



Submission

A revised methodology for the Australian
Apprenticeship Priority List

OCTOBER 2025



Acknowledgement of Country

HumanAbility acknowledges the Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of Country throughout Australia. We pay our respects to Aboriginal and Torres Strait Islander Elders – past and present, and recognise their enduring connection to their culture, lands, seas, waters and communities.

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Contents

Who are we?	4
What do we do?	4
1 Executive Summary	5
2 Why traineeships matter	5
2.1 Importance and current use	5
2.2 Financial and structural barriers to training	6
2.3 Workforce quality and reform outcomes	7
2.4 Scale and opportunity	7
3 Enabling wider economic participation	7
3.1 Data and classification limitations	7
3.2 Gaps created by national-level framing	8
3.3 Clarifying terminology and improving visibility	8
3.4 Recognising sector differences	8
3.5 Improving transparency and understanding	9
4 Broader Economic and Social Factors	9
4.1 Why broader factors are essential	9
4.2 Key factors to include	9
5 Incentives for Participation, Completion and Retention	10
5.1 Purpose and principles	10
5.2 Supporting quality and workforce development	10
5.3 Equity and participation impacts	10
6 Regional, Remote and Small-Provider Considerations	11
6.1 Regional and remote access to training	11
6.2 Shared and agency workforce models	11
6.3 Place-based collaboration	11
7 Equity and Emerging Workforce Priorities	11
7.1 First Nations peoples and ACCOs	12
7.2 People with disability	12
7.3 Women and gender equity	12
7.4 Emerging and enabling roles	12

About HumanAbility

Who are we?

As the Jobs and Skills Council for the care and support economy, HumanAbility partners with sector specialists to advance skills, training and workforce development.

Our goal is to lead and facilitate in consultation with industry the continuing development of skilled and sustainable workforces which can meet growing community demand.

What do we do?

- Workforce planning
- Training Product development
- Implementation, promotion and monitoring
- Industry stewardship

We are tripartite. Our governance structure and stakeholder engagement approach reflect government, union and industry.

Our sectors



Aged Care &
Disability Services



Children's
Education & Care



Health



Human (community)
services'



Sport &
Recreation

Submission

1 Executive Summary

The Apprenticeships Priority List (APL) plays a vital role in determining which occupations are eligible for incentives. These incentives influence the decisions people make on which qualifications to obtain and which roles to pursue. Collectively, these decisions aggravate or mitigate workforce shortages.

The dominant Earn While You Learn (EWYL) model in the care and support economy (traineeships) does not attract comparable incentives ⁽¹⁾. Excluding traineeship pathways from incentives is a missed opportunity to alleviate workforce shortages in the care and support sector.

This submission outlines a practical and evidence-based approach to ensuring the revised methodology for developing the Priority List and future incentive schemes reflect the structure, purpose and workforce realities of the care and support economy.

While this submission focuses on the methodology for determining which occupations are eligible under the APL, HumanAbility's broader position is twofold:

- We support the expansion of APL coverage beyond its traditional coverage to include additional care and support sector roles. While we focus in this submission on the inclusion of traineeships this expansion should include roles regardless of the model utilised for EWYL.
- The current funding frameworks in care do not provide adequate support for training, resulting in a lack of systemic investment in training and training infrastructure. This means additional funding beyond the APL is essential to reflect the unique challenges faced by the care and support sectors particularly where there are established qualifications in demand outside the APL.

2 Why traineeships matter

As outlined in the HumanAbility Summary and Background Papers, *Examining Earn While You Learn Models - Success Rates and Challenges in the Global Contexts*, traineeships are the primary EWYL pathway for building, retaining and skilling the care and support workforce ⁽¹⁾ ⁽²⁾. They provide accessible entry points into meaningful careers and are central to improving quality, safety and retention across the sectors.

2.1 Importance and current use

Traineeships are well established in early childhood education and care (ECEC) and could be better utilised to help address persistent workforce shortages in aged care and disability services as well as in sport and recreation and human (community) services.

