



HumanAbility

Discussion Paper

Identifying targeted strategies to address structural barriers to the use of apprenticeship pathways in the aged care and disability sectors





Acknowledgement of Country

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Context

Aged care and disability services are essential to the wellbeing of two million Australians and their families. Both sectors face severe workforce shortages that undermine service quality and availability. While the Government has rightly identified these workforces as a priority, pressure is intensifying as demand is forecast to rise sharply in both sectors.¹

Apprenticeships in aged care and disability are currently failing to provide a viable workforce pipeline.² The Strategic Review of the Australian Apprenticeship Incentive System (Strategic Review) recognised this, recommending that government convene a tripartite process to identify and address the structural barriers limiting apprenticeship uptake in these sectors.

This Roundtable responds to Recommendation 2.13 of the Strategic Review, and has been referred to HumanAbility, the jobs and skills council for the care and support economy, to convene, on behalf of the Minister for Skills and Training:

Recommendation 2.13: *The Australian Government convenes a tripartite meeting to bring unions, employers, and the relevant agencies and ministers together to identify targeted strategies to address structural barriers to the use of apprenticeship pathways in the aged care and disability sectors.*³

Addressing structural barriers to apprenticeships in aged care and disability services is key to meeting increased demand for care and support, as well as national skills objectives. These include gender equality, sustaining essential care services and Closing the Gap.⁴

¹ JSA 2026, *Megatrends are shaping the economy and the workforce*, [accessed 23 January 2026]

² Traineeships are the most common paid learning pathway for aged care and disability support workers. References to “apprenticeships” in this discussion, and in the Strategic Review, refer to both training contract apprenticeships and traineeships, which both qualify for federal apprenticeship incentives.

³ Commonwealth of Australia 2024, *Skills for tomorrow: Shaping the future of Australian apprenticeships Strategic Review of the Australian Apprenticeship Incentive System 2024 Final Report*.

⁴ DEWR 2024, National Skills Agreement [accessed 23 January 2026]

GUIDANCE FOR ATTENDEE PREPARATION

As an industry steward HumanAbility's role is to lead on workforce development opportunities including issues on supervision, training load and career pathways, advise on qualification design and progression pathways, provide evidence base for pricing, wage supplementation and trainer demand and act as a conduit across government, providers, unions and educators.

Please consider and come prepared to primarily discuss strategies to strengthen apprenticeship pathways into the aged care and disability sectors including:

Practicalities of the strategies proposed in this paper

The provision of additional strategies (which can also be emailed through to HumanAbility in advance to research@humanability.com.au)

Consideration of urgency/timing i.e. immediate and longer-term strategies and actors responsible

Following the Roundtable, HumanAbility will coordinate a final position our outcomes paper to share with Minister Giles, Minister Rae and Minister McAllister.

A snapshot of the aged care and disability sectors

The direct aged care and disability workforce currently includes 476, 100 workers. The most recent data suggests that 95.4% of the aged care workforce has a qualification⁸, while there is less clarity on the proportion of disability support workers with a qualification. While qualified workers in these roles most commonly have a Certificate III in Individual Support, or a Certificate IV or Diploma from the Community Services Training Package, minimum qualifications are not a requirement.⁹

Workforce size, projected growth and demand for VET-qualified direct aged care and disability support occupations

ANZSCO code	Current workforce ⁵		By next year		By 2030	
	Size	Unfilled Vacancies	Projected growth	Required growth ⁶⁷	Projected growth	Required growth
Aged and disabled carer (i.e. Community Aged Care and Disability Support Workers, Team Leaders)	369,400	33%	8%	At least 9%	10.7%	Home care: 23.8%
Nursing Support Worker (i.e. Assistants in Nursing)	39,700	27%	4.9%	Residential aged care: 1.3%	13.8%	Residential aged care: 7.6%
Personal Care Assistant (includes Residential Aged Care Workers)	42,300					
Disability Services Officer	15,600	23%	5.1%	At least 9%	6%	N/A
Residential Care Officer (i.e. support in shared disability accommodation)	2,800					
Diversional Therapist	6,300	N/A	5.9%	N/A	9.6%	N/A

⁵ Current workforce size, vacancy data and projected growth taken from Jobs and Skills Australia 2026, 'Jobs and Skills Atlas', [accessed 10 February 2026]. Data is unavailable on projected employment growth for specific occupations, and is drawn from the "unit group" the occupation sits in.

⁶ Data for projected NDIS workforce demand sourced from Departmental analysis on NDIS authorised monthly datasets – around 18% more workers are needed from 2023-24 to 2025-26 – bringing the total required NDIS workforce to 310,500 FTE. 181,500 workers are required in home-based support, 82,100 in community-based support.

