



Industry and Workforce Development Project

A partnership between Homelessness NSW, Domestic Violence NSW and YFoundations

---

# NSW Homelessness Staff Survey of Workforce Issues, 2017

---

## CONTENTS

1	Background.....	4
2	Method.....	4
3	Survey Findings.....	6
3.1	Respondent Profile.....	6
3.1.1	Age.....	6
3.1.2	Cultural background.....	6
3.1.3	Gender.....	7
3.1.4	Education.....	7
3.1.5	Lived experience of homelessness.....	7
3.2	Respondent work.....	7
3.2.1	Years in the homelessness sector.....	7
3.2.2	Reasons for working in the sector.....	8
3.2.3	Work contracts.....	8
3.2.4	Job satisfaction.....	8
3.2.5	Career advancement and movement within and outside of the sector.....	9
3.3	Skills development.....	10
3.3.1	Language skills.....	11
3.3.2	Learning/skills development opportunities.....	11
3.3.3	Training priorities.....	12
3.3.4	Practice support.....	14
3.3.5	Additional support for rural and Aboriginal workers.....	14
3.4	Sector workforce development priorities for the next three years.....	15
4	Conclusions.....	15

2017

© Homelessness NSW

99 Forbes St, Woolloomooloo NSW, Australia

## ABBREVIATIONS

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
CEO	Chief Executive Officer
HR	Human resources
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer
NSW	New South Wales
SHS	Specialist Homelessness Services
SPRC	Social Policy Research Centre

# 1 BACKGROUND

---

In order to understand the homelessness workforce in New South Wales (NSW) and to inform workforce development planning for the sector, it is necessary to gather information about staff characteristics, their experiences and needs going forward. This report provides a profile of Specialist Homelessness Service (SHS) staff in NSW in 2017.

This profile was generated from information gathered through a survey of the SHS workforce in February 2017, conducted by the Industry Partnership of the three NSW homelessness peaks: Homelessness NSW; Domestic Violence NSW; and YFoundations. The survey was developed by the Project Team located in Homelessness NSW, in consultation with the other two peak bodies. The survey findings build on information obtained from two earlier surveys conducted in 2015 and 2013. Accompanying this report are three other documents:

- *Workforce Issues in Specialist Homelessness Services* by Social Policy Research Centre (SPRC 2017) provides an organisational profile of the homelessness sector and is based on a parallel survey targeting homelessness organisations, rather than individual workers. Administered in February 2017, the SPRC survey was completed by 72 CEOs or Human Resource Managers of SHS services in NSW. It responds to emerging challenges. The findings allowed the SHS sector to be measured against the wider NSW community sector on certain criteria. The report is available at: <https://www.sprc.unsw.edu.au/research/projects/workforce-issues-in-the-nsw-community-services-sector/>
- *NSW Specialist Homelessness Services Workforce Profile, Executive Summary 2017* by the Industry Partnership of NSW Homelessness Peaks. This document provides a short compilation of findings of the 2017 Industry Partnership and SPRC surveys.
- *NSW SHS Workforce Profile Infographic 2017*.

Both the Executive Summary and Infographic are available at:

<http://www.shssectordev.org.au/projects/nsw-homelessness-workforce-survey-2017>

# 2 METHOD

---

The *NSW Homelessness Staff Survey of Workforce Issues 2017* was administered online in February 2017 via Survey Monkey. The survey drew on questions posed in the 2015 and 2013 surveys of the homelessness workforce, although posed a reduced number of questions; 37 in total. Homelessness staff in NSW were invited by email to take part, with a link to the online survey.

The survey targeted individual paid staff members and included questions regarding respondent demographics, work arrangements, access to skills development and practice support, career satisfaction, and priorities for sector workforce development going forward.

Of the 385 SHS staff contacted, there were 331 responses, indicating an excellent 86% response rate. Most people surveyed were SHS staff with client contact (37%) or senior staff with client contact (8%). Over a third of respondents had some form of managerial responsibilities.

