



Position Paper
Existing Worker – Funding Inequity
January 2026

CommunitySkills WA
Facilitating a skilled workforce for WA

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1. EXECUTIVE SUMMARY

The care sector in Western Australia (WA) is facing a workforce crisis that cannot be solved by new entrants alone. While demand for services is accelerating, driven by a growing and ageing population, rising complexity of care needs and regional inequity, the system is struggling to retain, skill and sustain the workers it already has. Existing workers are the backbone of service delivery, yet too many face limited access to funded training, inflexible pathways, workforce burnout, and barriers to upskilling while employed. Without a deliberate, system-wide focus on training and retaining the current workforce through appropriately funded and supported traineeships for existing workers, WA risks worsening service gaps, declining quality of care, and escalating pressure on already stretched services. Investing in the skills, capability and career progression of the existing Social Assistance and Allied Health workforce is not optional, it is critical to the continuity, quality and resilience of essential services across the State.

Community Skills WA (CSWA) is the industry training council representing the Community Services, Health, Education, and Sport, Fitness and Recreation sectors in WA. Our role is to provide advice to the Department of Training and Workforce Development (DTWD) and State Government on workforce development needs, training priorities, and skills solutions across these critical industries. As a valued source of Industry intelligence that understands the current and future challenges faced by employers and workers and the opportunities that Vocational Education and Training (VET) can present CSWA presents this paper for consideration.

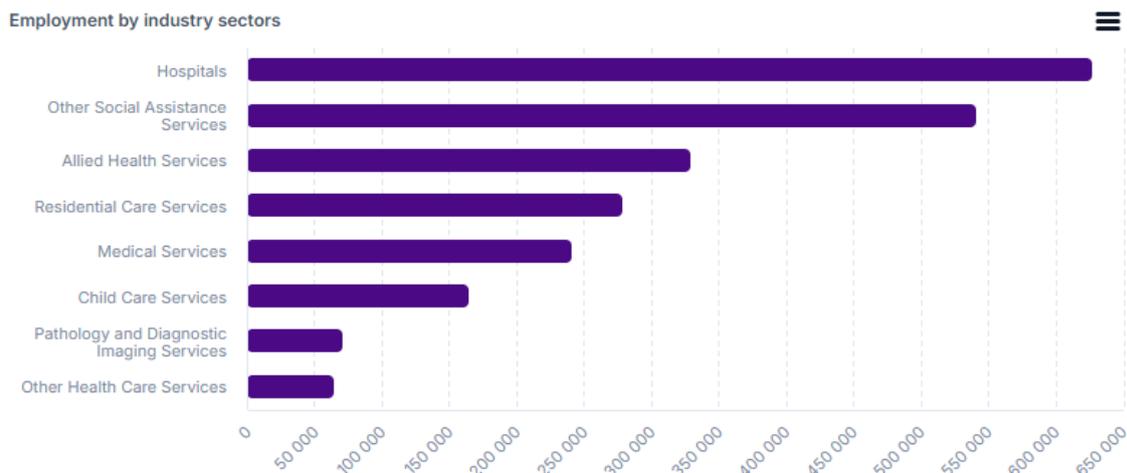
For the purposes of this paper, the terms Health Care and Social Assistance sector, Care Sector, Social Assistance and Allied Health, Health and Care, and Allied Health and Social Care Services are treated as interchangeable. While these terms appear differently across various references and policy documents, they all fundamentally describe the same broad industry grouping that encompasses health, aged care, disability support, community services, and allied health. To maintain clarity and consistency, this report will use the term Social Assistance and Allied Health to capture the full scope of these services.

Western Australian Skills and Workforce Development Action Plan (Nov 2024)¹ states the Social Assistance and Allied Health industry is the largest employing sector in WA, and it is anticipated to grow by 12% over the next five years. With a growing and ageing population, the demand for aged care, health, childcare, disability and mental health services are expected to increase with the greatest workforce challenges being in regional areas. Whole of government workforce development initiatives focused on attraction and development of new workers and upskilling and retaining existing workers are essential to meeting the future demand for services.

Employment patterns across industry sectors highlight the significant role of Social Assistance and Allied Health, which currently represents the largest share of the workforce. Projections indicate that this sector is also expected to experience the strongest growth in the coming years, underscoring its critical importance to both employment opportunities and future workforce planning. The following tables provide a breakdown of employment by industry sector, as well as projected areas of growth nationally.

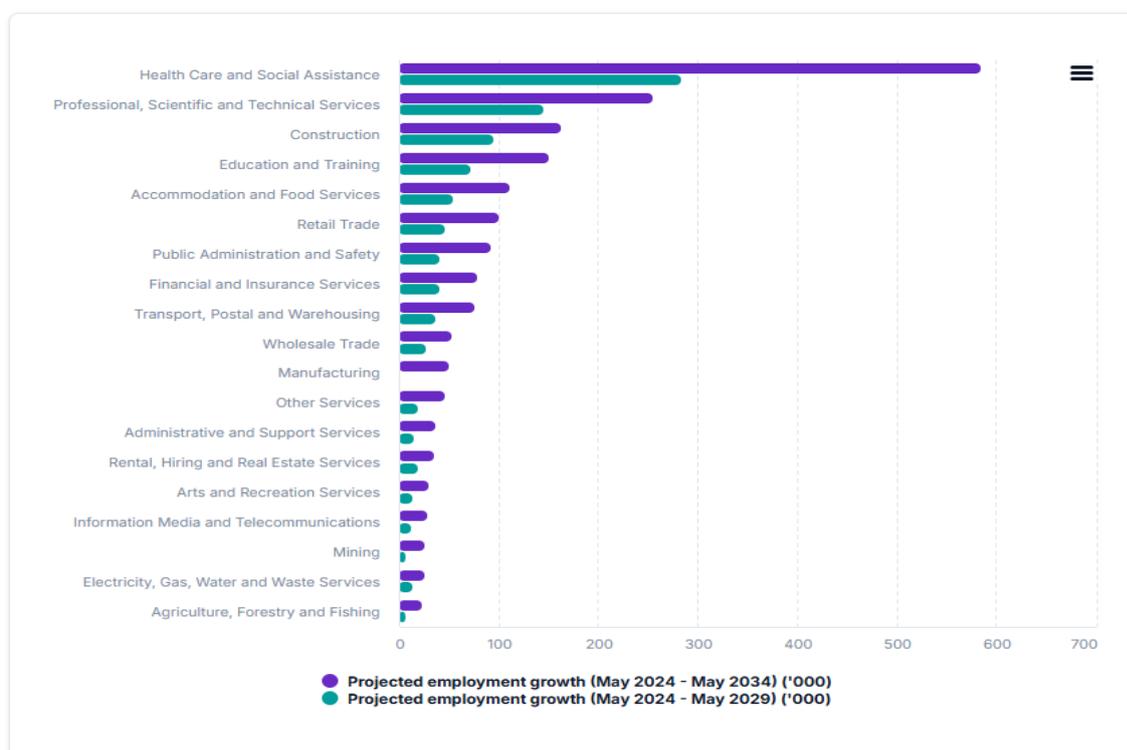
¹ [WA Skills and Workforce Development Action Plan 2024](#)

Health Care and Social Assistance Jobs and Skills Australia²



Source: ABS, Labour Force Survey, Detailed, August 2025, Jobs and Skills Australia (JSA) trend data.
 Note: the sum of sectoral employment may not equal the industry total as data are trended separately, and not further defined (nfd) classifications have been excluded.

Projected employment growth by industry (5 and 10 years)³



A recent WA Council of Social Services (WACOSS) survey⁴ found that underfunding has left the Social Assistance sector unable to cover award-level wages by up to 14%, intensifying workforce pressures and threatening service sustainability, particularly in regional and remote communities. Staff shortages coupled with rising demand, mean organisations increasingly rely on existing workers to take on new responsibilities without access to affordable, accredited training.

² [Health Care and Social Assistance | Jobs and Skills Australia](#)

³ [Jobs and Skills Australia: Employment Projections](#)

⁴ [WACOSS Funding Survey Report](#)

Collectively the Social Assistance and Allied Health sector faces ongoing workforce shortages across WA. In the disability support workforce, 63% of workers have considered leaving in the past year and 71% believe shortages are already impacting care quality⁵. With aged care alone requiring thousands more qualified workers over the next decade, upskilling the existing workforce is critical to maintaining safe, high-quality care.