⁷ Future workforce demand for the aged care workforce is drawn from Department of Health, Disability and Ageing 2024, 'FOI 26-2199', [accessed 9 February 2026], pp. 22-23. Demand is calculated as estimated workforce supply plus forecasted workforce gap, which is given for personal care workers (PCWs) in home care and residential aged care. The table above reflects that personal care workers in home care and residential aged care are typically represented by the ANZSCO codes "Aged and Disabled Carer" and "Personal Care Assistant" respectively.

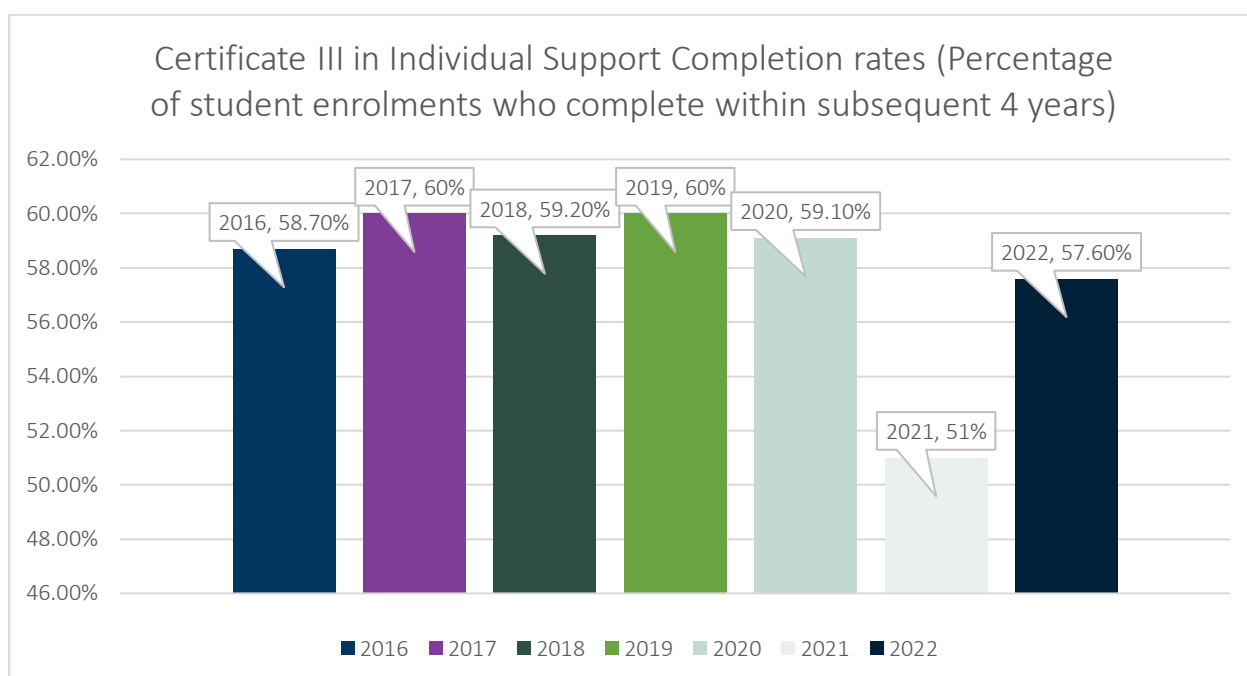
⁸ Department of Health, Disability and Ageing 2024, 2024 Aged Care Workforce Survey, [9 February 2026]. Previous surveys reported a lower qualification rate. It is likely that despite a large sample size, there is a degree of self-reporting bias reflected in this high figure.

⁹ Enrolled Nurses (ENs) and Allied Health Assistants also make up an important part of the vocationally qualified aged care and disability workforces. In contrast to other aged care and disability support roles, workers qualify through HLT qualifications

Despite continuing forecasted workforce growth over the next five years, substantial workforce shortages are set to persist. By 2028-29, direct care workforce shortages are set to grow to 12,390 in residential aged care and 35,740 in home care.¹⁰ In 2021, the then National Skills Commission predicted a gap of 211,430 FTE across the care and support workforce by 2049-50.¹¹

An ageing population, increasing acuity of care needs, and changes to the delivery of disability supports present a pressing need to grow the direct care and support workforce, as well as the workforce’s skill base, to respond to diversifying client needs. But these sectors are not only struggling to attract and retain workers – they also face structural barriers to attracting and retaining students.