Survey respondents were relatively evenly distributed across NSW (see Table 1). All seven FaCS districts were represented and, overall, there was good representation outside of Sydney. There was less representation from the Illawarra, Shoalhaven and Southern NSW district and from South Western Sydney, which may have skewed some of the response.

Table 1 Representation from different FaCS districts

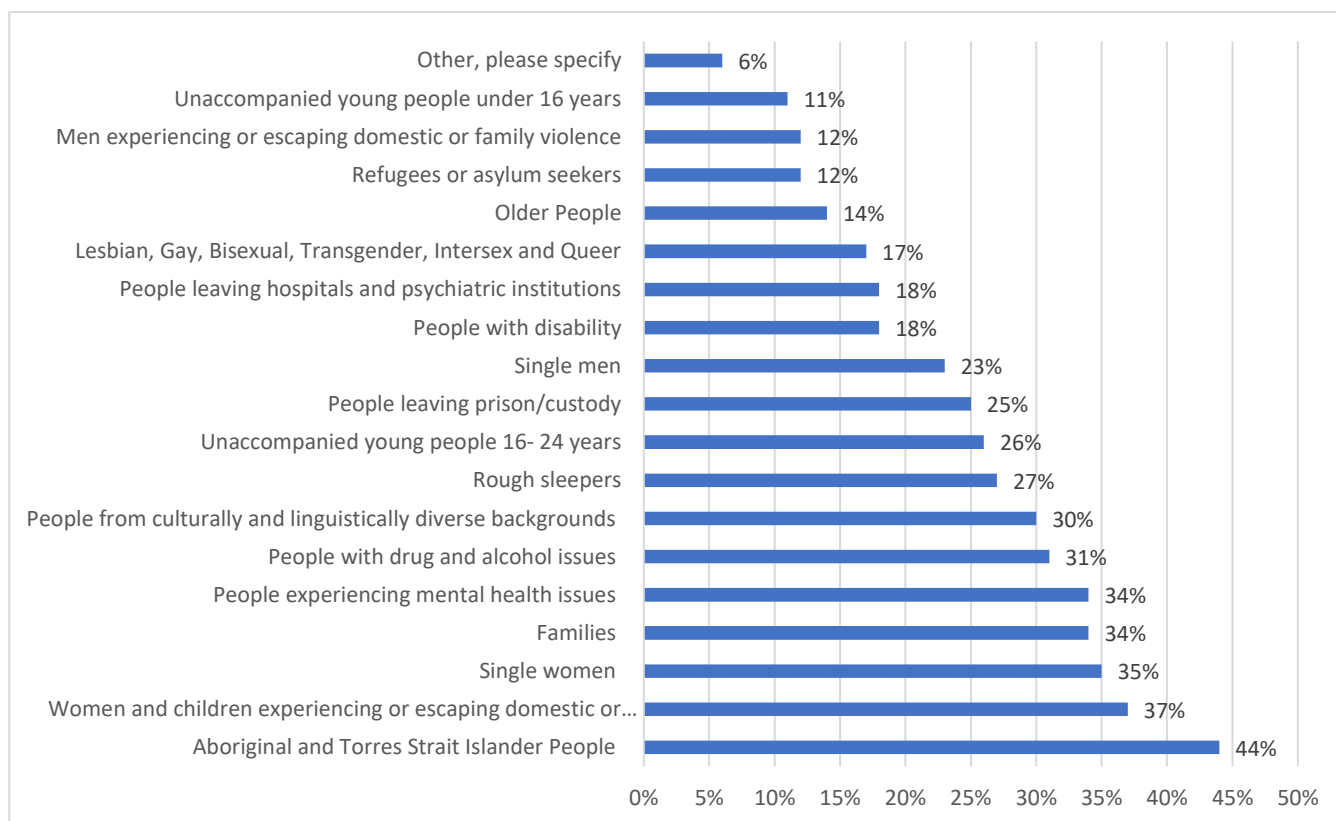
	%	#
Hunter, New England and Central Coast	16.13%	50
Illawarra, Shoalhaven and Southern NSW	5.81%	18
Murrumbidgee, Far West and Western NSW	18.06%	56
Mid North Coast and Northern NSW	13.55%	42
South Western Sydney	7.42%	23
Sydney, South Eastern Sydney and Northern Sydney	29.35%	91
Western Sydney and Nepean Blue Mountains	9.68%	30
<b>Total</b>		<b>310</b>