Despite substantial Federal and State Government funding for apprenticeships in male dominated industries such as construction, clean energy, and defence, comparable investment has not been directed to the predominantly female Social Assistance and Allied Health sectors. Recent changes to Commonwealth traineeship incentives have reduced or removed funding for a number of critical Social Assistance and Allied Health occupations further compounding this disparity. This structural underinvestment reinforces gendered labour market divides, worsens shortages in essential care services, and perpetuates economic disadvantage for women.

Although the growth of Aboriginal Community Controlled Organisations (ACCOs) is a key Closing the Gap Priority Reform⁶ and central to the National Skills Agreement, the sector's sustainability depends on supporting its existing workforce. CSWA's extensive engagement with Aboriginal Community Controlled Health Organisations (ACCHOs) has identified best practice examples of place-based approaches to workforce development that are underpinned by a scaffolded approach to skills and career development. Entry points vary, however skill sets and scaffolded Certificate II and Certificate III qualifications provide the strongest foundation for learner success. This is of greatest relevance where low language, literacy and numeracy levels and intergeneration unemployment exist as barriers to engagement. Currently, Jobs and Skills State Government traineeship funding for Certificate III level qualifications and below is limited to CHC30121 Early Childhood Education and Care and CHC33021 Certificate III Individual Support, the latter being culturally inappropriate for much of the ACCO workforce.

Current State Government Jobs and Skills Employer Incentive funding targets new workers employed for less than three months (classified as being in full-time employment), while Federal funding offers limited support for both new and existing workers entering Social Assistance and Allied Health pathways. Focussing only on new entrants alone will not resolve WA's workforce shortages, existing workers must also have access to funded traineeships and incentives to ensure service quality, retention, and long term sustainability. Arguably upskilling and affordable recognition of prior learning (RPL) for existing experienced workers will deliver a better return on public investment, as they are already embedded in the sector, and have proven capacity (likely to succeed and to stay in roles), and faster to train than new entrants.

Feedback from all sectors consistently highlights the most critical skill gaps are among experienced workers, with attraction and retention of this cohort an ongoing challenge, exacerbated in regional and remote communities. In addition to the impact on service delivery, the absence of an experienced workforce presents a barrier to future workforce development that is reliant on supervision and mentoring. At present, qualifications delivered through traineeship arrangements attract full or higher student fees, whereas the same qualifications are available fee free or at a lower cost when delivered institutionally. Of the 41 traineeships currently available, only five are eligible for lower fee funding for existing workers.

⁵ [HSU National – survey of disability support workers](#)

⁶ [Closing the Gap – Priority Reforms](#)

The traineeship model has historically been the most effective, efficient and accessible workforce development pathways for the Social Assistance and Allied Health sector. Traineeships combine formal training with workplace experience, enabling participants to earn while they learn and acquire industry relevant competencies that align with employer needs. In the Australian context, evidence shows that well designed traineeships provide nationally recognised qualifications with current industry content, support workplace skill development and deliver consistent skill outcomes across a diverse range of occupations, including non-trade sectors, and are particularly valued for enabling participation from workers with family and caring responsibilities. This model is inherently flexible and inclusive, supporting entry and progression for mature-aged workers and women, who make up the majority of the Social Assistance and Allied Health workforce.

However, the increasing emphasis on fee-free TAFE and other institutional training pathways has unintentionally weakened the attractiveness of traineeships, even though they remain a practical, workplace-aligned training mechanism that directly responds to workforce and service delivery needs. Continued support for traineeships is essential to sustaining workforce capability and addressing critical skills shortages in health and care services. Without deliberate policy attention, there is a real risk that the traineeship model, one of the most practical and inclusive training pathways for this workforce, will continue to be eroded by funding signals that prioritise participation over completion, and access over outcomes.

CSWA seeks Western Australian State Government (the State Government) support for funding equity to be extended to existing workers in WA, with an immediate focus on the Social Assistance and Allied Health sectors. These sectors form the backbone of essential services across the state and represent the largest and fastest growing workforces yet are experiencing some of the most severe and persistent workforce shortages. The following recommendations have been identified for their potential ability to respond to these shortages from a vocational education and training (VET) perspective and align with proven workforce development pathways including existing worker traineeships, skill sets and employer incentives.

Summary of Recommendations

<p>1. Expand the eligibility for Jobs and Skills WA's existing worker traineeship funding to enable upskilling of existing Social Assistance and Allied Health workforce.</p>	<p>Expand the list of traineeships eligible for existing worker funding to include priority qualifications aligned with the Social Assistance and Allied Health workforce, including Certificate II and III qualifications.</p> <p>Expand the list of existing worker traineeships eligible for fee concessions to include priority qualifications aligned with the Social Assistance and Allied Health sectors required to meet current and future service demand.</p>
<p>2. Establish employer training incentives for existing workers in the Social Assistance and Allied Health sectors that are on parity with new workers.</p>	<p>Establish State Government employer training incentives that support Social Assistance and Allied Health employers to invest in the training of existing workers, recognising the sector's reliance on part-time, casual and mature-aged staff and the operational costs associated with workforce development.</p>
<p>3. Enable targeted skill development to respond to current and emerging skill needs.</p>	<p>Continue State Government funding for skill sets aligned to Social Assistance and Allied Health workforce needs, enabling both new and existing workers to build targeted skills while remaining in employment.</p> <p>Expand the list of skill sets available fee free where identified by industry.</p>
<p>4. Support employer engagement by reducing barriers.</p>	<p>Amend funded delivery model guidelines so that face-to-face requirements formally recognise high quality on-the-job learning, supporting employer engagement and participation in workforce development.</p>
<p>5. Strengthen Recognition of Prior Learning (RPL).</p>	<p>Provide subsidised RPL options for existing workers to formalise skills and progress their careers.</p> <p>Increase Registered Training Organisation (RTO) funding for RPL to encourage this to be provided more readily to candidates.</p>
<p>6. Develop targeted upskilling programs for regional and remote locations.</p>	<p>Adjust funding model for training delivery in remote locations to ensure it captures additional costs including where mentoring support is required.</p> <p>Provide incentives to regional employers to train local community members.</p> <p>Advocate for establishment of Allied Health pathways into tertiary education with regional delivery options aligning with Tertiary Harmonisation.</p>
<p>7. Integrate funded training for existing workers into WA's workforce planning strategies.</p>	<p>Ensure State Government workforce strategies acknowledge and plan for the development of the existing workforce in addition to new entrants.</p>
<p>8. Increase representation of Social Assistance and Allied Health occupations and qualifications on the Priority List produced by Jobs and Skills Australia (JSA).</p>	<p>Advocate for the inclusion of occupations which align with critical skills shortages on the Priority Occupation list released by JSA. Despite noticeable skill shortages a number of occupations fail to appear on the list, limiting access to employer and employee incentives.</p> <p>Advocate for the expansion of the qualification list to include, where identified, Certificate II qualifications and those which are correctly aligned with occupational outcomes.</p>

2. INTRODUCTION

WA is facing sustained workforce challenges that threaten the capacity of essential services to meet community demand. Workforce shortages are not isolated to one industry; they are systemic and particularly acute in people focused sectors. These shortages are compounded in regional and remote WA, where recruitment is especially difficult and staff retention is critical.

Social infrastructure drives economic growth, enabling the productivity and capability of our workers and decision makers. A well supported, healthier workforce is more creative and productive, and less likely to burn out or make dangerous and costly mistakes. Care services are also enablers of workforce participation, both as female dominated industries advancing gender pay equity and as enablers of disability employment inclusion (where the untapped workforce potential remains huge). Early education and care, schooling and further education also play a crucial role in helping us to identify and develop our latent talents, enabling innovations that underpin future technological and economic transformations. Investments in these industries yield returns, not just in gross domestic product or state final demand, but in economic stability and innovation⁷.

Our Priorities for Government 2025-2029⁸ released by the State Government highlight health as a priority, ensuring all Western Australians can access the health care they need, when they need it. They commit to investing in WA's health workforce as well as delivering quality infrastructure and services across WA. This commitment will include investing in education and early childhood development and improving infrastructure and services in our regional centres and remote communities.

The Western Australian Government's Diversify WA: 2024 Update⁹ identifies a "Skilled and Productive Workforce" as a critical cross-sector enabler of the State's economic diversification agenda. State and Commonwealth incentive settings are not currently geared towards supporting Social Assistance and Health workforce growth or upskilling.

At State level, existing Jobs and Skills Employer Incentives aim to encourage employers to take on new workers, defined as individuals who have been employed in the workplace for less than three months in full-time equivalent terms. Employers can attain up to \$2,125 for each new employee they put through and successfully complete a 12-month traineeship. It should be noted that employers can attain the incentive for Certificate II and above qualifications for new workers only.