Incentives are crucial to uptake for any care role, particularly where the absence of mandatory qualifications undercuts a common motivation to train.

2.2 Financial and structural barriers to training

Care sector funding frameworks do not provide sufficient support for training, resulting in a lack of systemic provision of training infrastructure. Individualised packages in disability through the NDIS, and a lack of attention on training from the Independent Health and Aged Care Pricing Authority (IHACPA) in aged care, has resulted in little to no material support for ‘train the trainer’ initiatives, inconsistent provision of traineeships, and little ongoing professional development.

- Incentives can help bridge the pay gap between trainee wages and already low sector wages. When structured effectively, they allow workers to undertake training without financial loss ⁽²⁾ ⁽³⁾. HumanAbility’s EWYL Background Paper discusses pay inequity and the impact of placement poverty on student wellbeing and completion rates ⁽²⁾.
- ECEC provides a clear example of how qualification and pay structures support participation. The sector’s industrial instruments link pay to qualification levels and allow workers who are ‘working towards’ a higher role to receive commensurate pay.
- Undertaking a traineeship often results in a reduction in income because these mechanisms are not in place in aged care, disability, and most other care and support roles. The Health Services Union notes that under the current incentive framework, apprenticeship incentives cover only around 10% of a trainees’ wage cost, leaving training related supervision, mentoring and backfilling expenses unfunded ⁽⁴⁾.
- If a Level 1 or 2 aged care worker wants to become qualified with a Certificate III via a traineeship, they would forgo approximately \$24,000 per year in lost income during the traineeship, while the eventual qualification increases earnings by only about \$1,700 per annum, once completed. At 47, the average aged care worker will not see a net financial benefit before she reaches retirement age.¹ Without incentives to bridge this gap it is not an attractive pathway ⁽⁵⁾.

Income Comparison illustrating earnings gap during aged care traineeship

Classification Aged Care Award	Description	Annual Full Time Income
Aged Care Direct Care Level 1	Less than 3 months experience. No qualification	\$61,500
Aged Care Direct Care Level 2	Year 1-3, more than 3 months experience, not qualification	Year 1, \$63,370 to Year 3, \$64,703
Adult Trainee	Certificate III	\$40,263
Aged Care Direct Care Level 3	Qualified Certificate III or above	\$68,340

¹ Note these figures assume a modest rate of inflation and opportunity cost. Based on the Fair Work Ombudsman Pay Guides – SCHADS / Aged Care Award 2025 and Health Department Wages Guidance.

- There are resource limitations on the number of traineeships that aged care and NDIS providers can offer, particularly under the new care minutes funding model in aged care and the NDIS pricing guide, as evidenced by provider and union reports noting the crowding-out of training time and lack of funding available to support supervision, mentoring or backfilling while staff are attending an RTO, or providing supervision to a trainee^{(4) (6) (7) (8)}.

2.3 Workforce quality and reform outcomes

Building and supporting a skilled care workforce directly advances the government’s stated policy objectives for higher quality care, improved safety and improved workforce sustainability ⁽⁹⁾.

These outcomes are central to recommendations of the Royal Commissions ^{(10) (11)} and ongoing reform agendas across the Care and Support Economy ^{(12) (13) (14)}.

2.4 Scale and opportunity

2024 Traineeship Commencements

Industry	Number
Early Childhood Education and Care	13,250
Aged Care and Disability (combined)	4,045

The care and support workforce is growing three times faster than total employment across the economy. Even with high comparative commencements, ECEC remains roughly half of those recorded in construction trades ^{(15) (13) (2) (16)}.

3 Enabling wider economic participation

A strong supply of qualified care and support workers is not only critical to service delivery; it is also necessary for wider economic participation, particularly for women. The availability, affordability and quality of care directly influence female participation in the labour force and contribute to national productivity ⁽¹⁷⁾.