Course completion rates for VET qualifications have lagged course enrolments: especially in the foundational course for aged care and disability support work, despite significant increases in workforce demand. The most recent data from 2016 to 2020 show only 59% of students in the Certificate III in Individual Support completing the course within four years of starting it.¹²



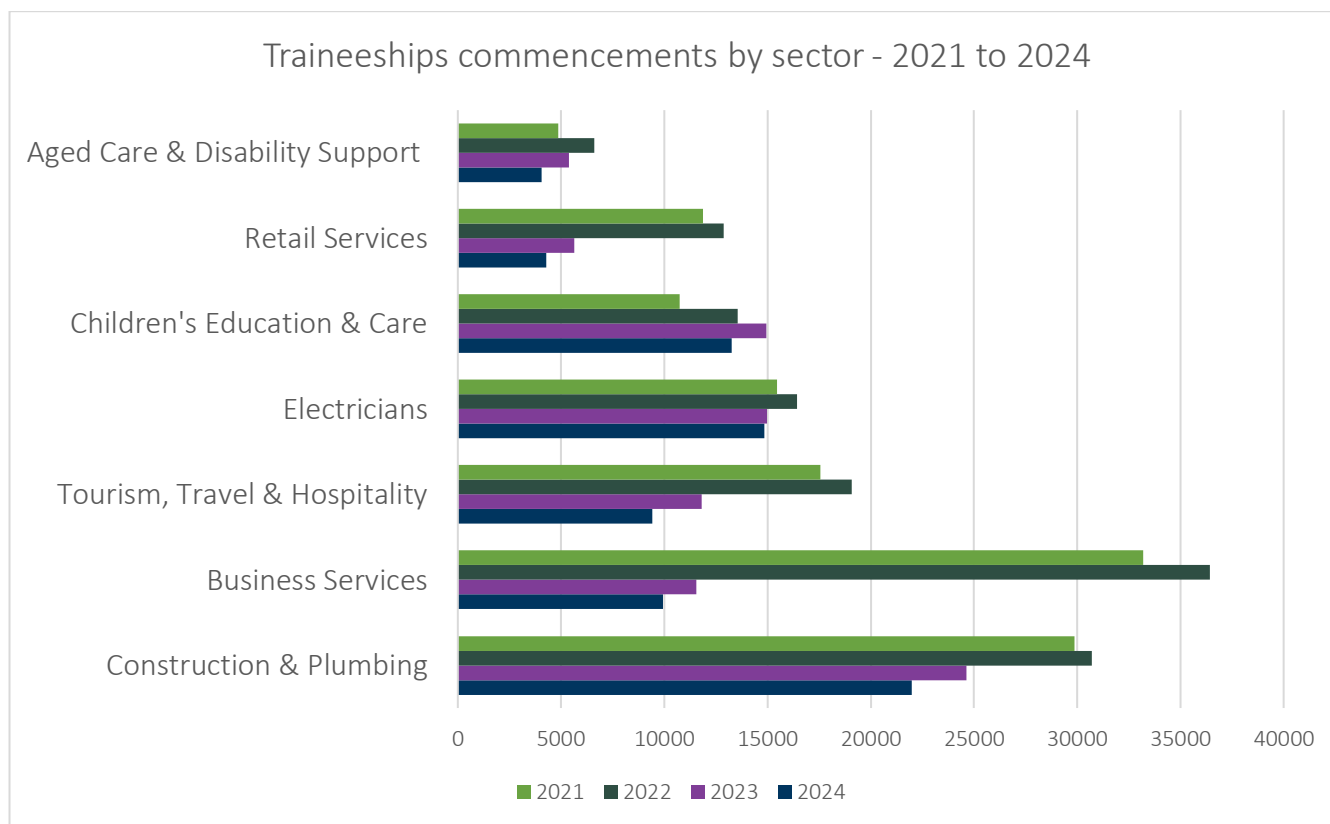
(Diploma of Nursing, Certificate IV in Allied Health Assistance) and also work prominently in health. ENs also qualify for Commonwealth practicum payments. For these reasons, this paper has focused discussion on the 6 ANZSCO codes above.

¹⁰ Department of Health, Disability and Ageing 2024, ;FOI 26-2199’, pp. 22-23 [accessed 9 February 2026]

¹¹ National Skills Commission 2021, *Care Workforce Labour Market Study*, [accessed 1 February 2026]

¹² NCVER (2025), DataBuilder – VET Qualifications Completion Rates tab. Please note that data for 2021 and 2022 refer to NCVER’s projected completion rates, with students who enrolled in these years still within the four-year period at the time these data were published.

Traineeship commencements represent only a small fraction of total enrolments in aged care and disability: between April 2024 and March 2025, only 3,110 people started a traineeship in this qualification – only around 3% of total enrolments.¹³



Other sectors with the infrastructure to support learners, greater government support, or tailored model for Earn While You Learn see far greater trainee commencements. In 2024, twice as many people started traineeships or apprenticeships in business services, three times as many in Early Childhood, and over five times as many in construction and plumbing.

Necessity of diverse training pathways

Urgent work is needed to lift course completions in the aged care and disability sectors (even a small proportional increase amounts to thousands of trained additional staff to meet workforce need. There is substantial evidence that combining financial support for students with hands-on learning offers opportunities to strengthen workforce attraction.¹⁴

This, alongside concurrently low traineeship commencements and low completion rates in aged care and disability courses, points to the potential, and urgency, of improving pipelines of skilled workers through traineeships to fill future workforce shortages.