There was a good distribution of respondents from smaller and larger organisations, with the majority of respondents coming from smaller organisations: under 10 staff (26%); 10-25 staff (28%); 26-50 staff (19%); 51 – 100 staff (8%); and more than 100 staff (19%). Additionally, survey respondents were relatively evenly spread across generalist SHSs (22%), domestic and family violence services (18%) and youth services (17%).

Respondents were asked about the types of services offered in their organisation. Twenty-five percent stated that the main function of the service they worked for was crisis refuge (compared with 46% in 2015), followed by intensive responses for clients with complex needs (17%). In 2017, far fewer respondents (8%) stated that transitional accommodation was their primary function, in comparison to 30% in 2015.

Respondents were also asked about their primary client groups during the twelve months prior to the survey. The sector serves a wide variety of client groups, as evident in Figure 1.

Figure 1 Primary target groups



## 3 SURVEY FINDINGS

### 3.1 RESPONDENT PROFILE

#### 3.1.1 Age

The survey asked respondents about their age. In 2017, the average age of SHS staff is 44 years, with the majority of workers aged between 36 and 55 years. There are very few younger workers, only 3% indicating they are between 18 and 25 years of age, which is to be expected given that many staff will enter the sector with some tertiary education (see section 3.1.4). The average age of the current workforce has not changed significantly since the two previous workforce surveys were conducted in 2015 and 2013.

Table 2 Age

	%	#
18-25 years	2.72%	9
26 –35 years	20.85%	69
36 – 45 years	28.40%	94
46 – 55 years	29.31%	97
56+ years	18.73%	62
<b>Total</b>		<b>331</b>

#### 3.1.2 Cultural background

In terms of cultural inclusivity in the NSW homelessness sector, there is room for improvement. Seventy-seven percent of respondents stated they were neither Indigenous nor from a culturally or linguistically diverse background.

Nine percent of staff indicated they were of Aboriginal or Torres Strait Islander descent, a figure higher than the proportion of this cultural group in the general Australian population. However, the proportion of Aboriginal or Torres Strait Islander staff is far smaller than the estimated proportion of 25% for this cultural group within the homelessness population in NSW (ABS Census of Housing and Population 2011 & AIHW Specialist Homeless Services Data Collection). The percentage of workers identifying as Aboriginal or Torres Strait Islander is slightly higher in this survey than in the 2015 and 2013 surveys.

Table 3 Cultural identity

	%	#
Aboriginal/and/or Torres Strait Islander	9.37%	31
From a culturally or linguistically diverse background	12.99%	43
Prefer not to say	0.91%	3
None of the above	76.74%	254
<b>Total</b>		<b>331</b>

Only 13% of workers indicated that they were from a culturally or linguistically diverse (CALD) background, a lower proportion of this group than in the broader Australian population (ABS Census of Housing and Population 2011). This percentage is similar to findings from the 2015 and 2013 surveys.

### 3.1.3 Gender

Strikingly, female workers make up the large majority of the homelessness sector workforce (83%). Only 14% of workers identified as male, while 2% identified as non-binary or other. The figures suggest that the proportion of female workers is slightly higher in the homelessness sector than the estimated 77% within the broader community sector in NSW (SPRC 2017).

### 3.1.4 Education

The survey results show that the NSW homelessness workforce is relatively highly educated. In 2017, 50% of respondents had completed a university qualification. This compares with 58% in the 2015 and 45% in the 2013 sector surveys. In comparing education levels between staff with different job types, the results not surprisingly showed more managerial staff (36%) had a postgraduate qualification than staff with predominantly client contact (11%). Staff with client contact were more likely to have a qualification at diploma level or higher (89%) than were managerial staff (62%). Workers' TAFE or university qualifications were most likely to focus on: Welfare/Community Work (42%); Arts/Social Sciences/Humanities (18%); and Social Work (13%).