The current APL methodology relies heavily on national data sources that do not adequately capture the nature or scale of skills demand across the care and support economy. These limitations reduce the visibility of key occupations and pathways, particularly traineeships, and risk under-investment in critical workforce areas.

3.1 Data and classification limitations

The APL is informed by the Occupational Shortage List (OSL)⁽¹⁸⁾, the Australian and New Zealand Standard Classification of Occupations ⁽¹⁹⁾ and a range of other data from the Australian Bureau of Statistics. Each has limitations when applied to care and support work ⁽¹⁵⁾.

HumanAbility's submission to the OSL review previously highlighted these weaknesses, including misclassification of occupations, limited coverage of non-trade traineeships, and under-counting of female-dominated roles ⁽²⁰⁾.

3.2 Gaps created by national-level framing

Broad groupings obscure small but essential workforce groups such as out-of-school-hours care coordinators, Aboriginal Health Practitioners and patient transport officers.

Shortages are also highly regional and jurisdictional; national averages do not capture local demand where service availability is most constrained ^{(18) (21)}.

Regional stakeholders have raised the importance of having place-based responses to workforce needs, such as the inclusion of occupations well suited to traineeships being visible on the APL where evidence from regional and remote areas demonstrates local workforce need and interest as national datasets do not always reflect place-based need.

3.3 Clarifying terminology and improving visibility

HumanAbility recommends that the Department of Employment and Workplace Relations (DEWR) rename the list to explicitly include traineeships (e.g. Traineeship and Apprenticeship Priority List) so it accurately reflects the range of vocational pathways covered. This would recognise the significant contribution of non-trade traineeships to Australia's skilled workforce and give equal visibility and value to both models.

- Clear and consistent terminology is essential to ensure that care and support traineeships are fully recognised within the APL ⁽²⁾. Current terminology, centred on trade apprenticeships, obscures the dominant training model in the care and support sector, traineeships and non-trade apprenticeships.
- HumanAbility recommends that all APL materials explicitly acknowledge non-trade traineeships as formal pathways. Where the term apprenticeship is used in policy, communications or data outputs, the preference is that it use both terms traineeships and apprenticeships, or at a minimum should clearly be defined as inclusive of non-trade models unless stated otherwise.
- All data and reporting should separately present Traineeships and Apprenticeships (Trade and Non-Trade) rather than grouping them. This will improve visibility, accuracy and policy insight, and make trends in completion and retention far more transparent for the care and support sectors where traineeships dominate.

3.4 Recognising sector differences

Differences in structure or design should not be interpreted as meaning that traineeships are less important, less rigorous, or less deserving of inclusion on the APL or access to incentives. Valuing only trade-based models risks diminishing the work of care and support occupations that are essential to community wellbeing and that have historically been undervalued due to gendered patterns of employment ^(24,25).

- Care and support pathways differ significantly from trade-based industries apprenticeships. They are generally shorter (typically 1-2 years vs. up to 4 years), competency-based, and often undertaken by existing workers, career changers and mature-age learners rather than school leavers ⁽²⁾.
- Training is frequently part-time, integrated in the workplace, and designed to build capability in service delivery and quality improvement ⁽²⁾.

3.5 Improving transparency and understanding

To improve stakeholder engagement and consistency in understanding, DEWR should update the APL methodology to include clear definitions and separation of traineeships and apprenticeships. The revised methodology should explain the terminology used, identify which qualifications are recognised under each pathway, and clarify how occupations are categorised across trade, non-trade and traineeship streams. This transparency would strengthen confidence in the list's evidence base and make participation, completion and retention trends more visible, particularly in the care and support sectors.

4 Broader Economic and Social Factors

The inclusion of broader economic factors within the APL methodology provides an opportunity to capture the dynamics of the care and support economy. Current approaches, that rely mainly on wage premiums and national shortage ratings, do not reflect the demographic, social and structural factors that drive sustained demand for these roles.