¹³ Data sourced from NCVET 2025, 'Databuilder'. [accessed 23 January 2026]

¹⁴ HumanAbility 2025, *Examining Earn While You Learn Models: Success Rates and Challenges in the Global Contexts*.

If existing and current aged care workers are required to have a Certificate III for personal care work¹⁵, many more pathways to qualification will be required in addition to Fee-Free TAFE to avoid exacerbating workforce shortages.

An increasingly diverse care and support workforce stands to benefit from more opportunities to earn and learn. Culturally safe, place-based training, practical and paid learning can give many trainees who speak a language other than English, identify as First Nations, and/or face the gendered impacts of placement poverty the supports needed to complete their studies and start a career in care and support work.¹⁶

¹⁵ Royal Commission into Aged Care Quality and Safety 2021, *Final Report – Volume 3A: The New System*, pp. 391-401.

¹⁶ National Aboriginal Community Controlled Health Organisation 2024, *Aboriginal & Torres Strait Islander Health and Care Traineeship Framework*, [accessed 30 January 2026]

Findings from the Strategic Review

The Strategic Review found that a series of intersecting, structural issues have “resulted in low take up and completion” of traineeships in the Aged Care and Disability sectors.¹⁷ These issues were threefold: funding arrangements, regulatory framework and classification structures and wage rates in modern Awards.

The Review’s commentary focused primarily on funding arrangements, noting that:

- *Government funding is set based on the basic cost of delivering care, without allowances for shadowing and supervision. Employers are disincentivised from taking on apprentices as they are not funded to fulfil their training requirements.*
- *The certificates III and IV in these sectors require students to undertake at least 120 work placement hours, which are commonly unpaid. This provides employers with access to students in training without needing to commit to a full traineeship or impact their profit margins.*

Critically, the Strategic Review concluded that *“if the funding arrangements are not amended to provide further support for supervision and training then it is likely that the level of apprenticeship incentive payments to employers will need to be higher.”*¹⁸

While it stopped short of expressing a view about the type or level of incentives appropriate for aged care and disability, citing the need for more data and engagement with industry, it noted that *“Industry-led reforms are required to address these barriers, which should be led by Jobs and Skills Councils.”*¹⁹

Recommendation 2.1 calls for incentives to align with the Australian Government’s economic priorities and social equity objectives, and a “bespoke solution for the care and support sector”.²⁰ A targeted incentive for the aged care and disability sectors is therefore an important industry-led reform to consider.

Other issues cited in the Strategic Review included quality of sector training, stemming from the absence of practical placement opportunities and predominance of online training.²¹ Targeted incentives for aged care and disability support traineeships that reflect the real cost of delivery would make practical, hands-on learning more readily available in these sectors.

¹⁷ For more detail, see pages 126-127 of the Review.

¹⁸ Strategic Review 2024, p. 127

¹⁹ Strategic Review 2024, p. 127

²⁰ Strategic Review 2024, p. 15

²¹ Strategic Review 2024, p. 185

Structural Barriers to Traineeships

Several occupations in community-based disability support and aged care work are listed on the Apprenticeships Priority List (APL) and attract incentives of up to \$2,500 for the apprentice, and \$2,500 for the employer. In the past, several other related occupations have been included on the APL, attracting incentives for students and employers.

There are currently no “bespoke” incentives for aged care and disability work, like the Key Apprenticeships Program (KAP) which provides support for apprentices in new energy and housing construction occupations. Structural barriers to setting up traineeships in the aged care and disability sectors are discussed below.

Fragmented funding and pricing models

A one-size-fits-all incentive system does not recognise the increased costs and barriers to resourcing traineeships in aged care and disability services, which are funded and priced based on the cost of care and support to individual Older Persons or People with Disability:

A summary of national pricing models for aged care and disability support			
Sector	AGED CARE		DISABILITY SUPPORT
	Residential	Support at Home	NDIS
Pricing	Activity and unit-based (per day).	Unit-based (per hour)	
Government payments	Providers receive a subsidy per resident (the AN-ACC), calculated based on a weighted unit of care, adjusted for remoteness and This is underlined by minimum care minutes per resident (both for personal care and clinical care).	The Government contributes to a quarterly, adjusted budget with participant co-contributions. Participants can choose how to spend their support at home budget.	NDIA fully funds a NDIS plan with budgets for core, capacity-building and/or capital supports. Participants can choose how to spend their NDIS budgets.
Participant pays	Means-tested daily care fee, daily accommodation costs or refundable deposit, other daily fees.	No contributions for clinical care. Varying contributions for independence and everyday living tasks.	No co-contributions.

Unlike wages, leave and other entitlements that are paid by the hour, the shared and sunk costs of workforce development - training up and supervising new workers, mentoring and backfill - are difficult (or not possible) to fund when services are priced based on the unit of care, delivered by one person to one or more clients.