Table 4 Level of education

	%	#
Did not go to high school	0.00%	0
Partially completed high school (no certificate)	1.21%	4
Partially completed high school (School Certificate)	1.21%	4
Graduated from high school (HSC or equivalent)	3.93%	13
Certificates I- IV	8.16%	27
Diploma or Advanced Diploma	33.84%	112
Undergraduate degree (e.g. Bachelors, Honors)	32.63%	108
Post-graduate degree (e.g. Graduate Diploma, Masters, PhD)	17.82%	59
Other	1.21%	4
<b>Total</b>		<b>331</b>

### 3.1.5 Lived experience of homelessness

Notably, a sizable proportion (23%) of SHS staff have themselves at one time been homeless. (This question was not asked in previous sector surveys.) Staff with a lived experience of homelessness can contribute a unique and valuable insight to the issues confronting consumers of homelessness services and their support needs.

## 3.2 RESPONDENT WORK

### 3.2.1 Years in the homelessness sector

On average, most survey respondents had worked in the homelessness sector from between four to ten years (similar to results of the 2015 and 2013 surveys), with the majority having occupied between two and five jobs in the sector (59%).

Table 5 Total number of years worked in the homelessness sector

	%	#
Less than 1 year	8.07%	26
1 - 3 years	24.84%	80
4 - 10 years	38.20%	123
11 – 20 years	16.15%	52
21 – 30 years	9.63%	31
30+ years	3.11%	10
<b>Total</b>		<b>322</b>

### 3.2.2 Reasons for working in the sector

Most SHS staff were initially attracted to the sector because of a desire to help others and give something back to the community (67%), and because they enjoy working with the client group (47%). (Unsurprisingly, these were the two main reasons respondents gave in the 2015 sector survey.) In 2017, many people were also attracted to the supportive workplace culture (30%), learning opportunities and application of skills (29%), and because they find the work personally rewarding, feel valued, appreciated and respected (25%). Fewer people were attracted by the career prospects or job security (13%).

### 3.2.3 Work contracts

In 2017, 69% of SHS staff were working full time, suggesting the sector has proportionally fewer full time workers now than when surveys were conducted in 2015 and 2013 (see Table 6).

Comparisons between the last three sector surveys also indicates a shift from longer to shorter term contracts, as evidenced in Table 6. In 2017, there was a decline in respondents on permanent or 3+ year contracts to 55%, with an accompanying increase in the percentage of shorter, fixed term contracts: 16% fixed term for 2-3 years; 16% fixed term for 1-2 years; and 7% fixed term for under 1 year. Five percent of staff in 2017 were on casual appointments, although this low figure should be read with some caution. As casual staff may be at the workplace less frequently than other staff, they may have had less opportunity to take part in the survey.

Table 6 Work contracts

	2017	2015	2013
Percentage of workers working full time (35 or more hours per week)	69%	73%	79%
Percentage of workers with a permanent/3 years+ contract	55%	88%	92%
Percentage of workers who are on fixed term contract	39%	9%	6%
Percentage of workers who are casual	5%	2%	2%

### 3.2.4 Job satisfaction

In order to gauge staff satisfaction with their job, respondents were asked to rate the extent to which they agreed or disagreed with statements about their work. The large majority appear to be satisfied with their work, agreeing somewhat or strongly that: their work gives them a feeling of accomplishment; they have tools and resources to do their job well; they feel supported by their manager and workplace; and that their job makes good use of their skills and abilities.



Table 7 Job satisfaction

	STRONGLY DISAGREE	SOMEWHAT DISAGREE	NEITHER	SOMEWHAT AGREE	STRONGLY AGREE	Total
My work gives me a feeling of personal accomplishment	4%	1%	8%	43%	44%	284
I have the tools and resources to do my job well	3%	11%	9%	46%	31%	283
I feel supported by my manager and workplace	5%	9%	7%	30%	49%	283
My job makes good use of my skills and abilities	3%	7%	7%	39%	43%	283

### 3.2.5 Career advancement and movement within and outside of the sector

Despite relatively high levels of job satisfaction, opportunities for career advancement are limited. Only 40% of respondents indicated that they had opportunities for career advancement within their organisation. Of the rest, 37% said they had no opportunities and 23% were unsure as to whether there were any or not.

