# An engaged approach to workforce planning for a diverse and geographically dispersed workforce

**Carmel Marshall[1], Stacy Field[2]**

[1]CentacareCQ, QLD; [2]Health and Community Services Workforce Council, QLD

## Introduction

There are many drivers impacting on the Health and Community Services industry, influencing the way in which services will be delivered in coming years. Consumer directed care in the aged care area and introduction of the National Disability Insurance Scheme which will give consumers greater say in the supports they receive, are driving changes in what community care "work" looks like. Over the decade to 2012, the health and community services industry in Queensland grew 57 percent, almost double the percent for all industries over the same period. Demand for health and community services in Queensland is projected to continue to grow, and along with that jobs in this industry are expected to increase 16.3% in the five years to 2018. This means an increase of 52,400 jobs.[1] Alongside this, funding is expected to shrink, so the business end of non-government and not-for-profit community services is also changing – fee-for-service and consumer contribution to the cost of service are becoming more important, as is being able to access a greater proportion of funding from sources other than government.

In order to deliver competitive and appropriate services into the future, CentacareCQ needs to provide a diverse range of offerings that meet the changing operating environment and the changing needs of consumers. The workforce needed in the next five years will be quite different to the one that met the organisation's needs in the past. With this in mind, in 2013 CentacareCQ began a workforce planning process to identify the drivers and influences that will shape its future workforce, and from that build a plan to ensure the organisation can access the workforce that will meet its future needs. This process was supported by the Health and Community Services Workforce Council (Workforce Council), and utilised its Workforce Planning Framework ©.

CentacareCQ operates across central Queensland, delivering community-based aged care, disability and mental health supports; two Family Relationship Centres; and family and individual services including counseling and community education. CentacareCQ's geographic footprint is from Bundaberg in the south, north to the Whitsundays and west to the Queensland/ Northern Territory border, an area of more than 400,000 square kilometres (Figure 1).

Figure 1    CentacareCQ's geographic footprint
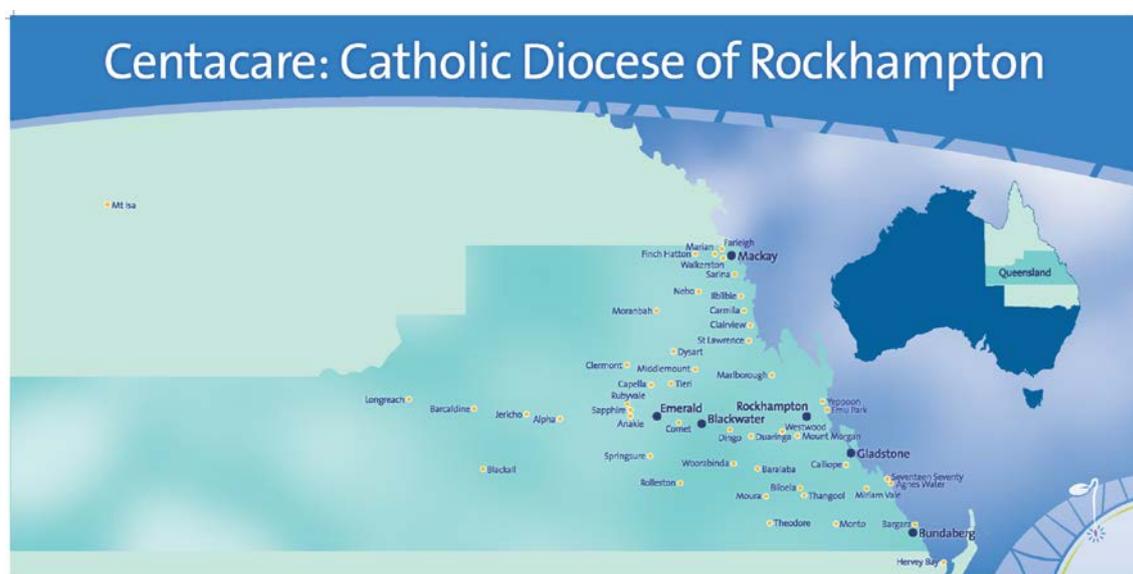


Within this region, the demography is diverse – the Bundaberg/ Wide Bay region is ageing at a faster rate when compared with Queensland and Australia, while Mackay and the Central Highlands regions

have a higher proportion of residents in the 24 to 45 year age brackets[2,3,4]. Within CentacareCQ itself, the internal data shows that the age profile is significantly older than that for the industry.