While price-setters have attempted to create allocations for these costs, loadings remain relatively low. In residential aged care, around \$19.80 in the daily AN-ACC subsidy is allocated for training and upskilling, as

well as compliance, pastoral care and other direct care costs.²² Most NDIS providers claim for supports “at, or near the maximum allowable price”,²³ which leaves \$10.64 an hour for training and upskilling, supervision, utilisation and workers compensation.²⁴

These restrictive pricing decisions open a substantial gap between the cost of training and workforce support, which in some cases comes at the expense of the provider’s margin. The previous incentive of \$5,000 for employer and \$5,000 for trainee struggled to bridge this gap, however since incentives were halved in the 2025-26 MYEFO,²⁵ many providers have reported that aged care and disability services traineeships are no longer viable.

Funding for traineeships in the NDIS and support at home can also be subject to constant change. Participants in these programs can choose how many hours they receive each week, but this in turn can destabilise a provider’s resources to fund the ongoing cost of traineeships.

Market structure

To overcome the constraints of individualised pricing, some providers attempt to “pool” funding, either across different residents and participants’ plans, or by working with other providers to fund the shared costs of traineeships and workforce development. But for many smaller providers in disability supports and community care, pooling is difficult to achieve, especially when services are delivered in a highly competitive market.

While residential aged care providers might have a more stable base of funding, with greater ability to invest in more beds to achieve economies of scale, they are also bound by care minutes that direct investment towards direct care.

NDIS and Support at Home providers also face logistical challenges to pooling resources. Workers are often supporting one, or only a few clients at a time, sometimes in another person’s house, and often on their own.²⁶ Shadow shifts are difficult to fund, and a traineeship model with constant face-to-face support cannot be realised in the same way as in a public hospital, construction site or factory.

Supervision and mentoring

Traineeships that effectively attract and retain workers require quality supervision and mentoring – but gaps persist between the funding provided, and the cost and capacity of providers to deliver them.

²² This is based on IHACPA’s allocation of \$31.85 for non-labour costs, and estimates that “other direct care expenses” accounted for 62.17% of sector non-labour costs in the Aged Care Financial Report (p. 51)

²³ NDIA 2025, *2024-25 Annual Pricing Review Report*, p. 46.

²⁴ NDIA 2025, ‘NDIS Disability Support Worker Cost Model 2025-26’ [accessed 2 February 2026]

²⁵ Hon. Amanda Rishworth MP and Hon Andrew Giles MP 2025, *Apprentice support in key sectors extended*, [accessed 23 January 2026]

²⁶ In addition to the employed workforce, a significant proportion of care and support workers, especially in the NDIS, work as independent contractors. This workforce might stand to benefit from practical placement, or support with training costs, but does not fit into an employed traineeship model discussed by this paper.

Placements in aged care and disability services can be challenging, involving considerable interpersonal skill. Workers are often working with vulnerable people, limited or no supervision, and carry significant responsibilities under quality standards, balancing duties of care and dignity of risk.

In these sectors, practice errors at work can have significant consequences, but there is no defined or resourced structure to support safe work-integrated learning, both for the worker and the resident, client or participant – especially in home care and the NDIS, where face-to-face supervision of workers can be minimal.

Upskilling existing workers to supervise and mentor can be just as important as the training for the trainee – but doing so results in gaps in rosters, which are hard to fill with widespread workforce shortages. This leaves many trainees without consistent support, and increases the risk that they drop out, especially trainees with a disability, CALD and First Nations trainees. In many cases, the impact of taking a skilled worker “off the floor” to supervise and mentor prevents an employer from offering a traineeship at all.

Other barriers for learners can include low literacy, language and numeracy and digital skills. Responsibility for identifying, assessing, developing and articulating of these skills is not well-defined, especially at the pre-apprenticeship stage.

Wages and workforce structure

The combination of low trainee rates and no mandatory minimum qualifications is serving as one disincentive for people to take up a traineeship rather than work in the sector unqualified.

