small ageing, disability and carer service)

This shows the persistence of widely held perceptions that work in community services is undervalued. Indeed, many of the comments articulate a need to improve the status of the sector:

Our society needs to value the community services workforce by paying people reasonable salaries that reflect the knowledge and skill of the workforce. (Large ageing, disability and carer service)

The area of community services needs to be seen as a desirable area of work to enter into, to attract the cream of the talent pool. For this to happen both funding and conditions need to improve. (Medium-sized health service)

10.2 Improving contracts with government

Many linked low pay, and short term or insecure working arrangements, to the nature of their contracts with government. The key issues identified by many organisations were summed up by this large health service:

The most significant issue that impacts the community services workforce is the limited (& often reduced) funding available. The present situation in many areas of the community services is that there is not enough funding for workers to do their work. This often means that workers are faced with a situation where they feel frustrated and unable to help people that desperately need it. For example, many times workers have no other option but to refer their clients to a service which they know is also underfunded, over-stretched and unlikely to be helpful ... Many passionate, motivated workers respond by working extra hours, pushing themselves too far and sometimes crossing boundaries in order to 'get the job done'. This in turn leads to the high rate of burnout within the sector. And, of course, on top of all this, the levels of remuneration and recognition of the immensely important work done by community services workers is too low. All of these issues could be easily fixed with more (and more reliable) funding. This would not only mean a more sustainable community services workforce, but also better services and outcomes for our clients. (Large health service)

Community service organisations in the study called for increased funding to cover wages for frontline staff and administrative and support roles:

Funding contracts that enable adequate salaries to be paid. (Large housing and homelessness service)

To have the capacity to employ and retain tertiary qualified staff, it is essential that funding reflects the amount that it takes to pay qualified staff. (Small child, youth or family service)

Grants programs that cover salary costs (not sure who they think will deliver the program!). (Medium-sized community development organisation)

Another pointed to the need for government funding to provide for adequate overheads:

Governments need to acknowledge, and pay for, the TRUE role & value of the community sector [then] include in their funding arrangements not simply the wages of minimal staff (& a desk, computer & phone) to operate a service, but also the other requirements of an organisation (rent, if required; staff development; professional supervision/debriefing, if required; etc., etc.). (Small peak body)

Respondents argued that more predictable and longer term funding contracts would improve job security and the stability of the sector, as well as providing additional benefits to the workforce:

Short term funding means short term contracts means turnover and instability.
(Large child, youth and family service)

Governments need to give adequate notice of funding reforms ...[our] contracts are up in June 2017, so that is a very short time to manage any changes to staffing, hours, workload, and the programs and services we can deliver to our community if our funding is not 'rolled over'...we need the time to develop new ideas and ways of doing things. (Small community development organisation)

Employees are well aware that fixed term contracts in regional areas bring stress, you can't borrow money for a house or motor vehicle and so opt for full time work in Woolworths as a better alternative. We all need to think long term not short term. One year funding for community programs is so last century. Let's move on.
(Medium Aboriginal and Torres Strait Islander service)

10.3 Improving access to quality professional development

In their comments, a large group of respondents pointed to a need to improve preparation for roles in the sector, and ongoing professional development. They called for an increase in the quality training that is appropriate, wider in range, and relevant to particular needs such as management, governance, CALD and Aboriginal or Torres Strait Islander workers; mature aged workers; and work in regional and rural areas. Examples of comments included:

More practical training (placements, client and practitioner lectures) in Community Service courses. (Small information service)

We need more training opportunities for long term unemployed CALD and ATSI so that we can upskill them and help them enter the workforce as they bring languages and a cultural knowledge and experience unique to these groups. This is most important for two areas of community services: 1) aged services, so that CALD and ATSI clients can receive services from a worker who is well aware of their cultural and linguistic needs, and 2) advocacy and policy input, as most Government policy has been developed with minimum input from CALD and ATSI community advocates or policy makers. (Medium-sized peak body)

More training/ professional development options for regional areas. (Medium-sized child, youth and family service)

Dedicated training and employment positions for mature aged people returning to the workforce. (Small health service)

I would also like to see more ongoing professional development for managers to develop their skills in running an organisation. This is by far my biggest need in terms of professional development, and yet the least accessible by far. (Small peak body)

Recognition (RPL) of skills and years of industry service when undertaking training such as Cert IV or Diploma the workload of these courses is not always manageable with a fulltime workload and travelling for training. (Large housing and homelessness service)

Reflecting problems for organisations in covering the costs of professional development, other comments focused on resources for training, and capacity to pay for it in the current funding environment, including under the NDIS. Many responses highlighted a need for free or cheap training options for organisations, along with support to cover the cost of replacing staff attending training:

More training and funding, the cost to get a trainer out is exorbitant. There is also a lack of appropriate training. (Large training, disability and carer service)

Some commented that training should be subsidised, so the costs were not borne by services:

Ability to provide training. Subsidised degree level education for people working in the sector. (Small child, youth and family service)