The Workforce Council is the peak body for the Health and Community Services workforce in Queensland. They offer a range of workforce research, planning and development products and services to deliver value through close and skilled engagement with policy makers, clients, staff, the broader workforce, the people in their care, and their supporters.

## Methodology

In order to respond to the emerging operating environment and continue to provide quality services over the long term, access to workers is key. According to the Workforce Council, workforce planning aims to ensure organisations such as CentacareCQ have the right number of people, with the right skills and capabilities, organized in the right way, and interacting in the right ways.

In order to achieve this aim, CentacareCQ needed two things:

• A plan to strategically manage access to and retention of its workers over the next five years; and

• Skills within the organisation to enable a shift from a reactive to a strategic approach to engage its workforce.

CentacareCQ partnered with the Workforce Council to upskill personnel and develop CentacareCQ's first strategic workforce plan.

The Workforce Council introduced CentacareCQ personnel to its Workforce Planning Framework ©.

Figure 2    Workforce Planning Framework



Figure 2 briefly outlines the phases of this methodology, which are further explored here.

### Phase 1 – Scope and Engage



The first part of the process, Scope and Engage, included setting parameters, planning the project and developing an engagement plan. During this phase, CentacareCQ management determined that key inputs needed to come from all levels of the organisation. In order to achieve this, a critical mass of personnel involved in managing the workforce needed to understand that process that the organisation would be using. To that end, all CentacareCQ personnel who are involved in recruiting, managing or supervising staff, and a sample of other staff, were provided with training in using the Workforce Council's Workforce Planning Framework ©. From this group, expressions of interest were invited to bring together a working group to participate in the research and analysis required to develop the workforce plan. This group also took a key role in the internal component of the engagement plan. Members of the working group were drawn from across CentacareCQ's management, practice and business support areas, as well as from across the geographic footprint.

### Phase 2 – Forecast and Design



The forecast and design phase involved bringing together as much information as possible about CentacareCQ's operating environment. This was conceptualized by the Workforce Council's use of what was affectionately termed "the onion slide".

Figure 3    The "onion slide" – a summary of the information that contributed to building understanding of the operating environment
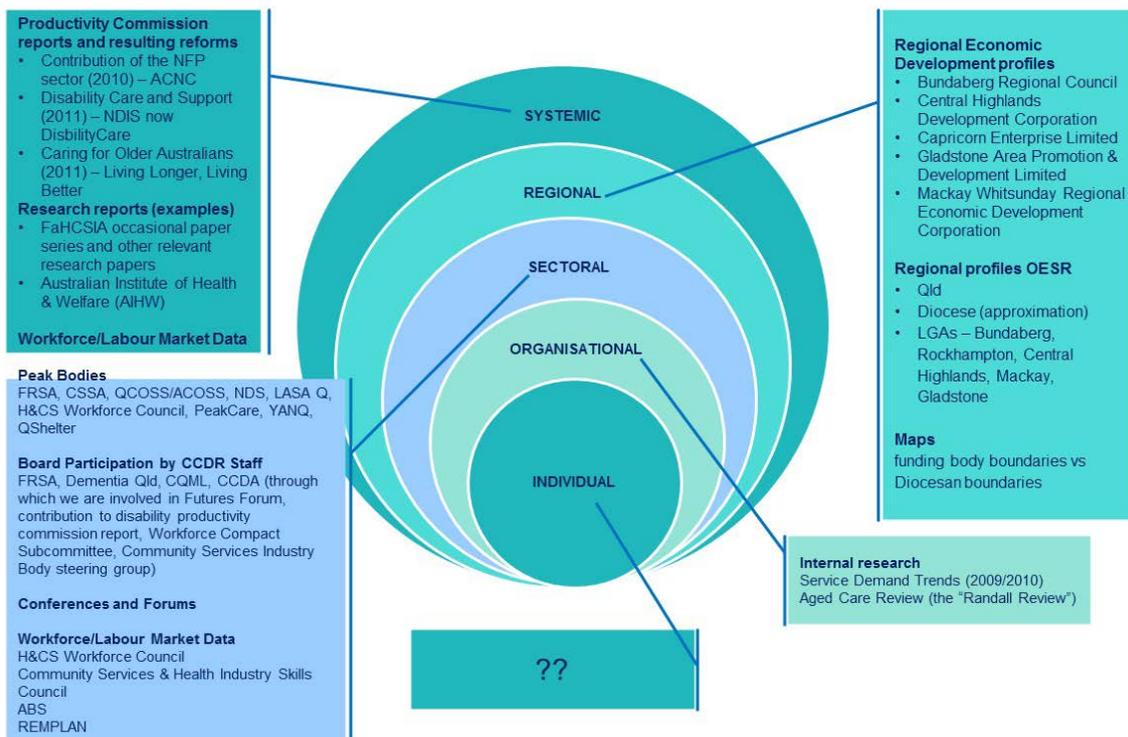