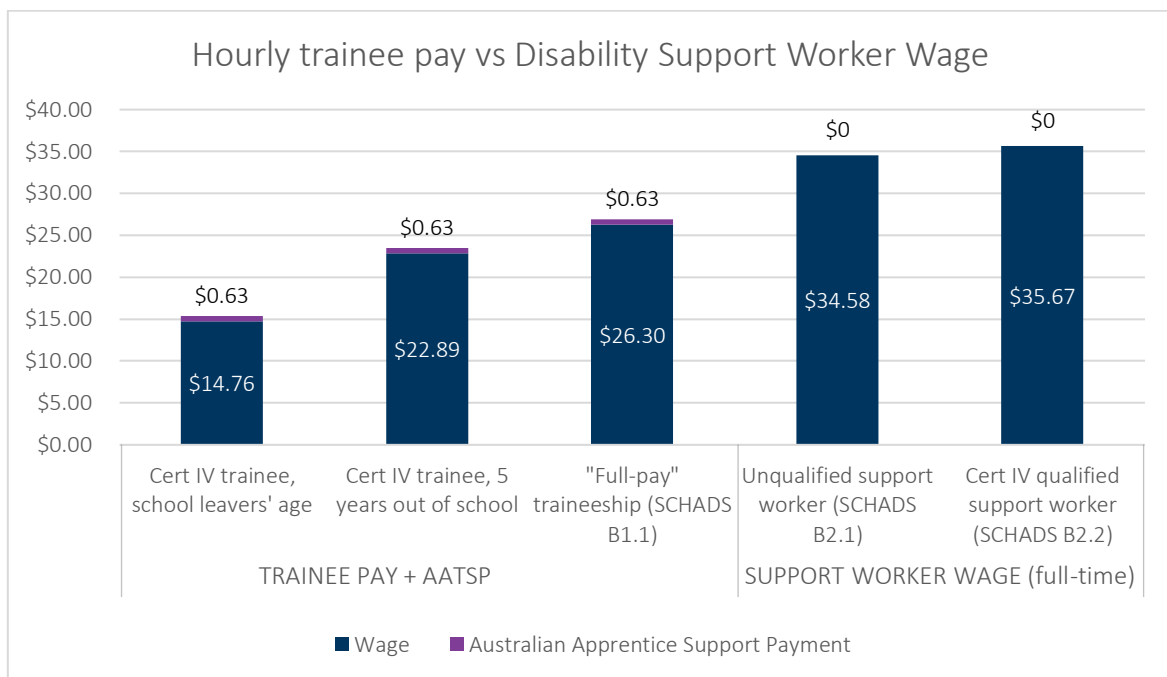
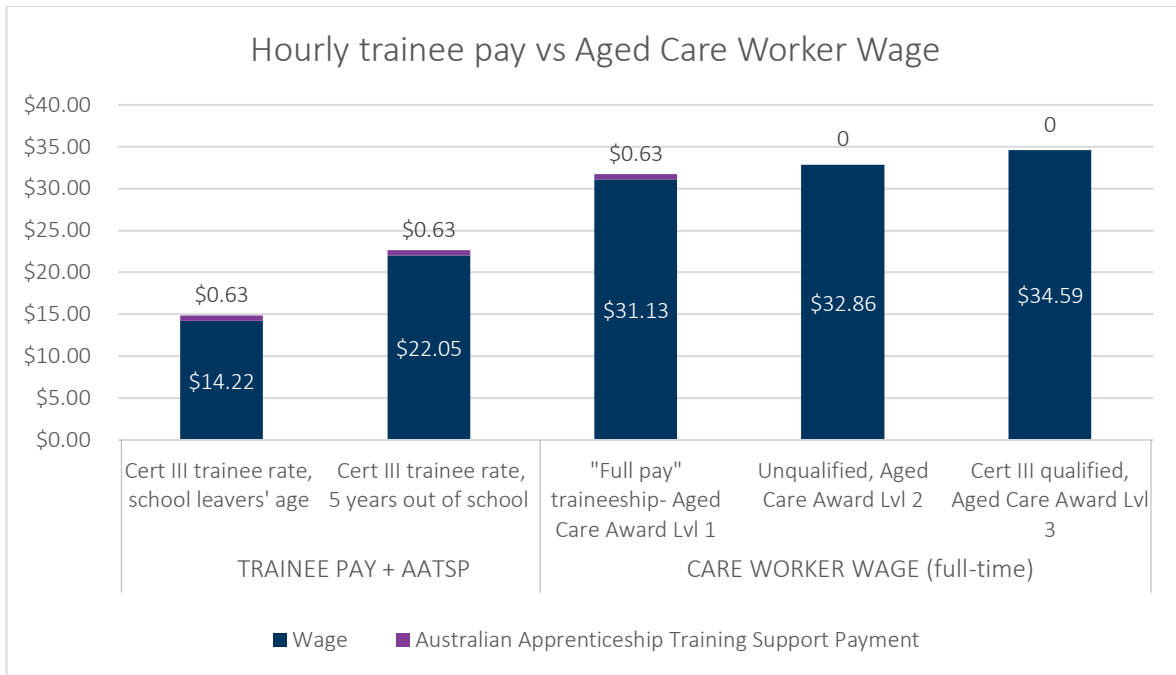
Trainees can be paid trainee rates, which attract only half the hourly wage of a full-time, unqualified care and support worker (approximately \$14 for a trainee at school leavers’ age, which increases to \$22-23 for a trainee five or more years out of school).²⁷ While the Australian Apprenticeship Support Payment (AATSP) provides \$625 every six months (around \$1,250 for a 12-month Certificate III in Individual Support traineeship), as shown below, this does not equate to a wage in a full time job:²⁸

In residential aged care, care minutes only count care from a trainee employed on *at least* direct care - Level 1 – Introductory rates (\$31.13 per hour).²⁹ This on the one hand supports higher wages to attract and retain future workers to traineeships, but on the other, might constrain some residential aged care providers from engaging trainees in the first place.