While this approach supports initial workforce entry, it does not adequately address the need to support employers to upskill existing employees who are already working in care roles but require formal qualifications to meet regulatory, quality and workforce development requirements. The absence of incentives is further compounded where the qualification is unavailable for funding when undertaken by an existing worker, which is the case for all Certificate II and a significant proportion of Certificate III qualifications.

Whilst it is acknowledged the State Government also offers fee-free or lower fees for state determined priority courses in the context of traineeships, existing worker trainees are only eligible for fee concessions in select courses. There are currently only five existing worker traineeship qualifications related to the Social Assistance and Allied Health sectors across a range of Certificate III, IV and Diploma levels that attract subsidised training delivery costs. The remaining 30 qualifications attract higher fees when delivered as existing worker traineeships,

⁷ [It's Time to Build Community - WA State Budget Submission 2025-26](#)

⁸ [WA government priorities 2025-2026.pdf](#)

⁹ [Diversify WA: Resources and publications](#)

despite being fee-free or lower fee through institutional delivery, reducing their attractiveness for employers seeking to upskill their workforce.

At the Commonwealth level, federal employer incentives have traditionally provided encouragement for employers to utilise apprenticeships and traineeships in their workforces. While existing workers are not excluded from these incentives, the funding available is limited to the more recently implemented Australian Apprenticeship Priority Skills List, and those occupations deemed a national priority. From 1 January 2026, of the 118 occupations listed, only 10 relate to the Social Assistance and Allied Health sector.

Across the 10 occupations on the Priority List, 29 training qualifications limited to Certificate III level or above are listed that align with the Health and Community Services training packages and a number of these fail to align with the appropriate occupation. It should also be noted that Federal Employer incentives for these qualifications are at historical lows, providing \$2,500 paid in instalments over the first 12 months.

Across both State and Federal traineeship funding programs, support for the Social Assistance and Allied Health sectors is grossly inadequate and not conducive to creating strong entry level pathways into the sector for new entrants, nor supportive of upskilling existing workers to build a strong, skilled workforce that we need.

Ensuring that existing workers can access fee free training directly supports this objective by strengthening the capability of sectors that underpin WA's liveability and growth, including health, community services, and care. These industries are essential to the State's social and economic infrastructure, and their stability is a precondition for the success of other priority sectors.

Excluding existing workers from fee free training undermines Diversify WA's objectives by limiting workforce participation, particularly in regional WA where upskilling current employees is often the only viable way to meet demand. It also risks exacerbating gender and equity gaps, with many existing workers being women, Aboriginal people, and those in disadvantaged communities. Including existing workers in fee free training therefore advances both economic diversification and social equity, positioning workforce development as an investment in WA's long term prosperity.

The lack of targeted investment in workforce development for the Social Assistance and Allied Health industry is particularly evident in the area of funded training. Unlike construction, where apprenticeships are well subsidised and promoted, existing worker traineeships in these support sectors remain extremely limited. As a result, many staff are forced to undertake qualifications such as the Certificate IV Mental Health, in their own time, while continuing to work as the cost to undertake this under a traineeship arrangement cost prohibitive without access to fee subsidies.

Access and training funding are key barriers

Feedback from the workforce as reported in the recent WACOSS report, Stronger together, Gender Equity in the WA Community Service Sector¹⁰, consistently highlights key barriers:

- **Funding barriers:** Workers unable to access paid study leave or employer support, leading to training occurring outside normal work hours.
- **Access challenges:** Regional employees often excluded from Perth based training opportunities, especially those with caring responsibilities. This includes VET and Tertiary study.

¹⁰ [WACOSS Strong Together report](#)

- **Relevance gaps:** A lack of accessible training for non-management roles, limiting career progression for frontline staff.
- **Impact on wellbeing:** Limited professional development undermines economic security, progression opportunities, and retention of women in the sector.

By comparison, the construction sector in WA benefits from hundreds of millions in state investment, including the Construction Training Fund Employer grant of up to \$36,500 per apprentice¹¹, tool rebates, and milestone payments, while the care and community sectors are left to rely on modest regional grants and fragmented initiatives. This inequity not only undermines gender equity but also risks leaving essential services critically under resourced.

Moreover, the lack of systemic support for training in female dominated industries reinforces existing occupational segregation, perpetuating the undervaluation of care work and limiting the long term economic advancement of women. Without targeted investment in professional development, these sectors will continue to face workforce shortages, high turnover, and barriers to implementing best practice care, further entrenching gendered disparities in pay, recognition, and career progression.

While considerable investment has been directed toward attracting new entrants into the workforce, the current funding framework provides limited support for existing workers. It is acknowledged however that DTWD, unlike many jurisdictions, have and continue to invest in fee free and lower fee skill sets, including those which target existing workers. The demand for these skill sets provides strong evidence of the demand for training which builds the capacity of existing workers, however this is not sufficient and qualification funding and employer subsidies at State and Commonwealth level sought in parity with new workers and other sectors.

Existing workers are the largest part of the workforce and carry valuable experience, yet they often lack affordable pathways to formalise or extend their skills. Without funded training options, employers struggle to retain staff, build capability, and adapt to emerging needs.

Importantly, these challenges are amplified in regional and remote areas where workforce shortages mean employees are frequently required to multitask across roles to maintain adequate service coverage. Workers in these locations must often develop broader skill sets to respond to fluctuating demand, limited staffing availability and the absence of specialised support. This increases the need for structured, accessible training that can build their capability and ensure they can safely and effectively meet local community needs.

The undervaluing of women's work is deeply systemic and historically rooted. Occupations such as care work, traditionally performed by women in the home without pay, have long been viewed as less valuable and continue to be treated as such within the labour market. This institutionalised undervaluation affects not only wages but also workplace entitlements and conditions. In sectors reliant on government funding, like community services, education, and health, workplace entitlements are constrained by budget priorities. Consequently, women in these industries are more likely to be employed under award conditions, in insecure, low paid roles. This structural arrangement both reflects and perpetuates the undervaluing of women's work.

CSWA believes that funded training for existing workers is not simply a matter of workforce development but of ensuring the sustainability of WA's essential services. Providing accessible

¹¹ [State Government Incentives for employers of apprentices and trainees | Western Australian Government](#)

training opportunities will strengthen retention, improve service delivery, and help stabilise workforces at a time of unprecedented pressure.

3. CASE FOR CHANGE

WA's workforce challenges cannot be solved through recruitment alone. While training pathways for new entrants are essential, the current system fails to adequately support existing workers who hold the knowledge, experience, and community trust needed to sustain essential services and build the capability of the future workforce.

Key Challenges

Limited access to funded training for existing workers

Current funding models are largely designed for apprentices, trainees, or jobseekers entering the workforce. Existing workers have few affordable opportunities to upskill or reskill, leaving employers unable to adapt their workforce to changing needs. Despite 41 traineeships being available across these sectors only five benefit from any form of subsidised funding for existing workers and many receive no funding at all to support delivery, particularly those at Certificate III level and below (**Refer to Attachment A**).

Employer barriers to training

Many health care and social assistance employers including non-government organisations (NGOs) and not-for-profit (NFP) employers, particularly in regional areas, cannot afford to release staff for training or cover tuition costs. Without government investment, training often remains inaccessible, reinforcing workforce instability and burnout.

Training outside work hours

Due to the direct and indirect costs associated with training, many existing workers are required to complete their studies outside of paid work hours, often late at night following full shifts. This contributes to worker fatigue, reduced capacity to effectively engage in learning, and increased risk in roles that involve client safety, complex care and regulatory compliance. From a work health and safety, and quality perspective, sustained fatigue undermines both worker wellbeing and the safe delivery of services. While traineeship pathways are intended to integrate training into paid work time, many employers lack the resources, or system support to consistently release staff for training during work hours. Targeted employer support through incentives would enable training to occur within paid time, supporting safer work practices, improved learning outcomes and higher quality care.

Workforce growth projections

Across all sectors thousands of additional qualified workers will be needed in the next decade, making upskilling and access to a RPL process for existing staff an urgent priority. In addition to the increase in workforce required to meet consumer and societies needs the increasing regulatory requirements, including those which stipulate training responses, will place the burden on existing employers and workers to ensure compliance. The current RPL process is often costly and time consuming to undertake.

Regional and Remote Workforce

In regional and remote locations recruitment challenges are compounded by housing affordability as well as access to experienced workers to provide supervision for new entrants which points to the need for retention strategies such as accessible and affordable training.