As would be expected, there is some movement of workers within the sector (see Table 8). Of the workers surveyed, the majority (57%) had only been in their role for up to two years. There are some workers who had occupied their current role for a considerable length of time. Thirty-seven percent had been in their current role for three to ten years and a further 7% had held their current role for more than ten years.

Table 8 Length of time in current role

	%	#
Less than 1 year	22.26%	71
1-2 years	34.48%	110
3-5 years	24.76%	79
6-10 years	11.91%	38
11-15 years	2.82%	9
15+ years	3.76%	12
<b>Total</b>		<b>319</b>

Perhaps reflective of the feedback on job satisfaction and the current employment environment in NSW, many workers indicated that they were committed to staying within the sector and their current workplace for the next twelve months. Sixty-nine percent of respondents said they want to be working with their current employer in twelve months from now, while 7% want to be working elsewhere in the homelessness sector; 2% were considering retirement.

Looking further ahead to the next three years, however, only 40% of respondents said they wanted to remain with their current employer. This figure is much lower than the 80% of respondents in 2015 who wanted to remain with their employer for the next three years. In 2017, around 10% of respondents said they want to be working elsewhere within the homelessness sector in the next three years, 15% were considering working outside of the sector and 6% want to retire in that time.

### 3.3 SKILLS DEVELOPMENT

The survey findings indicate that the homelessness workforce in NSW is generally well educated and has worked in the sector for a long time. Given the high level of experience within the workforce, the survey sought to ascertain opportunities for the most relevant skills development.

Staff were firstly asked to indicate those skills they considered crucial to their work. Staff with client contact duties identified needing a broad range of skills for their work but saw the most critical as being: client engagement/interpersonal communication; critical thinking/reflective practice; and problem-solving and decision-making (see Table 9).

Table 9 Critical skills for workers with predominantly client contact duties

	%	#
I don't have predominantly client contact duties	30.49%	93
Case management co-ordination skills	57.38%	175
Case work planning and delivery skills (e.g. needs assessment, support plan)	56.39%	172
Client engagement/interpersonal communication skills	63.61%	194
Crisis intervention skills	57.70%	176
Critical thinking skills/ reflective practice skills	60.98%	186
Exit planning skills	48.52%	148
Interview and assessment of client needs skills	55.08%	168
Negotiation and advocacy skills	57.38%	175
Networking skills	55.74%	170
Organisational (including team working) and administrative skills	52.46%	160
Problem-solving and decision-making skills	60.33%	184
Other, please specify	6.56%	20
<b>Total</b>		<b>305</b>

Staff with predominantly managerial duties also identified a wide range of skills as necessary to their work but saw the most critical as being: organisational development; interpersonal communication; human resources; and management skills (see Table 10).

To investigate the relationship between skills and formal education, respondents were asked if they felt they had formal qualifications for the skills that they listed as crucial. Seventy-eight percent of staff with mainly client contact duties and 84% of staff with mainly managerial duties stated they had formal qualifications for some or all the skills they listed as critical.

Table 10 Critical skills for workers with predominantly managerial duties

	%	#
I don't have predominantly managerial duties	47.87%	146
Business skills (business strategy, communications, financial planning & budgeting, fund raising, property management)	31.80%	97
Human resource skills (clinical supervision, conflict resolution, recruitment, staff development, performance management, planning)	40.98%	125
Interpersonal communication (crisis management, facilitation, team building)	45.57%	139
Legal skills (relevant legislation, service standards, understanding duty of care requirements and law of negligence)	29.84%	91
Management (change management, governance, leadership, time management, risk management)	40.98%	125
Organisational development skills (collaboration, evaluation & review, quality management, networking, client participation)	45.57%	139
Self-care skills (dealing with vicarious trauma, managing appropriate relationship, stress management)	38.69%	118
Other, please specify	2.62%	8
<b>Total</b>		<b>305</b>

### 3.3.1 Language skills

Given the prevalence of refugees and new migrants within the homelessness population in NSW, there is a need for SHS workers who can communicate in languages other than English. Seventeen percent of the 2017 survey respondents reported speaking a language other than English. This is an increase from 12% reported in the 2015 survey. Disappointingly, however, only 5% of 2017 respondents spoke another language at work.