²⁷ Social, Community, Home Care and Disability Services Industry Award 2010 ; Aged Care Award 2010

²⁸ Trainees receive an Australian Apprenticeship Trainee Support Payment of \$625 every six months. For ease of comparison, this is calculated as \$0.63 an hour, averaged over a 12-month traineeship.

²⁹ Department of Health, Disability and Ageing 2026, ‘Care minutes: Guide for registered providers of residential care homes’, [accessed 28 January 2026], p. 15



Regardless of the trainee wage, the incentive to gain a qualification remains low. Workers can still achieve some wage progression without a qualification, and full-time or casual work can provide unqualified workers greater and more immediate financial relief.

Inconsistent skills and training settings across states and territories

The delivery of traineeships can also be complex – while apprenticeship incentives come from the federal government, traineeships are registered and regulated in different ways through states and territories. Skills funding can also vary from state to state. This has a marked impact on specialist RTOs who may have strong industry links, but do not qualify for Fee-Free TAFE, and training providers teaching accredited skill sets.

Different state and territory skills decisions can also lead to unequal outcomes for students. For example, students in New South Wales and Victoria, can enrol in the Certificate IV in Disability Support for free.³⁰ This opens up pathways for students to higher-qualified disability support roles that can be delivered as a traineeship, but would have greater impact if this were available in all jurisdictions.

Exacerbated challenges in regional, rural and remote areas

In regional, rural and remote areas, the challenges of setting up a traineeship model are even more pronounced. Workers might have to travel considerable distance to attend training at an RTO or TAFE facility, which might only offer a limited selection of subjects, or come at a cost to individual workers. Barriers to digital access and technology also prevent trainees from accessing the support already available.

Travel costs also impede supervision and observation by a teacher, trainer and assessor while a virtual or online environment can be much harder to facilitate. At the same time creating the wrap-around support to train up workers becomes significantly more difficult in these areas.

Alongside a reliance on agency and “FIFO” employment in remote areas, these pre-existing barriers to training limit the pool of qualified workers capable of delivering reliable, ongoing supervision for a trainee.

Other challenges

We note there are a range of skills, training and workforce barriers that impact quality and quantity of traineeships, such as a shortage of qualified teachers, trainers and assessors (TTAs), a disconnect between training providers and industry needs, access to recognition of prior learning and career pathways.

Notwithstanding the importance of resolving these issues, they are out of scope of this paper’s discussion on incentives.

³⁰ NSW Government 2025, ‘Smart and Skilled – NSW Skills List’, [accessed 6 February 2026]; Victoria Skills Gateway 2026, ‘Certificate IV in Disability Support’, [accessed 6 February 2026]

Strategies to Address Structural Barriers

This section proposes a non-exhaustive range of complementary strategies for discussion. As an outcome of the Roundtable, it is envisaged that these and other strategies will inform an outcomes paper, including a timeline for implementation like that used in the Strategic Review (as below).



SHORT TERM

The measures listed below establish the infrastructure that underpins effective implementation of a bespoke apprenticeship incentive for aged care and disability services.

ONE: A Hub and Spoke workforce educator model

A “Hub and Spoke” model for workforce educators could serve to strengthen connections between the training sector and industry and establish the surrounding workforce infrastructure necessary so that more employers can sustainably offer Earn While You Learn models.

This proposed model would involve employing mobile teachers, trainers and assessors in a TAFE, community resource centre or RTO to support trainees in a local region. A similar model is detailed alongside Aged Care Royal Commission Recommendation 83:³¹

The Australian Government should commit recurring and sufficient funding for a teaching aged care program... based on partnerships between aged care providers and one or more education providers, whether universities or registered training organisations... This model will allow for information to be shared by approved providers operating as a ‘hub’, teaching aged care services and developing workforce learning programs which can then be initiated with other services.

In contrast to a traineeship arranged through a Group Training Organisation (GTO), which hires a trainee and sources host employers – workforce educators would be responsible for delivering training and assessment as part of an RTO or TAFE traineeship, with additional funding to working with employers, and build their capacity to support learners.

Workforce Educators would build capacity to support Earn While You Learn pathways by:

³¹ Royal Commission into Aged Care Quality and Safety 2021, *Final Report – Volume 3A: The New System*, p. 411.

1. upskilling supervisory staff, nurses, team leaders and senior workers to supervise and mentor through units of competency.
2. working alongside supervisors to develop tailored, tiered models of supervision, and monitor student progress.
3. offering occasional supervisory and mentoring support for providers in times of high demand.
4. providing students a point of escalation for traineeship issues independent from the workplace.

A trial would mirror successful shared placement models in medical practice and nursing, and ensure teachers, trainers and assessors maintain industry currency.

These workforce educators would have specialist knowledge in the aged care and disability services sectors and be funded to work across multiple providers to ensure traineeships are well-coordinated and ensure high-quality on the job training is embedded in workplace practice, with the overall aim of building the employer's capacity to take on more trainees.