Language, Literacy and Numeracy levels

Many existing workers have limited prior experience with formal education and lack the confidence to enrol in full qualifications such as Certificate III or IV programs. This disproportionately affects under-represented groups, including culturally and linguistically diverse (CALD) communities, First Nations people, and people with disability, who face additional barriers such as language demands, digital access, disability related supports, and culturally unsafe learning environments.

While fee free TAFE reduces tuition costs, it does not adequately address these non-financial barriers. As a result, participation by under-represented groups in fee free certificate level training remains low, limiting the effectiveness of the initiative in meeting workforce needs.

Short, targeted skill sets and entry level scaffolded training post-employment provide an effective pathway for engaging low confidence learners and supporting progression into full qualifications. However, current funding arrangements do not sufficiently support the delivery of these flexible options or the learner supports required to enable equitable participation.

Consequences of Inaction

WA is facing a critical shortage in its Social Assistance and Allied Health workforce, the very sectors responsible for supporting our ageing population, people with disability, children and families in need, and diversion services for youth at risk. Without funded training pathways for existing workers, WA risks entrenching a cycle of workforce shortages that will have long term social and economic consequences.

Workforce Impact	Societal & Economic Impact	Societal & Economic Impact
Reduced staff retention and escalating burnout	Delayed allied health, disability and aged care supports	Entrenched intergenerational unemployment in disadvantaged communities
Vacant roles remaining unfilled for extended periods	Reduced access to early intervention and youth diversion services	Increased reliance on welfare and emergency services
Loss of experienced workers from the sector	Declining service quality for vulnerable populations	Higher long term costs across health, justice and social systems

Why Investment Matters Now

Limited access to training and career progression pathways contributes to intergenerational unemployment, particularly in communities already experiencing disadvantage. When local workforces are unable to access affordable and achievable training pathways, opportunities for stable employment diminish, reinforcing cycles of disengagement from education, poor health outcomes, and contact with the justice system. The cost of inaction is borne not only by individuals and families, but by society as a whole.

WA Health data shows fewer than 10,000 allied health professionals across the public system, 77 per cent¹² of whom are female, significantly below what is required to meet projected growth in aged care, disability and community demand. Without targeted investment in upskilling existing workers across allied health, social assistance and diversion/community services, WA faces increasing service failures with serious downstream impacts.



Strategic investment in training for existing workers offers the fastest and most cost effective pathway to stabilise essential services, breaking cycles of disadvantage and intergenerational unemployment, and reducing long term public expenditure.

4. GENDER INEQUITY

Significant government investment has been directed towards apprenticeships in traditionally male dominated industries such as construction, clean energy and resources. In contrast, the Social Assistance and Allied Health sectors that are overwhelmingly female dominated, have not received comparable levels of support. This inequity perpetuates gendered occupational segregation, compounds workforce shortages in essential services, and further entrenches disadvantage for women. These disparities mirror findings in the Working for Women: A Strategy for Gender Equality (2024)¹³, which identifies care, health, and education as foundational to women's economic participation and calls for systemic investment to address the undervaluation of work traditionally undertaken by women.

While employers and apprentices in construction benefit from generous, well publicised subsidies and grants, Social Assistance and Allied Health sectors receive only limited and geographically and/or income restricted support. In 2023, vocational education and training (VET) enrolments within the CHC (Community Services) and HLT (Health) training packages were heavily skewed toward female participants. Specifically, community services recorded 80% female enrolments compared with 20% male, while health saw an even higher proportion of female students at 82%, leaving 18% male¹³. These figures highlight the strong gender imbalance in these sectors and reflect broader trends in workforce participation, where women continue to dominate both community services and health related professions¹⁴. This disparity reflects a systemic policy imbalance, where male dominated industries are prioritised for large scale funding and incentives while female dominated industries remain undervalued.

Jobs and Skills Australia's Education and training divides Paper 2 of 3¹⁴ demonstrates the highly gendered occupations. This reflects the entrenched gender segregation of the sector, where caring, community, and support roles continue to be highly feminised. Such figures underscore the importance of recognising gendered patterns in workforce planning and policy development.

¹² [WA Health Workforce Strategy 2034](#)

¹³ [Working for Women: A Strategy for Gender Equality](#)

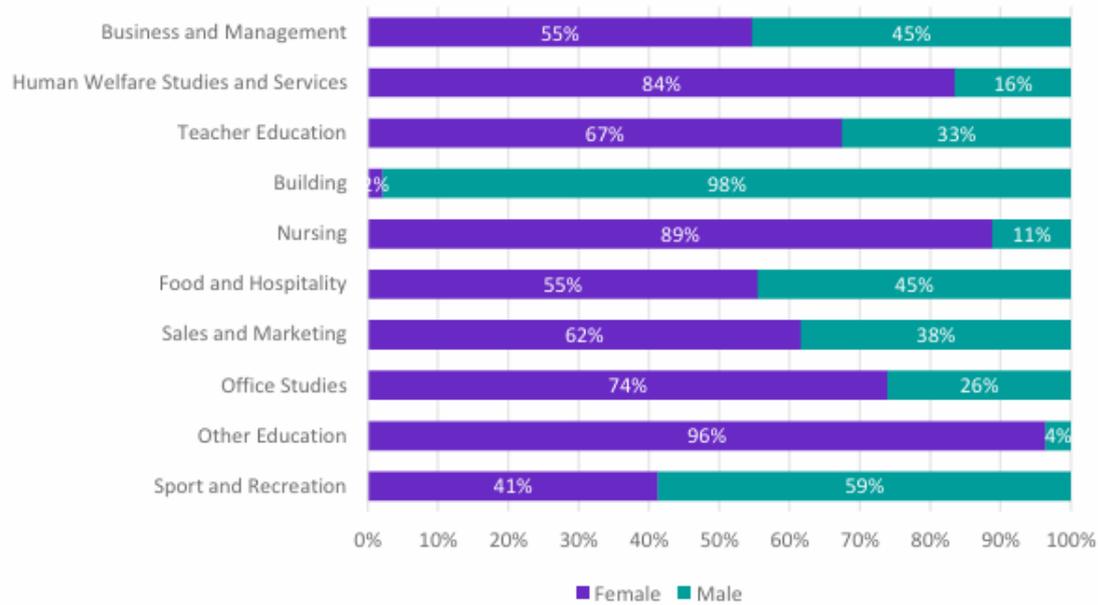
¹⁴ [Jobs and Skills Australia - Education and training divides report](#)

Table 25: Top occupation pathways for graduates in Human Welfare Studies and Services field of education by AQF level.

AQF	Occupation	Segregation Intensity	Share of male graduates (%)	Share of female graduate (%)	Share of male CALD graduates (%)	Share of female CALD graduate (%)
7+	Social Worker	Highly female dominated	44%	44%	44%	46%
7+	Welfare Support Worker	Moderately female dominated	21%	13%	30%	15%
7+	Counsellor	Highly female dominated	12%	9%	11%	10%
5 and 6	Welfare Support Worker	Moderately female dominated	37%	24%	55%	27%
5 and 6	Aged and Disabled Carer	Highly female dominated	8%	8%	16%	13%
5 and 6	Social Worker	Highly female dominated	8%	6%	11%	7%
4	Aged and Disabled Carer	Highly female dominated	18%	24%	26%	31%
4	Welfare Support Worker	Moderately female dominated	29%	17%	32%	12%
4	Nursing Support and Personal Care Worker	Highly female dominated	6%	11%	13%	20%
3	Aged and Disabled Carer	Highly female dominated	24%	22%	25%	22%
3	Child Carer	Almost completely female dominated	3%	14%	1%	13%
3	Nursing Support and Personal Care Worker	Highly female dominated	11%	11%	14%	15%

Source: Census of Population and Housing, 2021 ANZSCO 4-digit, Person Level Integrated Data Asset (PLIDA), ABS

Figure 8: Top 10 most common Fields of Education by gender (%)



Source: ABS, Person Level Integrated Data Asset (PLIDA), customised data

Findings in the Stronger Together – Gender Equity in the WA Community Service Sector report¹⁰ prepared by WA Council of Social Service and the Centre for Women’s Safety and Wellbeing confirm that gender segregation remains a central driver of Australia’s gender pay gap. Female dominated industries and occupations are typically associated with lower wages, while male dominated sectors command higher pay. In WA, this divide is especially pronounced. High income sectors such as mining are overwhelmingly male, whereas women are disproportionately concentrated in the public sector and in industries reliant on public funding, such as community services, health, and education; areas where wage growth has been persistently slow.