4.1 Why broader factors are essential

Care and support occupations differ markedly from trade-based roles. As the primary purchaser, government often sets wages, work is often part-time or casual, and demand is driven by demographic and policy factors such as population ageing, disability reforms, and the expansion of early childhood education. These roles create public value and social benefit that are not reflected in wage measures. Without incorporating broader economic and social indicators, the methodology risks excluding critical occupations that underpin wellbeing and economic participation.

4.2 Key factors to include

Factors that should be included in the revised methodology:

- In SCHADS Award-covered direct care roles, especially in Level 2 and Level 3, pay progression is generally limited to changes in job responsibility, not formal VET attainment alone. As such, the market does not generally incentivise upskilling through VET study, unless it leads directly to higher level duties.
- Macro-economic and demographic trends: Growth in aged care, disability and ECEC demand is driven by long-term structural factors. These trends must be weighted heavily in determining eligibility, as they represent predictable and enduring national priorities.
- Training access and delivery capacity: Availability of RTOs and workplace-based delivery, particularly in regional and remote areas, affects whether incentives can address workforce supply through traineeships.⁽²⁶⁾

- Public and social value: Care and support roles enable labour-force participation (particularly for women), contribute to national productivity and delivery of wider government policy reforms ⁽¹³⁾ ⁽¹⁷⁾.
- In contrast to most disability and aged care workers, ECEC worker pay varies with their qualifications, with allowances for Certificate III qualified educators to receive higher duties while 'working towards' a diploma as a trainee. ⁽²⁷⁾ Without market signals for qualification attainment, external incentives are essential to encourage skill development and drive quality improvement across these sectors.
- Including broader factors would align the revised Priority List with the *National Skills Agreement* ⁽²⁸⁾, *Working for Women: A Strategy for Gender Equality* ⁽¹⁷⁾, and the *Care and Support Economy Strategy* ⁽²⁹⁾ ⁽⁶⁾ and reflect the findings of the Aged and Disability Royal Commissions ⁽³⁰⁾ ⁽³¹⁾, which emphasise the economic and social costs of an under-skilled workforce.

5 Incentives for Participation, Completion and Retention

Incentives are essential to attract and retain workers in the care and support economy. They make training viable in sectors where wages are low, qualification requirements are limited, and career structures are still developing. Any incentive design must reflect the distinctive workforce and equity dynamics of care and support economy.

5.1 Purpose and principles

Incentives should not be viewed as bonuses but as mechanisms that allow people to enter and complete training without financial loss. They:

- offset the pay gap between traineeship wages and standard sector wages
- mitigate the absences of qualification-linked pay progression
- support ongoing retention and career progression, not just commencements
- enable employers (especially small and regional) to host trainees without disadvantage

5.2 Supporting quality and workforce development

Incentives that link to mentoring, supervision and completion outcomes strengthen the quality of learning and improve retention ⁽¹²⁾. Stakeholders have told HumanAbility that extending EWYL models and associated incentives to supervisory and leadership roles, particularly in aged care and disability, through BSB leadership and mentoring qualifications, would build mentoring capacity and reduce workforce churn.

5.3 Equity and participation impacts

Because most care and support workers are women, targeted incentives are a gender equity measure. They provide fairer access to training and pay progression and help remove structural barriers that prevent women and mature-aged workers from upskilling due to caring responsibilities and income loss while studying.

Effective incentive design should:

- remove financial and structural barriers to participation

- reward completion and ongoing employment outcomes
- build supervisory and leadership capability across the system
- recognise that investing in the care and support workforce yields both economic and social returns

6 Regional, Remote and Small-Provider Considerations

Stakeholders have consistently emphasised, as documented in HumanAbility's recent Workforce Plans, that workforce shortages are particularly acute in regional and remote areas, where service access to training and supervision is limited and where employing trainees can be a financial and administrative burden for employers ⁽³²⁾.