As shown in Figure 3, in order to understand the operating environment, information from the following areas was analysed:

*Systemic information*, including but not limited to

- Productivity Commission reports and resulting reforms
- Contribution of the NFP sector (2010) – ACNC
- Disability Care and Support (2011) – NDIS
- Caring for Older Australians (2011) – Living Longer, Living Better
- FaHCSIA occasional paper series and other relevant research papers/reports
- Australian Institute of Health & Welfare (AIHW)
- Workforce/Labour Market Data.

Analysis of the systemic information provided a picture of the many changes occurring across the health and community services industry, both at the practice level and at the business level.

*Regional information*, drawn from a range of sources, including:

- regional economic development corporations
- local government
- Office of Economic and Statistical Research (OESR)
- maps, including funding body boundaries vs Diocesan boundaries.

In bringing together the regional information, the temptation was to try to look at the region as a whole. However, the vastly different economic and social drivers made a simplified approach impossible.

*Sectoral information*, via a range of pathways, including

- peak bodies and industry associations: Family Relationship Services Australia (FRSA), Catholic Social Services Australia (CSSA), Queensland and Australian Councils of Social Services (QCOSS/ACOSS), National Disability Services (NDS), Leading Aged Services Australia Qld (LASA Q), Workforce Council, PeakCare (peak body for children engaged with the child safety system), YANQ (youth peak body), QShelter (peak body for housing services)

- Board Participation by CentacareCQ staff across a range of areas

- involvement in Queensland's Futures Forum, Workforce Compact Subcommittee and Community Services Industry Body steering group)

- a range of conferences and forums.

Workforce and labour market data were accessed from the Workforce Council, Community Services & Health Industry Skills Council, ABS and REMPLAN (a regional economic modeling and information tool). The range of information was reflection of the diversity of services across the health and community services industry. Information included published data and reports as well as qualitative information from CentacareCQ personnel and other stakeholders through their participation in a government and planning activities.

*Organisational information*, from CentacareCQ reporting processes and internally commissioned research for business and planning purposes.

*Individual information*, captured from individuals through the engagement activities carried as part of the project.

From the information gathered, the working group was able to develop descriptions of what future demand could look like. The working group led a process that invited other personnel to then contribute to the discussion about what CentacareCQ services would need to look like in order to meet the demand. Once the picture of future services was agreed, the working group undertook workshop activities with a broader group of CentacareCQ personnel, to come up with the roles and types of work that would be required to deliver these services. The outcome from this series of activities was the draft design of CentacareCQ's future workforce.

## Phase 3 – Understand and Analyse



From the Forecast and Design phase, CentacareCQ had a picture of what it wanted in its future workforce. The challenge during the Understand and Analyse phase was to examine what assets already existed in the current workforce and work roles, and identify the gaps between current and future workforce. This phase was designed to be short and sharp, and at the end of this part of the

process, CentacareCQ had a significant "wish list" of items that could potentially be part of a workforce plan.