The Women’s Economic Equality Taskforce¹⁵ has highlighted that women continue to be clustered in the same jobs as decades ago, with men still holding a disproportionate share of leadership positions, even within female dominated fields. Over the past 20 years, gender segregation has intensified in sectors such as health care, social assistance, and education and training. These industries are not only heavily female but also comparatively low paid, with award rates often sitting just above the national minimum wage¹⁶.

As a result, many of the occupations where women are concentrated are among the lowest paid. This entrenches earnings and wealth gaps that accumulate across women’s working lives and into retirement. The effects extend beyond individual disadvantage; segregation also undermines economic performance, contributing to skill shortages in essential services such as health, welfare, and education.

An overview of workplace policies and entitlements supporting gender equity outcomes was undertaken in the WACOSS Stronger Together report¹⁰. It suggested that the return to work programs used for supporting women re-entering the workforce after extended career breaks need to address discrimination against career gaps and provide upskilling opportunities.

¹⁵ [Women’s Economic Equality: A 10-year plan to unleash the full capacity and contribution of women to the Australian economy](#)

¹⁶ University of Adelaide <https://doi.org/10.20851/wages-crisis>

Despite this evidence and identified need, investment in training at both State and Federal levels continues to focus on sectors that are largely male dominated.

Examples

The WA Government is supporting the growth of the future defence workforce, investing \$11.5 million in apprentice training to skill workers to build and maintain ships in WA.¹⁶

The Australian Skills Guarantee will initially apply to major construction and information and communication technology projects with a total contract value of \$10 million or more¹.

The WA Government has announced a significant investment of \$52.3 million to encourage more apprentices to pursue careers in the building and construction industry. Employer incentives were doubled for hiring

The WA Government's 'Made in WA' Plan¹ lists their intention to invest in training a pipeline of skilled workers. The sector areas that are mentioned in the plan are Fee Free TAFE for Housing and Construction courses, Adult Apprentice Incentive for Building and Construction, Expand Munster TAFE to deliver clean energy training, new heavy vehicle driver training facility in Neerabup.

Federal priority hiring additional incentives for Clean Energy or Construction apprenticeships of \$5000¹.

Recent reductions in training and workforce incentives for the care sector at a Commonwealth level, alongside the retention of incentives for building, construction and clean energy industries, further reinforce the ongoing lack of policy focus on Social Assistance and Allied Health. This disparity signals a continued prioritisation of traditionally male dominated sectors, despite the essential role of care services and their critical workforce shortages.

This approach reinforces a persistent trend in workforce investment; prioritising strategies to increase women's participation in male dominated industries, rather than addressing the inequities within sectors where women are already highly represented. This lack of investment not only reflects a broader gender inequity in workforce policy but also translates into very real barriers for workers in the Social Assistance and Allied Health sectors, who face limited access to funded training and existing worker traineeships.

Evidence consistently highlights the consequences of this imbalance. The WACOSS report Stronger Together, Gender Equity in the WA Community Service Sector,¹⁰ found that workers in female dominated sectors are often denied access to workforce supports commonly available elsewhere, including increased superannuation contributions, employer funded paid parental leave, performance based pay, bonuses and flexible working conditions.

Jobs and Skills Australia Paper 1 of 3 - New Perspectives on Old Problems¹⁷ confirms that jobs, pay and career progression in Australia remain highly gendered, contributing to persistent economic inequality between men and women. Its subsequent Paper 2 of 3 on Education and Training Divides, Gendered skills, pathways and outcomes¹⁴ further demonstrates that education

¹⁷ [Gender Economic Equality Study Paper 1.docx](#)

and training pathways in Australia continue to reinforce occupational segregation, with women concentrated in health, community services, and social assistance. Current strategies often focus on increasing women's participation in male dominated sectors, which, while important, risks reinforcing existing trends without addressing the deeper issue; the systemic undervaluation of roles traditionally undertaken by women. Greater recognition and support for these professions is essential to achieving genuine gender equity across the workforce.

The Australian Government has implemented several strategies aimed at increasing women's participation in male dominated sectors, such as construction, mining, and technology. Programs like the Australian Skills Guarantee set national targets for women in apprenticeships, traineeships, and cadetships, while the Advancing Gender Equality in Gender Segregated Industries initiative allocates \$16.4 million to projects promoting safer, more inclusive workplaces in these fields¹⁸. Additionally, the Building Women's Careers Program, with a \$60.6 million investment, supports partnerships to drive systemic change in industries like construction, clean energy, and digital technology¹⁹.

These efforts, while commendable, often overlook the need to address gender inequities within sectors where women are already significantly represented, such as Social Assistance and Allied Health. By focusing predominantly on integrating women into male dominated industries, there is a risk of neglecting the structural and cultural challenges faced by women in female dominated fields. A more balanced approach is essential to ensure equitable opportunities and outcomes across all sectors.

A more balanced and equitable workforce strategy is required, one that maintains efforts to diversify male dominated industries while also investing in the upskilling, retention and progression of workers in Social Assistance and Allied Health. Without this, workforce shortages will persist, gender inequities will deepen, and the essential services that underpin community wellbeing will remain under strain.

5. ABORIGINAL COMMUNITY CONTROLLED ORGANISATIONS CAPACITY BUILDING

Aboriginal Community Controlled Organisations (ACCOs) play a critical role in delivering culturally safe, community led social assistance and allied health services across WA. However, current training system settings do not adequately support their workforce development models. This gap is misaligned with the way Aboriginal Community Controlled Health Organisations (ACCHOs) and related services build and sustain their workforce, through upskilling and formalising the qualifications of existing staff who already have strong community and cultural knowledge.

The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan²⁰, co-designed with Aboriginal and Torres Strait Islander people aims for full representation of First Nations people in the health workforce by 2031. It includes actions to attract, recruit and retain workers across all roles, levels, and locations within the health sector with a key focus on Aboriginal Health Workers and Aboriginal Health Practitioners (AHPs) who are integral to the holistic model of care employed by ACCHOs.

¹⁸ [Advancing Gender Equality in Gender Segregated Industries](#)

¹⁹ [Driving structural and cultural change to build women's careers](#)

²⁰ [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan](#)

Introducing fee free existing worker traineeships for these organisations and other ACCOs would enable them to strengthen their workforce capacity, retain experienced staff, and improve service continuity for Aboriginal communities. Such an initiative would align with the Closing the Gap Priority Reforms, particularly those focused on building the Aboriginal Community Controlled sector and developing a strong Aboriginal workforce. It would also promote equity in government investment, ensuring that Aboriginal led service providers in the care economy are afforded the same workforce development opportunities as organisations in other sectors.

The Aboriginal Health Council of WA (AHCWA) released the WA Aboriginal Community Controlled Health Service Sector Workforce Strategy 2023-2028²¹ which lists the services delivered by the 23 ACCHS across WA:

Services delivered by ACCHS

accident and emergency services	environmental health	immunisations
aged care	health assessments	school health
alcohol and other drugs	health education and promotion programs	screening and prevention
allied and specialist health visits	medication management and dispensary	sexual health
child and maternal health	men's health	smoking cessation
chronic disease management	patient journey and transport	social and emotional wellbeing
community outreach and reintegration	pharmacy	spiritual wellbeing
dental	population health programs	transport services
disability (including NDIS)	primary health	women's health

Reflecting their holistic and intersectional approach to health, ACCHS deliver care that supports the physical, psychological, emotional, social, spiritual and cultural wellbeing of individuals and communities. Their impact is particularly strong in contexts where service effectiveness relies on providers being trusted, culturally safe, and able to engage with clients from a position of genuine understanding and shared perspective. JSA paper 1¹⁷ highlights that First Nations workers are disproportionately concentrated in community and personal services roles. The ACCHO sector across the Country is the third largest employer of First Nations workers after Coles and Woolworths. The report further notes that First Nations workers are less likely to be represented in professional occupations. A significant proportion of First Nations people are employed as Welfare Support Workers, an occupation that requires higher skill levels and is less affected by gender segregation, though it remains moderately female dominated.