### 3.3.2 Learning/skills development opportunities

In the twelve months prior to the 2017 survey, SHS staff had a high engagement in learning/skills development, with 92% of respondents taking up opportunities in the workplace or elsewhere (very similar to responses to the 2015 survey). In 2017, this was most commonly undertaken as participation in conferences or workshops, FaCS SHS Learning and Development training, information sessions by other professionals or in CCWT training (see Table 11).

Only 19% of 2017 survey respondents indicated that they had taken part in learning opportunities organised by the Homelessness Industry Partnership, such as training on establishing a complaints management system, recontracting or good governance, although attendance records for these sessions indicates otherwise. This discrepancy may be reflective of inadequate branding of training provided through the Industry Partnership. Interestingly, a sector-wide survey of 134 respondents undertaken in November/December 2016 by ARTD Consultants, as part of an evaluation of the Industry Partnership, found sector awareness of the different training activities provided ranged from 45% (for the Migration Law and Domestic Violence training) to 73% (for Complaints Handling workshops), with awareness of training opportunities considerably higher among managers, as to be expected. Critically, ARTD found that participant satisfaction in these training activities was very high, consistently above 90% (ARTD 2017, p. 12). The evaluators concluded that:

Awareness of Sector Development Project [i.e. Industry Partnership] activities across the sector generated strong participation across the board. Among participants, satisfaction was high overall, often very positive: there is good evidence that the considerable majority of participants have both enjoyed and benefitted from training sessions, workshops, forums, and from resources developed through the Industry Strategy. (p.vi)

Some respondents to the 2017 survey indicated that they had participated in a university or VET qualification, short training courses or other government training (i.e. not FaCS run). Relatively few respondents indicated that they had engaged in ECAV or Federation of Housing Associations training. Pleasingly, of those who did

participate in learning and skills development opportunities, 87% of respondents were able to have some of or all their costs covered.

Table 11 Engagement in learning/skills development opportunities in the workplace or elsewhere

	%	#
No, I did not participate in any training	7.77%	23
Conferences or workshops	65.20%	193
CCWT training	21.62%	64
ECAV training	6.76%	20
FaCS (SHS L&D) training	54.05%	160
Federation of Housing Associations training	6.08%	18
Industry Partnership training (e.g. Complaints, Re-contracting, Governance)	18.92%	56
Information sessions by other professionals	44.26%	131
Other government training (not FaCS L&D)	12.16%	36
Short training courses; e.g. NSW FHA Collaboration masterclasses run by Twyfords	12.50%	37
University or VET qualification	15.88%	47
Other, please specify	8.45%	25
<b>Total</b>		<b>296</b>

Despite the high level of worker engagement in learning and skills development in the past twelve months, respondents did point to barriers to participating in these opportunities. Principally, these concern a lack of time to take up training (18%), a lack of funding for registration fees, replacement of staff, travel or accommodation (14%), a lack of opportunities available in regional centres (14%) or a lack of relevant training (12%). To a lesser degree, respondents expressed concerns about managers not prioritising training (4%), workers lacking information about opportunities (3%) and the length of course requirements (2%). The key barriers of limited funding, time and lack of opportunities in regional areas identified in 2017 echo barriers identified by workers in the 2015 workforce survey, signifying that these factors continue to impact on worker engagement in learning and skills development.

### 3.3.3 Training priorities

To help with workforce development planning for learning and development over the next three years, respondents were asked about their main training priorities in the next twelve months. For those workers with client contact, key priorities centred on: working with specific populations; trauma informed care skills; case work skills; self-care skills; collaboration skills; work management; and assessing risk and safety planning (see Table 12). Six percent said that they had no training priorities for the next twelve months. For managerial staff, key training priorities were for organisational development, HR, business, management skills, self care, interpersonal communication and legal skills (see Table 13). Five percent indicated that they had no training priorities for the coming year.