## Phase 4 – Prioritise and Strategise



This phase of the Framework required the working group, the broader workforce and organisational decision-makers to step back and view the range of options suggested to ensure a sustainable workforce. The aim of this phase was to consider which of the many suggestions were vital. The Workforce Council designed a process to do this, which is affectionately termed "looking through the lenses". The Understand and Analyse phase came up with 33 gaps between what would be needed in the future, and what was currently available in the workforce. In order to pare this back to what was achievable and affordable, the 33 gaps were viewed through the following lenses:

- Mission – all CentacareCQ personnel were asked to consider the 33 gaps identified, and to determine which of these, if not achieved, would prevent CentacareCQ from delivering on its mission. This process was undertaken using small group discussion of each of the gaps.

- Funding and resources – members of senior management, finance council (governance) and finance team (operations) were asked to determine which of the 33 gaps, if not filled, would prevent CentacareCQ from being financially sustainable

- Legislation and standards – senior management and line managers involved in practice areas (ie responsible for reporting against services standards) were asked to determine which of the gaps, if not filled, would prevent CentacareCQ from operating within legislation and meeting service standards

- Organisational risk – Senior managers and governance group were invited to consider which of the 33 gaps, if not achieved, would result in risk to the organisation's sustainability.

At the end of this process, nine priorities were identified as areas of focus for CentacareCQ's strategic workforce plan.

Once the priorities were agreed, the working group facilitated a workshop that included all CentacareCQ personnel who are involved in recruiting, managing or supervising staff to design strategies to deliver the nine priorities. Desired outcomes were articulated; actions to achieve these outcomes proposed; resources suggested; and accountability determined. From this, CentacareCQ's workforce plan was assembled and submitted to the CEO and Corporate Services Manager for approval.

## Phase 5 – Implement and Monitor



All nine priority areas and the proposed strategies were accepted by the CEO and Corporate Services Manager. The plan was then published, launched at CentacareCQ's conference in September 2014, and implementation commenced. Some of the priorities point to a change of organisational and/ workforce culture while others are more operational. In brief, the nine priorities are shown in Table 1:

Table 1        Priorities areas for CentacareCQ's strategic workforce plan

| Priority area | Desired outcome |
| --- | --- |
| Hours of operation | A competitive advantage through a flexible workforce, working hours that respond to client needs |
| Support service streams with elements of HR & IR | All staff are responsible for understanding the contractual and legislative requirements of their employment |
| One-stop-shop for consumers | Workforce capacity to provide comprehensive information and referral pathways to consumers at any touchpoint of the organization |
| Workforce data | Systems and skills to collect and maintain comprehensive workforce data that can be easily accessed to enable planning to meet future service demand |
| Respond to the outcomes of sector reforms | Workforce capable of responding to key sector reforms |
| Our people | A supported and safe workforce that can deliver services to meet the needs of the diverse community that CentacareCQ serves |
| Responding to complex needs | A sophisticated workforce that is flexible and possesses the skills and knowledge to assess, analyse and develop strategies and frameworks that respond to complex client needs |
| Fee negotiation and collection | A workforce motivated and skilled to support a coordinated and consistent approach to all aspects of fee negotiation and collection |
| Use of technology | An adaptable and skilled workforce that effectively uses technology to provide quality service. |

Time lines have been drafted to achieve all nine desired outcomes by the end of 2018, and resources have been allocated. The plan will continue to be managed and monitored by senior managers and those involved in implementation; review and update processes will take place on an annual basis.

## Evaluation

CentacareCQ have to date evaluated the process of developing the workforce plan, using focus group and individual interviews to find out what worked; what could have worked better; and what was learned along the way. Evaluation of implementation is ongoing.