In 2024, the First Nations Health Worker Traineeship Program was launched to certify up to 500 First Nations individuals as Aboriginal Health Workers or Aboriginal Health Practitioners by 2027²². An initiative delivered by Aboriginal Community Controlled Registered Training Organisations (ACCRTOs), offers on-the-job experience alongside formal education, providing a structured pathway for addressing critical workforce shortages which does not utilise the current funded traineeship system. It was established as a key part of the broader strategy to build and sustain the Aboriginal health workforce, which is vital to closing the gap in health outcomes. This

²¹ [AHCWA ACCHS WorkforceStrategy FEB23 WEB.pdf](#)

²² [Strengthening the Healthcare Workforce: First Nations Health Worker Traineeship Program Launched](#)

strategy has yielded highly successful outcomes due to the additional funding which supports both the organisation and learner and a significant proportion of the cohort are existing workers seeking the opportunity to pursue new career pathways and build upon existing skills. It provides strong evidence that financial support when focused can support strong outcomes.

In addition to this, the National Aboriginal Community Controlled Health Organisation (NACCHO) has developed a 10-year ACCHRTO Capacity Building Implementation Plan²³ to strengthen training and development efforts across the sector. This plan identifies areas where capacity building is needed to ensure that ACCHOs can meet the growing demand for services, particularly in rural and remote areas. There is a strong focus on building a sustainable pipeline of qualified professionals by expanding training opportunities and developing career pathways for Aboriginal and Torres Strait Islander people within the healthcare system.

Further strengthening the case for increased employer uptake of traineeships in the sector, the Commonwealth-funded Apprentice Connect Australia Provider (ACAP) service delivers specialist support for First Nations apprentices and trainees. This includes tailored assistance for both learners and employers, such as individualised coaching, access to peer support networks, and culturally appropriate mentoring. These targeted supports help improve engagement, retention and completion outcomes for First Nations participants, while reducing the administrative and supervisory burden on employers, making traineeships a more accessible and sustainable workforce pathway.

ACHWA's ACCHS Workforce Strategy²¹ emphasises the imperative to develop and retain staff with strong cultural competencies, community linkages, and clinical skills; goals that can only be achieved if pathways exist to credential and upskill the existing workforce. Yet, despite growth across the sector and sustained demand for Social Assistance and Allied Health services in Aboriginal communities, there is a conspicuous absence of formal existing worker traineeships tailored to ACCOs in these sectors.

²³ [ACCHRTO Implementation Plan – A 10 year strategy](#)

Investing in existing worker traineeships for ACCOs in WA presents multiple benefits.

<p>Alignment with Closing the Gap reforms</p>	<p>The Closing the Gap⁶ Priority Reforms emphasise building the Aboriginal Community Controlled sector and strengthening Aboriginal governance and workforce. Funded traineeship pathways, including existing workers for ACCOs would operationalise this by ensuring workforce development is built within the Aboriginal sector, not outsourced to mainstream providers.</p>
<p>Local culturally safe and consistent care</p>	<p>A significant benefit of funding existing workers is the cultural competency and organisational knowledge they already bring to their roles. Unlike new entrants, existing workers have developed a deep understanding of the cultural lens, values, and practices that guide service delivery in their organisations, ensuring continuity of culturally safe and responsive care, particularly in ACCOs and services working with diverse communities. Supporting existing workers through traineeships training builds on this foundation, strengthening both workforce capability and the cultural integrity of service provision.</p>
<p>Retention and continuity</p>	<p>Enabling existing staff to gain formal credentials strengthens loyalty and reduces turnover. This is particularly crucial in remote and regional communities where workforce attrition is constant and costly, whilst training supports career development, builds confidence and a sense of value.</p>
<p>Upward mobility and professionalisation</p>	<p>Opens career pathways for staff who may already be performing advanced duties but lack formal recognition, helping them advance and ensuring quality of care. The ACCO sector is characterised by the opportunities it extends to all employees to pursue career pathways regardless of entry points and training, a critical part in supporting this process.</p>
<p>Equity in investment</p>	<p>Redresses the imbalance in government support across sectors, ensuring that care, social assistance, and allied health, which disproportionately employ women and First Nations women in particular, are not left behind</p>
<p>System coherence and sustainability</p>	<p>Embedding ACCOs in formal vocational pathways strengthens the integration between community controlled services and the statewide VET system, building resilience and reducing duplication.</p>
<p>Addressing intergenerational unemployment</p>	<p>Providing attainable and scaffolded training pathways post employment supports learner success and retention outcomes.</p>

This approach directly aligns with the Closing the Gap Priority Reforms⁶, which emphasise the growth of the Aboriginal Community Controlled sector and the strengthening of Aboriginal leadership and workforce capability. By embedding workforce development within Aboriginal led organisations, rather than relying on external training providers, the initiative would help to operationalise these reforms in a practical and sustainable way.

Integrating ACCOs more fully into formal vocational education and training pathways would also strengthen the connection between the Aboriginal Community Controlled sector and the state's broader training system. This would enhance long term workforce planning, reduce duplication, and build a more sustainable and culturally appropriate care system.

Introducing fee free existing worker traineeships and additional financial support for ACCOs represents a practical and equitable approach to strengthening WA's social assistance and allied health workforce. It recognises the proven capacity of ACCOs to deliver culturally safe, high quality services, while ensuring that their workforce development needs are properly supported within the state training system. By investing in the skills of existing Aboriginal workers, this initiative would contribute to stronger community outcomes, more sustainable service delivery, and meaningful progress toward Closing the Gap priorities and workforce equity across sectors.

6. ANALYSIS

To understand why investment in existing worker traineeships is urgently needed, it is important to analyse the current workforce pressures, the barriers to training participation, and the broader economic and social impacts of inaction.

- WA's workforce faces persistent shortages in community services, health, aged care, disability, health, and education support. Making existing worker traineeships fee free directly supports workforce retention by providing affordable upskilling pathways.
- Many employers report high staff turnover and difficulties attracting skilled workers, particularly in regional and remote areas. Existing worker training in a lower cost intervention than high subsidies for new entrants who may not remain in the workforce long term.
- Many existing workers are low paid and cannot afford upfront training costs, especially in Community Services roles where wages are already below the national average. Removing financial barriers enables equitable access to qualifications, particularly for women, who make up the majority of the workforce. Without fee free training these workers may be excluded from advancement, worsening inequities.
- Governments at both State and Federal levels have committed to strengthening essential workforces and improving community outcomes. Fee free existing worker traineeships align with these priorities by ensuring that training is not just for new entrants, but also for the experienced workers who are the backbone of service delivery.
- Workforce shortages in Social Assistance and Allied Health have a direct economic cost through higher recruitment expenses, service delays and poorer outcomes for clients. The indirect impact disruption in service delivery further impacts the broader community and labour force participation. Helping those with caring responsibilities access care and support services improves this group's availability to undertake paid employment. In 2021, caring responsibilities affected the labour force participation for over 900,000 people. Of those people, over 80 per cent were women²⁴. The data showed 45 per cent of them wanted to work but could not. Lack of access to health services and supports also impacts workforce participation amongst all population groups.

²⁴ [Department of Prime Minister and Cabinet - Draft National Strategy for the Care and Support Economy](#)

6.1 Current WA Training Funding (Health Care and Social Assistance)

The current funding arrangements create a clear discrepancy between the support available to new entrants and existing workers. While new entrants can access a range of qualifications at either no cost or heavily subsidised rates through *Fee Free* and *Lower Fees, Local Skills* (LFLS) initiatives, existing workers are not eligible for the same benefits. Instead, their pathway is typically through the *Existing Worker Traineeship (EWT)* model, which attracts a substantially higher fee of \$5.79 per nominal hour with only a limited number of qualifications outlined below which are eligible for the LFLS rate of \$1.62.

These same qualifications are however fee free for new entrants despite at least half of these specifically targeting those with prior experience. This means that qualifications such as the Certificate III in Individual Support and the Diploma of Early Childhood Education and Care (ECEC), which are fee free for new entrants, are significantly more expensive for existing workers to complete.

In addition, a number of qualifications that would support a scaffolded approach to workforce development, including Certificate II and III qualifications, are currently not available to existing workers, as they are ineligible for any form of training funding. A full summary of traineeship funding options is provided in **Attachment A, and examples provided below.**

The result is a system that incentivises entry into the workforce but creates financial barriers for those already employed who need to upskill to meet growing demand. This can also lead to staff changing employers to secure new worker benefits further destabilising the sector.