TWO: Tailored, tiered supervision framework

A supervision framework that identifies the level of support required for a trainee to be appropriately supervised and defining what is required for safe, supportive, quality supervision, would inform the costing of a new bespoke incentive payment.

A tiered supervision framework would define the degree of in-person supervision required for a trainee over the course of a traineeship. A few factors this framework may consider:

- Competency of the learner.
- Setting of service delivery (e.g. residential vs community).
- Frequency and access to in-person supervision.
- Qualification level and classification of the supervisor.
- Support from other senior workers rostered-on.

In line with the provisions in the NDIS Act and Aged Care Act statement of rights, this work might also include establishing an informed consent framework with residents, participants and clients in line with principles of supported decision making.

Developing this framework should take into consideration existing state/territory supervision requirements and, where possible, attempt to harmonise this. The development of this framework would also involve costing the resources necessary to operationalise it at scale against pricing and would feed into the development of a new bespoke incentive.

THREE: Upskilling the supervisory workforce

To support the development of a tiered, tailored supervision framework, as well as the development of the surrounding infrastructure for Earn While You Learn, Departments could consider grants for aged care and disability services providers to cover:

- Time release for senior staff to upskill in mentoring and supervision skills;
- Fees for Units of Competency for staff development.

This is suggested as complementary not instead of broader systemic strategies such as a Hub and Spoke model.

MEDIUM TERM

The measures listed below form part of the implementation of a bespoke apprenticeship incentive for aged care and disability services.

FOUR: A targeted incentive for Earn While You Learn in the aged care and disability sectors

In line with Recommendation 2.1 of the Strategic Review³², the Roundtable should consider a new priority incentive for the aged care and disability sectors that supports:

1. Employers – to bridge the gap between the employer funding the cost of a traineeship, including wrap-around support specifically required for these sectors, and the cost of training and training leave for trainees and supervisors to upskill;
2. Trainees – by ensuring wrap-around support, workload and pay protections, and competitive pay rates.

Costing work to establish how much higher the payments need to be to boost employer supply, adjusted for setting (residential vs community; metropolitan vs regional and remote) would ensure a bespoke priority incentive is implemented efficiently and equitably.

Attached to an increased incentive payment, the Roundtable might consider what guidelines are attached to safeguard workers, such as:

1. Defining a scope of practice of an aged care and disability trainee – that outlines meaningful placement activity and a tiered supervision framework linked to the relevant industry Awards;
2. Setting a minimum pay requirement for trainees receiving the new incentive (e.g. introductory rates on Industry Awards);³³

³² Strategic Review 2024, p. 14

³³ Which would be set in tandem with ongoing review of the SCHADS Award.

3. Increasing the trainee support payment paid directly to workers (to bridge the gap between the wages for unqualified work and take-home pay for trainees).

FIVE: Employer Engagement Framework

A framework that clarifies and delineates who is responsible, accountable, consulted and informed in the delivery of a traineeship will support the uptake and effectiveness of a new priority Apprenticeship incentive, specific to aged care and disability services.

The Framework would build on resources that already exist, such as the *National Code of Good Practice*³⁴, by providing information specific to the aged care and disability sectors, where there are also duties under codes of conduct and practice standards, and clarifying the role of RTOs and TAFEs, employers, and government funders, so that more employers feel comfortable running a traineeship.

The Framework could link to an accountability map and statement of expectations for students to lift quality and retention in traineeships, that references and maps to the practice standards and codes of conducts in the NDIS and Aged Care. To further improve uptake, the Framework might be combined with a public relations campaign to showcase the support available to providers, learners, and students, to earn while they learn in aged care and disability.

SIX: Regional and Remote Traineeship Strategy

Given the additional barriers faced by learners in these areas, the Government could consider a strategy that maps the necessary services and infrastructure to set up and retain traineeships in regional and remote areas.

This strategy could be linked to a grant program to fund:

- Travel for workers, supervisors, mobile teachers, trainer and assessors
- Improved RTO and TAFE capacity in regional areas and linkages with providers
- Digital infrastructure, technology and equipment for teaching
- Essential worker housing arrangements and transport costs.
- Other targeted capacity investments.

³⁴ Australian Apprenticeships 2025, *National Code of Good Practice*, [accessed 6 February 2026]

Discussion Questions

Roundtable members should consider the following questions in advance of meeting:

1. Does the paper capture the critical issues and barriers affecting Aged Care and Disability traineeship?
2. What are the critical priorities that we can agree on (listed here or additional priorities)
3. What key decisions need to be made?
4. What (other) ways can we address these barriers?
5. Who holds responsibility for each of these strategies?
6. What is the urgency for each of these strategies, and how ready are agencies, departments and industry?

Please contact research@humanability.com.au with any feedback you wish to provide prior to the roundtable meeting.