Table 12 Training priorities for the next 12 months for staff with client contact

	%	#
Do not have client contact	28.38%	84
No training priorities	6.08%	18
Assessing risk and safety planning	20.27%	60
SHS induction	7.09%	21
Case work skills (advocating on behalf of clients, client assessment, recognising trauma, intensive responses for complex needs clients, trauma informed care, Crisis and transition responses)	25.00%	74
Collaboration skills (partnering with other services, government and private sector)	22.30%	66
Self-care skills (dealing with vicarious trauma, managing appropriate relationship, stress management)	25.00%	74
Trauma informed care skills (client centred practice, building resilience, etc)	34.12%	101
Working with specific populations (clients affected by domestic and family violence or disability, clients from Aboriginal or refugee and asylum seeker backgrounds, children, ex-prisoners)	37.84%	112
Work management skills (computer skills, time management, writing skills, data entry, leadership)	22.30%	66
Other, please specify	8.45%	25
<b>Total</b>		<b>296</b>

Table 13 Training priorities for the next 12 months for managerial staff

	%	#
Not managerial staff	50.34%	149
No training priorities	5.41%	16
Business skills (business strategy, communications, financial planning & budgeting, fund raising, property management)	16.89%	50
Human resource skills (clinical supervision, conflict resolution, recruitment, staff development, workforce planning)	19.59%	58
Interpersonal communication (crisis management, facilitation, team building)	13.51%	40
Legal skills (relevant legislation, service standards and guidelines, duty of care requirements and law of negligence)	13.18%	39
Management (change management, governance, leadership, time management, risk management)	16.22%	48
Organisational development skills (client participation, collaboration, evaluation, measuring outcomes, networking)	19.59%	58
Self-care skills (dealing with vicarious trauma, managing appropriate relationship, stress management)	13.85%	41
Other, please specify	3.04%	9
<b>Total</b>		<b>296</b>

### 3.3.4 Practice support

The large majority of survey respondents stated that they have access to support for their practice. This takes a range of forms, principally as clinical supervision (52%) but also: phone support/guidance (31%); mentoring (20%); role models (16%); buddying (13%); communities of practice (11%); and shadowing other workers (10%). Other support is provided as inhouse supervision, debriefing with colleagues, use of Employee Assistance Program or external supervision. Ten percent said they did not have practice support available to them in the twelve months leading up to the survey.

For the majority of workers (54%), opportunities to share information and improve practice were available both within their organisation and externally. Others only had opportunities within their organisation (32%) or only externally (7%). Seven percent of respondents stated that they did not have any opportunities internal or external to their organisation to share information and improve practice.

Despite the practice support that is already available, the large majority of workers identified a need for additional clinical expertise or support to assist them to improve service delivery to clients. For most, this centred on support to develop reflective and evidence-based practice (37%), e.g. one person suggested this support might be by education providers, alternate education experts, therapists or supervisors. Many respondents called for specific support to understand the impact of trauma and provide trauma informed care (29%), as well as support to develop awareness of their own emotional processes when working with clients (25%). Many respondents also suggested they would benefit from clinical expertise around conducting assessments, developing therapeutic treatment plans and undertaking interventions (23%), as well as support to conduct case consultancy and review (22%). Others suggested a need for assistance to develop role modelling skills and mentoring capacity, in order to provide peer education and support (27%). Only 8% of respondents to this question indicated that they did not need additional clinical expertise or support.

### 3.3.5 Additional support for rural and Aboriginal workers

Given the challenges of distance, fewer services and resources available to rural services, the survey sought to identify the kind of support that would most assist staff in rural areas. The overwhelming response from these staff (47%) was for more locally available training or options around training, such as making training resources directly available in rural areas, rather than in Sydney. There were many calls (18%) for more services in rural areas to take the pressure off existing services, particularly demands for specialised services (e.g. drug and alcohol, mental health, youth and Aboriginal services). Unsurprisingly, there were also requests for more funding and resources for rural areas, including funding for staff, transport, internet and training (10%). While the Industry Partnership is unable to direct funding to or for new services, these issues can inform the development of advocacy positions for the three peak organisations.