Ongoing training available at no costs to service. (Small employment, training or financial support service)

Free training and development opportunities for staff. (Small ageing, disability and carer service)

10.4 Issues for rural and regional services

A number of organisations operating in rural and regional areas used the opportunity to draw attention to the particular needs of their workforce, and the higher costs involved in travelling to meetings, to see clients or participate in training. They also pointed out they had access to a smaller pool of applicants for positions. Examples of their comments include:

Better access to training, subsidies to offset the extra cost of training in our region to cover air fares and accommodation. (Large employment, training or financial support service)

Training specific to remote area access. (Medium-sized Aboriginal or Torres Strait Islander service)

Acknowledgement of challenges for services who are located in isolated, rural or regional areas to access training in capital cities. Acknowledgement that poor transport in some areas increases travel time for home visiting programs. Poor transport may affect the number of participants who can access centre-based programs, so perhaps modified outcomes for some regional services needs to be integrated into funding agreements. (Medium-sized child, youth and family service)

In regional areas the battle of keeping great staff with the gap between NGO wages and government organisation wages. (Large housing and homelessness service)

10.4 NDIS issues

Many organisations pointed specifically to a need to increase NDIS prices to better meet the needs of the community services workforce for good pay, time to attend training and supervision, and adequate administrative and managerial support. Reflecting widespread concerns about the adequacy of NDIS prices, many noted tension between the structure of the NDIS and employment conditions in the sector. Comments included:

NDIS pricing must be reviewed for some items to enable provision for staff meetings, staff training and development, administrative support, risk management and quality assurance. (Large ageing disability and carer service)

NDIS factoring in the real cost of training for frontline staff and the need for ongoing training and PD including conferences. (Large ageing disability and carer service)

Provision under the NDIS funding for training and development. (Large ageing disability and carer service)

Some observed loss of staff under the NDIS, and erosion of working conditions:

A change in the NDIS pricing for direct care work to better reflect the work being done and the ability to keep a highly trained workforce. We are already losing qualified staff who do not see a future at the pay that will be offered. The NDIS expects a higher level of person centred (individual) care (which is fine and should be offered) but at a lower level of funding than previously received. (Large ageing disability and carer service)

A few respondents referred to changing the Social, Community, Home Care and Disability Services Industry Award (SCHADS), especially in relation to the NDIS:

As [the] NDIS is a flexible arrangement, the award and employment law needs to be flexible as well. (Large ageing disability and carer service)

SCHADS Award must be comprehensively reviewed to prevent workforce casualization. We desperately need an industrial instrument that enables increased workforce flexibility and is more responsive to NDIS needs. (Large ageing, disability and carer service)

Awards being flexible re hours/rates as it is killing [the] NDIS with staff under one set of time frames and clients another. (Large ageing disability and carer service).

11. Conclusions

Overall, this report provides detailed information about workforce issues in non-profit community service organisations in NSW, to build the sector's capacity to advocate for and develop a more effective and sustainable workforce.

In many ways, the information reflects the persistence of underlying structural workforce problems. Despite the Equal Remuneration Order and associated improvements in recognition of these problems, the community services workforce remains undervalued, with many organisations experiencing recruitment and retention difficulties. Survey participants continue to perceive their work in supporting and developing individuals, families and communities is undervalued, and that low levels of government funding and short term contracts constrain quality and sustainability.

The findings also show that the ageing of the workforce, and high levels of job insecurity, have not been effectively addressed. Employment of casuals by larger organisations, and high rates of casualisation in NDIS provider organisations, appears to be contributing to precarious work across the sector. Workforce ageing appears most acute in smaller organisations. Indeed, there are higher proportions of older workers in small organisations, raising questions about succession planning and the likely continuity of these organisations in the next decade. While workforce diversity, and provision of employment opportunities for women are a strength of the sector, women continue to face barriers to leadership of larger organisations.

The research also provides new insights into the issues and challenges shaping contemporary workforce challenges, and directions for workforce management and development in coming years. The National Disability Insurance Scheme is delivered by a third of sector organisations, and the overwhelming majority of these organisations are finding it is contributing to workforce challenges. Prices are widely seen as inadequate for enabling organisations to meet their industrial requirements, or to attract and retain quality staff. There is little provision under the funding model to support staff to develop their capacity and maintain quality standards. The findings underline the importance of ensuring emerging funding arrangements such as NDIS cover the full costs of service delivery, including decent pay, staff training and development, are important ways to build capacity and sustainability.