New entrants

- Access to *Fee Free* courses (no course fees)
- Access to *Lower Fees, Local Skills* (LFLS) rates at \$1.62 per nominal hour for priority qualifications

Existing workers

- No access to *Fee Free* training
- Limited access to LFLS with only the following qualifications eligible:
 - CHC30121 Certificate III in Early Childhood Education and Care
 - CHC33021 Certificate III in Individual Support
 - CHC42221 Certificate IV in Housing
 - CHC43015 Certificate IV in Ageing Support
 - CHC50121 Diploma of Early Childhood Education and Care

Key qualification not in receipt of any funding for Existing Workers

- 52890WA Certificate II Community Health and Wellbeing
- CHC22015 Certificate II Community Services
- CHC32015 Certificate III Community Services
- HLT30121 Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care
- HLT33021 Certificate III Allied Health Assistance
- HLT33115 Certificate III in Health Services Assistance
- HLT36115 Certificate II in Indigenous Environmental Health
- HLT37215 Certificate III in Pathology Collection

The RPL process is currently funded at 50 per cent of the rate of funding for normal course delivery for all RTOs, despite the process requiring a significant investment of time to assess candidate eligibility.

6.2 Current WA Employer Incentives (Health Care and Social Assistance)

The current structure of WA employer incentives for traineeships reinforces a new-entrant focus and provides limited support for employers seeking to upskill their existing workforce. While existing workers are central to service continuity and quality, employers receive financial incentives only when engaging new worker trainees, creating an uneven incentive framework that does not align with workforce sustainability needs in the Health Care and Social Assistance sectors.

Under current arrangements, the State Government's Jobs and Skills Employer Incentives apply a new worker versus existing worker rule to traineeships; meaning only new worker trainees, as per below criteria, qualify for employer incentive payments. Existing worker traineeships do not attract equivalent support, leaving employers to absorb the full cost of training for their current staff.

The State Government offers a Hiring Incentive where eligibility is limited to trainees considered a “*new worker*”, defined as having been:

- in full-time employment for less than 3 months, or
- in part-time or casual employment for less than 12 months.

The incentive amount depends on the nominal term of the traineeship, as outlined below:

Traineeship	Nominal Term	Hiring Incentive
Cert IV Community Services	12 months	\$2,125
Cert IV Disability	24 months	\$4,250

These are general guidelines and there are some additional criteria to meet.

6.3 Current Federal Incentives (Health Care and Social Assistance)

The Federal Government offers Priority Hiring Incentives for all apprenticeships and traineeships listed on the priority list with corresponding occupational outcomes. There is no new worker vs existing worker differentiation here; in 2025 the incentive for employers was \$5,000 and apprentices receive their own incentive (\$5,000, or \$10,000 for Clean Energy or Construction apprenticeships).

Both the qualification and the occupation must be listed on the Australian Apprenticeships Priority List to be eligible for the Federal Government incentives which in 2025 were as follows:

- \$2,500 for part-time employees, or
- \$5,000 for full-time employees,

2026 Incentives Policy Change

From 1 January 2026, Federal incentives for employers and students undertaking care sector qualifications under traineeship arrangements have been significantly reduced. Payments have been reduced to \$2,500, for both students and employers where full time or \$1,250 for part-time with the exception of a number of occupations aligned with the Construction and Clean Energy sectors. The Federal Government has attributed these changes to increasing pressures on the national budget.

The release of the revised Priority Occupation List in January 2026 has further compounded these challenges, with 8 care related occupations associated with the CHC and HLT training packages removed from the list. This change represents a significant shift in national workforce priorities and has direct implications for the availability of incentives, training investment and policy attention directed toward the care sector. The removal of these occupations reduces the visibility of critical care roles within national skills planning frameworks and risks undermining workforce supply at a time of increasing demand, service complexity and regulatory pressure. For WA, where workforce shortages are already acute, particularly in regional and remote communities, these changes heighten the importance of strong, targeted State Government intervention to sustain training pathways and workforce capability in Social Assistance and Allied Health services.

At the same time, the Federal Government is extending and prioritising investment in its flagship apprenticeship programs, directing substantial taxpayer funding towards training pipelines in dwelling construction and energy infrastructure fields. This re-prioritisation comes at the expense of a broad range of other occupations, including aged care, early childhood education and disability support, where incentives are being sharply reduced.

These cuts will further exacerbate existing workforce shortages across the care sectors. Lower incentives reduce the attractiveness of care qualifications for prospective students and remove a critical support mechanism for employers who invest in training new entrants. In a sector already facing chronic workforce constraints, reduced financial support is likely to make it even more difficult to attract and retain the care workers needed to meet community demand.

7. WORKFORCE IMPACTS

Allied Health Assistants

The Kimberley Aboriginal Medical Service (KAMS) implemented an innovative pilot program in 2023 to address critical shortages in allied health services across the remote Kimberley region. A partnership arrangement between a private RTO, the local TAFE and KAMS supported twelve existing Aboriginal employees, including Family Support Workers and administrative staff, to complete the Certificate IV in Allied Health Assistance. These workers were already embedded in local communities and brought cultural knowledge, strong relationships, and frontline experience, making them ideal candidates for formal allied health career pathways. Training was delivered through a culturally safe block release model, supported by funded travel, accommodation, and embedded literacy and numeracy support.

The pilot demonstrated that investing in the existing workforce delivers immediate and sustainable workforce gains. Participants remained employed while studying, employers retained essential staff, and communities experienced continuity of care. Graduates have already expanded the capacity of allied health teams, increased service reach, and reduced reliance on costly and culturally less effective fly-in fly-out models.

One student enrolled to explore advanced career opportunities within Allied Health after working as an administrative assistant within an allied health team. Another student transitioned into the role of Aged Care Community Connector at Broome Regional Aboriginal Medical Service following her training. She now provides culturally grounded support to older community members, conducts welfare checks, and advocates for elders navigating aged care systems.

At present, the Certificate IV Allied Health Assistance qualification is fee free for new students, while existing workers must pay full fees. Federal incentives under the Australian Apprenticeship Priority List apply only when workers are classified as Personal Care Assistants, which does not align with the roles this qualification supports. Although KAMS secured project funding for the pilot, including a coordinator to support students, current funding settings for existing workers make ongoing delivery financially unviable. Additionally, there is no opportunity to undertake a RPL process and focus on skills gaps due to the current funding model.

These student journeys demonstrate the transformative impact of upskilling existing workers which includes improving social mobility and income uplift. By enabling Aboriginal staff to gain formal allied health qualifications while remaining connected to their communities, the KAMS model strengthens cultural safety, expands clinical support capacity, and builds long term workforce sustainability. This evidence strongly supports the need for dedicated funding to upskill existing workers, allowing other regions facing critical shortages to replicate the proven success of the KAMS approach.

Funding and Policy response sought

- Allied Health Assistant added to Australian Apprentice Priority List to enable access to employer and student incentives.
- Certificate IV Allied Health Assistance added to fee free list and comparable funding made available to new and existing workers.
- Expand the list of existing worker traineeships eligible for fee concessions to include priority qualifications aligned with the Social Assistance and Allied Health sectors required to meet current and future service demand.

- Establish State Government employer training incentives that support Social Assistance and Allied Health employers to invest in the training of existing workers, recognising the sector's reliance on part-time, casual and mature-aged staff and the operational costs associated with workforce development.
- Amend funded delivery model guidelines so that face-to-face requirements formally recognise high quality on-the-job learning, supporting employer engagement and participation in workforce development.
- Provide subsidised RPL options for existing workers to formalise skills and progress their careers. Increase RTO funding for RPL to encourage this to be provided more readily to candidates.
- Provide incentives to regional employers to train local community members.
- Advocate for establishment of Allied Health pathways into tertiary educations with regional delivery options aligning with Tertiary Harmonisation.

Early Childhood Community Services

In response to the critical need to build a local workforce pipeline of Early Childhood Educators and engage Aboriginal community members in training more broadly, a culturally appropriate private training provider has and continues to deliver the Certificate II and III in Community Services to women in remote communities across the Kimberley and Pilbara including Kununurra, Halls Creek and Roebourne. This delivery is within local Child and Parent Centres (CPC) and the Certificate II program incorporates two units of competency that comprise the Course in the Early Years designed to align with playgroup settings and provide a scaffolded approach to learning.

In 2024 three participants from Halls Creek CPC and one from Kununurra CPC commenced the Certificate II in Community Services. Of these, only one learner met the eligibility requirements for subsidised funding. The remaining participants had been employed for more than three months prior to enrolment, making them ineligible for funding support.

During the same year, ten learners commenced the Certificate III in Community Services — comprising three from Roebourne, one from Halls Creek, and six from Kununurra. Four of these learners were eligible for traineeships; the remaining six were offered a fee-for-service training option. In Kununurra five of the students undertaking the training are currently employed by an ACCO which provides culturally informed services aimed at strengthening and supporting families, youth and those at risk. Undertaking their Certificate III whilst employed will ensure they are more equipped to deliver programs such as safe shelters, school attendance and a strong men's program.