## What we learned

In 2009, CentacareCQ identified that the changes foreshadowed for the health and community services industry would influence the services it delivered and the way it undertook the business of being a community service provider. All of this in turn would require a workforce that had the potential to be significantly different than its current makeup. CentacareCQ could not afford to continue to be reactive and opportunistic in its design of roles and recruitment of personnel – an intentional, strategic

approach was needed. Closer examination of current skills and experience amongst its decision makers, revealed that CentacareCQ would require assistance not only to come up with a strategic workforce plan, but to build capacity within the organisation to enable future workforce planning activity to take place.

The choice to engage the Workforce Council to work alongside the organisation, was made after examining other approaches to workforce planning in the market. The key difference to the approach of the Workforce Council when compare with others, was that the forecast and design phase took place without consideration with what already existed within an organisation's current workforce. CentacareCQ considered that, with the multitude of changes occurring in the industry, this approach would ensure that the organisation would be open to innovation and new ways of thinking – if we started with what we had, we were already closing out potential.

The Workforce Council consultant, in addition to providing training, mentoring and key industry data, played a vital role during the Forecast and Design phase. The information that was being gathered, discussed, examined, grew exponentially as working group members became more interested in looking outside of their regular roles. Left to our own devices, it's possible that we would still be gathering and reading and discussing, without the Workforce Council consultant saying: "Stop. Now let's talk about what this means for CentacareCQ's workforce."

During the Understand and Analyse phase, one key assumption was proved incorrect. CentacareCQ had recently introduced an online HR database, and part of that project involved transferring all personnel records to the database. In theory, all qualifications, competencies and other information about staff skills were available and reports could be drawn from the database. In actual fact, all of the information that was in the original hard copy files was input to the database. However, there wasn't a process undertaken to fill gaps in those original files. In addition, information added to the data base was not consistent – there are many ways to write "Certificate 3 in Aged Care". As a result, one of the projects to come out of the workforce plan, is to improve the data that we have, including providing guidelines on entry to ensure the data is then able to be easily interrogated.

In a nutshell, the key lessons were:

- Don't start with what you have, start with what you want.

- A wrangler is valuable – someone who's role it is to herd you back on track to reach your goal.

- Check your assumptions (unless you have many hours to waste).

## Recommendation

Health and community services industry employs 12% of Australia's working population, and this is set to grow over the next decade. To be sustainable and to compete with other industries for workers, strategic workforce planning should be undertaken at both organisational and regional levels.

## References

1.    Market Oversight Report 2014, Health and Community Services Workforce Council, 2014

2.    Queensland Regional Profile for Bundaberg Regional Local Government Area, Government Statistician, Queensland Treasury and Trade. 2013

3.    Queensland Regional Profile for Mackay Regional Local Government Area, Government Statistician, Queensland Treasury and Trade. 2013

4.    Queensland Regional Profile for Central Highlands Regional Local Government Area, Government Statistician, Queensland Treasury and Trade. 2013

## Presenters

**Carmel Marshall** joined the team at CentacareCQ in August 2008. Prior to this role, Carmel worked in regional development on issues such as the impact of the resources boom on communities, attraction and retention of workers in regional Queensland and sourcing alternative workforces from among baby boomers and parents of school age children. Carmel's role as Planning and Development Manager brings together her skills and knowledge in sustainable development (emphasis on socio-economic factors), analytical and planning skills and her interest in seeing a thriving, sustainable community services sector to ensure living in regional Queensland remains viable for families and individuals.

**Stacy Field**'s career has included a range of roles within the community services sector, taking in community and sector development, youth work and disability services in both rural and metropolitan areas. Since starting employment with the Health and Community Services Workforce Council in 2006, Stacy has worked in a range of sector and place based workforce planning initiatives encompassing both community service and primary health care sectors. Currently, Stacy leads the development and implementation of the Workforce Council's workforce planning services, including consultancy, training and resource development. She is passionate about the community services sector and those working in it and is motivated by developing creative and innovative approaches to growing, sustaining and developing our workforce. Stacy has a Bachelor of Social Work, a Bachelor of Arts (Political Science) and a Master of Social Work in the fields of Community Development and Social Research in Human Services. She is also a trained Partnership Broker and Technology of Participation (ToP) facilitator and holds at Cert IV in Training and Assessment and a Diploma of Project Management.