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Appendix A Supplementary Information

Figure A.1 Proportion of organisations operating in metropolitan and non-metropolitan areas by number of staff (n=398)

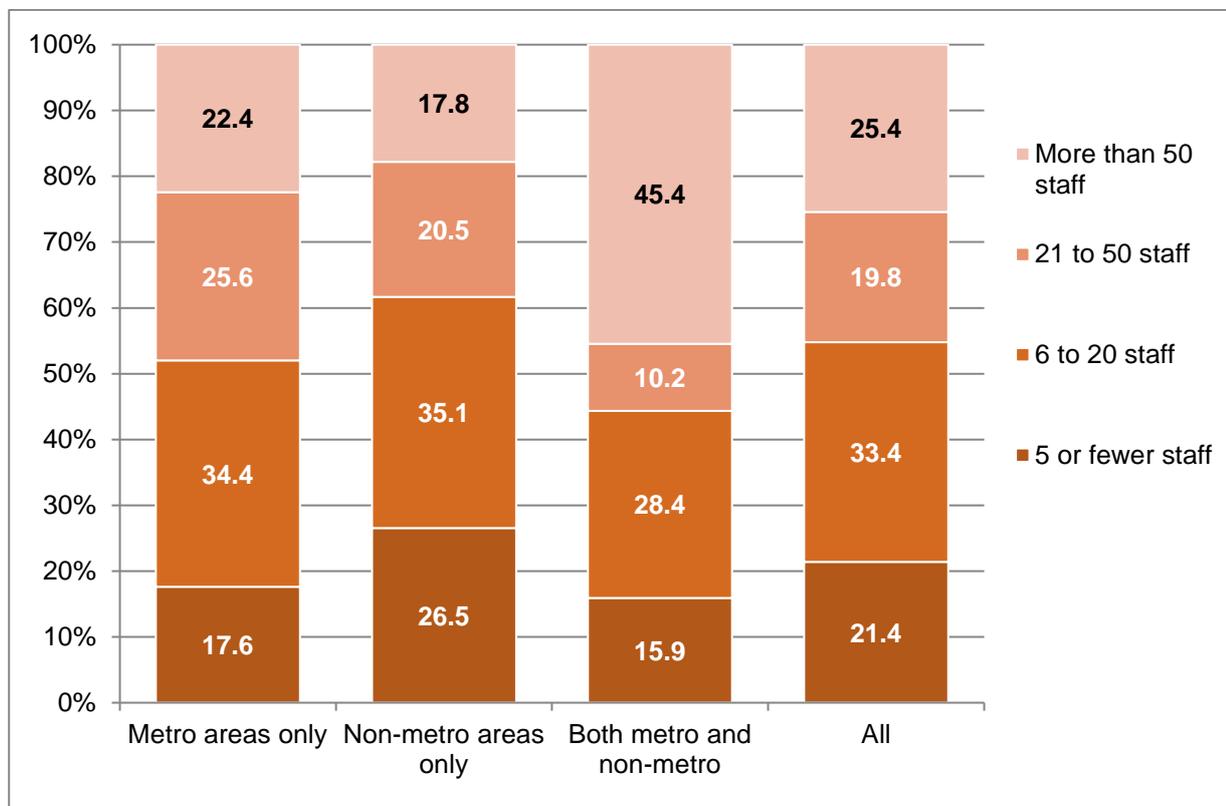


Table A.2 Average proportion of staff with a degree level qualification, by main service type (n=386)

	Mean	SD
Ageing, disability and carer	29.9	29.9
Child, youth and family	50.4	30.7
Community development incl Neighbourhood Centres	39.5	34.4
Health related services	56.9	28.8
Housing and homelessness	44.4	28.5
Other	46.9	32.4
Total	42.1	32.0

Table A.3 Mean proportion of staff using salary sacrificing, by metropolitan and non-metropolitan operations

	Mean	SD
Operates in metropolitan areas only	55.6	37.4
Operates in non-metropolitan areas only	48.6	35.8
Operates in both metropolitan and non-metropolitan areas	61.5	35.2
All	53.6	36.5

Table A.4 Whether staff numbers increase, decreased or stayed the same in last 12 months, by main service type (n=386)

	Ageing disability and carer		Child, youth and family		Community development		Health related services		Housing and homelessness		Other		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Increased a lot	31	25.2	4	6.3	3	6.4	3	8.3	1	2.0	7	9.1	49	12.3
Increase a bit	42	34.1	17	27.0	8	17.0	14	38.9	25	49.0	24	31.2	130	32.7
Stayed roughly the same	36	29.3	33	52.4	24	51.1	14	38.9	22	43.1	33	42.9	162	40.8
Decreased a bit	13	10.6	7	11.1	12	25.5	3	8.3	3	5.9	10	13.0	48	12.1
Decreased a lot	1	.8	2	3.2	0	0.0	2	5.6	0	0.0	3	3.9	8	2.0
Total	123	100	63	100	47	100	36	100	51	100	77	100	397	100

Table A.5 Whether organisation had a male or female CEO, by main service type (n=394)

	Ageing disability and carer		Child, youth and family		Community development		Health related services		Housing and homelessness		Other		All	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Has a male CEO	36	29.5	19	30.6	4	8.5	20	55.6	14	28.0	21	27.3	114	28.9
Has a female CEO	86	70.5	43	69.4	43	91.5	16	44.4	36	72.0	56	72.7	280	71.1
Total	122	100	62	100	47	100	36	100	50	100	77	100	394	100