The survey recorded some rural workers' requests (10%) for support for networking, collaboration and information sharing between services, as well as between partner and lead agents. Comment was made about the difficulty of recruiting highly skilled and experienced staff in rural areas. A few workers (6%) pointed to a need for practice support, such as debriefing opportunities, facilitated reflective practice and clinical supervision. Others requested support to work with clients with complex or high level needs.

Recognising the high number of Aboriginal people within the homelessness population and the relatively few number of Aboriginal staff and Aboriginal specific services operating in NSW, the survey sought to identify the kind of support that would most assist Aboriginal workers in this space. The majority of Aboriginal staff who answered this question pointed to support needs for more cross cultural competency training for the sector as a whole (23%) and support for networking and collaboration between Aboriginal services and with non-Aboriginal services (20%). There were calls for greater access to training in general for Aboriginal staff (10%) and an increase in funding and resources for Aboriginal services (10%). Other responses were about promoting services available within Aboriginal communities, allowing Aboriginal organisations greater flexibility in timeframes to

deliver services, and making available more housing for homeless people. A few respondents indicated that they did not see that they required additional support just because they are Aboriginal.

### 3.4 SECTOR WORKFORCE DEVELOPMENT PRIORITIES FOR THE NEXT THREE YEARS

To the question asking about workforce development priorities over the next three years, many respondents called for consistent and accredited training (74%), including facilitating recognition of prior learning for staff (41%). There were also calls for follow-up support post-training to assist organisations with implementation.

Other development priorities centred on practice. Respondents identified a need for training to focus on trauma informed care and support (64%), client-centred working and work with lesbian, gay, bisexual, transgender, intersex or queer (LGBTIQ) populations. Many respondents identified establishing communities of practice as a priority (51%). Respondents prioritised a need for strategies for early intervention and the prevention of homelessness (e.g. training in skills and approaches required to support tenants with multiple failed tenancies/tenancies at high risk of failure), strategies for good collaboration with mainstream and other agencies, and partnership development, especially with public and community housing providers.

There were a few calls for organisational development support in HR and financial management. Other identified priority areas were:

- Accredited tenancy management for SHS housing workers
- Community education to promote taking responsibility for homelessness and housing affordability
- Appropriate funding to reflect the specialisation of services.

In terms of priorities for workforce security/development, many respondents (45%) pointed to a need for career pathways. There were also calls for advocacy for secure funding for organisations and positions, and improved working conditions, such as wellness leave or a package for workers who deal with trauma daily.

## 4 CONCLUSIONS

---

The survey findings present valuable insights into the current workforce characteristics of SHS staff in NSW. The survey findings will be used to inform planning for workforce development for the next three years and to track changes in the workforce profile and needs over time.

On a positive note, the survey results indicate that the majority of the workforce is well educated, experienced in the sector, and is committed to community work and the client group. Staff generally indicate satisfaction with their job. Staff are highly engaged in professional development, particularly training, and the large majority have access to different forms of practice support. Some clear workforce development priorities have emerged around the provision of accredited training, particularly in trauma informed care, working with specialised groups and self care. For managerial staff, training in organisational development, HR, business and management is an identified need. Strengthening and improving ways of working through communities of practice and building relationships within and outside of the sector are other key areas for development.

More worrying are the deteriorating changes in employment conditions impacting on job security in the sector. That is, the shift from full time to part time work, and from permanent to fixed term and casual contracts. Additionally, the majority of respondents indicated that they did not have or were unsure of opportunities for career advancement within their organisation. There were consequently strong calls for development of career pathways. The stated intention of an increasing number of staff to leave the sector over the next three years

may be symptomatic of these trends. Advocacy for secure funding for organisations and positions, and improved working conditions remains a priority for sector development.