6.1 Regional and remote access to training

Many regional and remote communities have few RTOs, small learner cohorts and part-time and casual work patterns, making it difficult to arrange or complete traineeships. Travel and accommodation costs compound these barriers for learners and employers.

Targeted measures such as regional loadings, travel and accommodation assistance, and mobile or workplace delivery would make training more accessible and reduce barriers ^(26,33). Establishing regional training hubs, shared placement models or incentives to use Group Training Organisations (GTOs) could further strengthen access and help to coordinate training and supervision ⁽²⁶⁾.

6.2 Shared and agency workforce models

Innovative approaches, such as shared or agency workforce models, and 'grow your own' workforces, used in regional Victoria ⁽³⁴⁾, NSW ⁽³⁵⁾, and Northern Territory ⁽³⁶⁾ ⁽³⁷⁾ allow several employers to support local workforce development, jointly host trainees and share supervision, reducing administrative load and sustaining training in thin markets ⁽²⁶⁾. Innovative models in higher-education level traineeships also show promise using peer supervision, virtual supervision and shared supervision models ^(38,39).

Small and community organisations, including Aboriginal Community Controlled Organisations (ACCOs) would benefit from simplified funding and administrative supports or partnerships with GTOs to help host trainees.

6.3 Place-based collaboration

Regional solutions should be co-designed with local stakeholders through Jobs and Skills Councils, local jobs programs and industry networks, ensuring training, incentives and service delivery are aligned to local needs.

7 Equity and Emerging Workforce Priorities

The care and support economy provides critical employment opportunities for people from diverse backgrounds and contributes to broader national objectives in equity and inclusion ^(13,29). Strengthening traineeship pathways will support inclusive pathways into meaningful work and deliver benefits across the economy.

7.1 First Nations peoples and ACCOs

Traineeships offer culturally safe, structured entry points into care and support careers for First Nations people. For example, AbSec Learning and Development Centre, runs local training programs leading to formal qualifications for First Nations care and support sector roles ⁽³⁷⁾; and NACCHO's First Nations Health Worker Traineeships that strengthen First Nation's led health care ⁽³⁶⁾. Under the *National Agreement on Closing the Gap* governments should prioritise incentives and supports for ACCOs, recognising their additional cultural and administrative load in workforce development ⁽⁴⁰⁾.

- Targeted actions could include higher incentive loadings for ACCOs acknowledging higher administrative costs for delivery through smaller organisations and regional locations, as well as additional wrap around supports, similar to those recommended by SNAICC for ACCO integrated Early Years Services, that recognise the need for funding for training on Country, and leadership or supervisory traineeships that build long-term workforce capability and self-determination ⁽⁴¹⁾.
- The Coalition of Peaks, in a parliamentary submission ⁽⁴²⁾ stated:
"VET has the power to bring significant positive change to communities particularly when Aboriginal and Torres Strait Islander people and organisations are involved in designing and delivering training, and when wraparound support and traineeship pathways are provided."

7.2 People with disability

Inclusive and accessible training pathways are essential to achieving the goals of Australia's Disability Strategy 2021–2031 ⁽⁴³⁾. Wrap-around supports, such as flexible delivery, mentoring and workplace adjustments should be embedded within traineeship design to ensure equitable participation and completion.

7.3 Women and gender equity

Care and support roles are overwhelmingly female-dominated and remain undervalued ⁽⁴⁴⁾. Women in these sectors are more likely to earn less post-qualification than men in trade pathways. Recognising and incentivising these traineeships also underpins women's broader economic participation, as accessible quality care services are essential for wider workforce participation.

7.4 Emerging and enabling roles

The Priority List should remain open to new and evolving roles that contribute to person-centred care and workforce sustainability, including emerging coordination, wellbeing and lifestyle roles, such as care navigators. Opportunities to support leadership and mentoring roles through traineeships and incentives are discussed in section 5.2.

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