

RESPONSE 89

Thu 1/05/2008 5:26 PM

Skilling Australia Discussion Paper Feedback -

1)

- a) How should Skills Australia interact with industry groups to ensure that it has access to the most appropriate and up to date data?

Industry groups may not reflect the true position. Formalised industry groups are usually represented by larger organisations who have the resources to release staff. Therefore industry groups often reflect the concerns/ experiences of larger organisations which may be entirely different from the needs and concerns of smaller organisations.

Whilst Governments need to seek information from industry bodies the so called "peak bodies" may not in all cases be representing the true picture.

In today's technological environment it should not be difficult or expensive to survey each player within each industry seeking feedback and data.

The needs of larger organisations/corporations may well differ from smaller but equally valuable players.

- b) What sources of data on skill shortages should Skills Australia use?

Skills shortage can only be really determined by consultation with each provider – as above, a larger organisation may not experience the same problems as a smaller organisation and vice versa.

In addition some organisations have multiple sites and variances occur due to geographic location.

Health care whether it be aged, disability or home and community is not usually politically favourable and often shunted aside when determining skills shortages. Politically health care does not measure up in public appeal as say mining industry which is predicted to be the economic saviour for Australia.

2) Re: Industry Skills Council

- a) How will ISC's ensure that their environmental scans take full account of workforce issues in their areas of industry coverage?

Not sure whether SA has an industry skill council representing the Health Care Sector. In the past however Health Care Industry Advisory groups again have been influenced by major players but perhaps the biggest inhibiting factor for true results was the wide variety of workers the Council represented. Eg from

professional workers through to blue collar workers working at absolute ground level eg. Aged, disability and home and community workers who are largely exploited in terms of the service and care they provide in comparison to their low remuneration for tasks undertaken.

ISC's can only react to feedback received and as previously mentioned often don't receive a realistic view of what is required at ground level.

b) What is the best way to ensure state based industry advisory bodies engage in the model without duplication of roles?

It is important for all service providers to have input in

a) data collection )

b) needs ) of industry

Perhaps the ISC's be charged/funded to provide the technology to survey all of industry not just representatives appointed to the Skills Council Board.

Previous experience can show the ISC's can be manipulated and in some instances allegations of self interest from members or conflicts of interest.

c) How can ISC's encourage and highlight responsive RTO's delivering high quality training for their industry?

As an RTO this is a very interesting question. We are responding as a private RTO and therefore earn our respect within the industry.

VET training is not always played on a level playing field and at times private RTO's don't have the time or resources to be involved in "peak industry bodies".

In our experience, and having been involved in industry skills councils we have been discouraged and disheartened that public providers have dominated.

Private RTO's generally earn their stripes by providing quality training but are largely ignored politically for their contribution to the training effort within Australia.

The best measure of feedback in terms of providing quality training is to ask the recipients eg. Trainees and Employers and seek their response.

Given the playing field is not level – employers are often left with no option but to access public training providers.

3) What can be done to ensure that the training outcomes for individuals and enterprises translate into appropriate employment outcomes?

Private providers who have accessed Commonwealth and State funds under a number of different programmes have always been judged on employment outcomes. Our very existence has demanded we meet the relevant employment outcomes. Whilst not always successful, private RTO's work harder at

establishing the industry links providing flexible learning environments to maximise employment outcomes.

The health care sector employers particularly aged care workers, direct care workers or those supposedly in the bottom rung of providing care are becoming increasingly frustrated with the difficulty in recruiting care workers. Having been in the training environment for 20 or more years, recruitment of care workers have largely been from unemployed groups or mums returning to the workforce.

Industry is telling us that it is becoming increasingly difficult to recruit workers to provide basic care and that overseas recruitment is a future viable option.

Phase 2 – Existing workers and job seekers seeking places from 1/7/08 – 31/12/08.

4) How can this programme be managed to best meet needs of Employers?

Simply talking to Employers and seeking feedback and not necessarily accepting the view of ISC's as gospel. Each sector within the Health Care Sector have different needs and requirements. These comments are not intended to devalue the concepts of ISC's but they often do not reflect the position at ground level.