To maintain training quality and accessibility, the trainer visits each site approximately every six to eight weeks to deliver face-to-face sessions. The provider also delivers Early Childhood Education and Care (ECEC) training, which is fully funded and assists in offsetting travel and delivery costs for the broader training program.

Funding and policy response sought

- Community Services Worker added to the Australian Apprentice Priority List to enable access to employer and student incentives.
- Expand the list of traineeships eligible for existing worker funding to include priority qualifications aligned with the Social Assistance and Allied Health workforce, including Certificate II and III qualifications.
- Certificate II and III Community Services added to fee free list and comparable funding made available to new and existing workers.
- Adjust funding model for training delivery in remote locations to ensure it captures additional costs including where mentoring support is required.
- Provide incentives to regional employers to train local community members.
- Expand the list of existing worker traineeships eligible for fee concessions to include priority qualifications aligned with the Social Assistance and Allied Health sectors required to meet current and future service demand.
- Establish State Government employer training incentives that support Social Assistance and Allied Health employers to invest in the training of existing workers, recognising the sector's reliance on part-time, casual and mature-aged staff and the operational costs associated with workforce development.
- Amend funded delivery model guidelines so that face-to-face requirements formally recognise high quality on-the-job learning, supporting employer engagement and participation in workforce development.

Disability

A large WA provider of Disability services is seeking to upskill its existing workers to assume roles as Disability Team Leaders. At present the Disability sector is facing ongoing challenges ensuring financial viability with no capacity to invest in training despite the impact of staff turnover and the critical role training can play in reducing this.

The organisation has calculated the investment required for staff to undertake the Certificate IV Community Services inclusive of training fees, wages, backfill costs and with state and federal government incentives offsetting costs. The cost for existing workers to undertake the training is estimated to be \$19,127 per employee vs \$13,221.52 for new workers. Note - this takes into account the provider chosen for staff to undertake the Certificate IV Community Services (CHC42021) vs Certificate IV Disability (CHC43121) with the latter being lower fee for new workers vs fee free. Despite the cost disparity the organisation has invested in the upskilling of existing staff based on the feedback of those undertaking and supervising staff involved.

Staff accessing the training, report undertaking the traineeship provided theoretical knowledge that built confidence to undertake their work role more effectively. They identified undertaking this learning in a work environment enabled them to learn from others as well as their workplace mentor.

Team leaders report it provides theory based competency and allows them to put this into practice. It has resulted in improvements in reporting and dealing with high care clients including those with dementia and Parkinson and behavioural incidents and this improvement is linked to retention in the industry. Aged Care Managers also report the opportunity creates meaningful career pathways and the opportunity for multiskilling allowing staff to upskill and remain in the sector.

Funding and Policy response sought

- Allied Health Assistant added to the Australian Apprentice Priority List and linked to the Certificate III and IV in Allied Health Assistance.
- Certificate IV Allied Health added to the fee free list and the concession fees made available to existing worker traineeships.
- Certificate IV Disability made fee free and comparable funding made available to new and existing workers for both this qualification and the Certificate IV Community Services.
- Expand the list of existing worker traineeships eligible for fee concessions to include priority qualifications aligned with the Social Assistance and Allied Health sectors required to meet current and future service demand.
- Establish State Government employer training incentives that support Social Assistance and Allied Health employers to invest in the training of existing workers, recognising the sector's reliance on part-time, casual and mature-aged staff and the operational costs associated with workforce development.
- Amend funded delivery model guidelines so that face-to-face requirements formally recognise high quality on-the-job learning, supporting employer engagement and participation in workforce development.

8. ALIGNMENT WITH POLICY AND STRATEGY

Expanding funded training for existing workers supports:

WA Government	Commonwealth
Aboriginal Health Council of WA - Aboriginal Community Controlled Health Service (ACCHS) Workforce Strategy 2023 ²¹	Closing the Gap Priority Reforms ⁶
Diversify WA ²⁵	Jobs and Skills Australia (3 papers) ^{14 26 17}
Social Assistance and Allied Health Report ²⁷	National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan ²⁰
Western Australian Skills and Workforce Development Action Plan ¹	National Skills Agreement ²⁸
WA Government's Priorities for Government 2025-2029 ⁸	National Strategy for Care and Support Economy ²⁴
WA Health Workforce Strategy ¹²	Women's Economic Equality Taskforce ¹⁵

9. BENEFITS AND OUTCOMES

Investment in funded training for existing workers will deliver:

Stronger Workforce Capability	Improved skills and adaptability across priority sectors.
Higher Retention	Reduced turnover and recruitment costs as staff feel valued and supported.
Improved Service Delivery	Enhanced outcomes for communities, particularly in vulnerable populations.
Regional Sustainability	A stronger workforce pipeline in areas where attracting new workers is most difficult.
Increased Productivity	Existing workers already possess institutional and cultural knowledge. Training enhances efficiency, compliance, and service quality without the onboarding costs associated with new entrants.

²⁵ [Diversify WA economic development framework](#)

²⁶ [JSA - Progress Towards Gender Economic Equality – Paper 3 of 3](#)

²⁷ [Social Assistance and Allied Health: Future Workforce Skills report 2022](#)

²⁸ [National Skills Agreement](#)

10. CONCLUSION

WA's workforce challenges cannot be addressed by new entrants alone. Retaining, upskilling, and supporting existing workers is critical to the long term sustainability and effectiveness of essential services, particularly in the Social Assistance and Allied Health sectors. Current barriers, such as training costs, limited flexibility, and the need to study outside work hours, prevent many skilled workers from accessing opportunities to develop their skills, contributing to fatigue, attrition, and reduced service quality. Without targeted support, these sectors risk ongoing workforce shortages, diminished service delivery and the perpetuation of inequities in career progression and remuneration, particularly for women who form the majority of these workforces.

Extending funded training to existing workers is therefore essential. CSWA urges DTWD to collaborate with industry stakeholders to design programs that are accessible, flexible, and tailored to the needs of frontline staff, ensuring workers can build their skills without compromising their capacity to deliver high quality care. Such initiatives should address geographic, financial and time constraints, ensuring the regional employees and those with caring responsibilities are not excluded. By investing in the existing workforce today, WA can strengthen the resilience, capability, and sustainability of its essential service sectors for the future, while promoting gender equity, enhancing workforce retention, and ensuring that care and support services continue to meet the growing and diverse needs of the community.

At the same time, CSWA emphasises the importance of continued advocacy and partnership with the Commonwealth Government. Many of the workforce pressures facing WA are shaped by national funding policy settings, including the scope and limitations of Commonwealth funded training and workforce programs. Addressing these challenges requires a coordinated, cross jurisdictional approach. CSWA encourages the State and Federal Government to co-design sustainable workforce solutions that recognise the value of existing workers. Through shared leadership and joint investment, governments can better support the workforce that underpins essential care and support services across Australia.

11. RECOMMENDATIONS

We welcome the opportunity to discuss these recommendations further.

1. Expand the eligibility for Jobs and Skills WA's existing worker traineeship funding to enable upskilling of existing Social Assistance and Allied Health workforce

Expand eligibility for lower-fee and fee-free traineeships to enable employers in the Social Assistance and Allied Health sectors to upskill and retain their existing workforce. Funding settings should explicitly support workers already employed, recognising the sector's reliance on experience, continuity of care and regulatory compliance.

Expand the list of traineeships eligible for existing worker funding to include priority qualifications aligned to Social Assistance and Allied Health roles. Where aligned to identified workforce shortages and service demand, this should include Certificate II and Certificate III qualifications that support entry, progression and scaffolded workforce development, particularly in regional and remote settings.

It is recommended that eligibility for lower-fee and fee-free training be expanded to include:

- a. existing workers employed for three months or more (full-time) or six months or more (part-time or casual); and
- b. workers employed in priority Social Assistance and Allied Health roles, including health care support, disability, aged care, community services and allied health support.

Expected outcomes:

- Increased participation of existing workers in traineeships and structured skills development.
- Improved workforce retention and stability
- Greater employer capacity to upskill staff while maintaining service delivery.
- Stronger supervision and mentoring capability to support new workforce entrants.
- A more sustainable, responsive workforce aligned to current and future service demand.

2. Establish employer training incentives for existing workers in the Social Assistance and Allied Health sectors that are on parity with new workers

Establish State Government employer training incentives for existing workers in the Social Assistance and Allied Health sectors, this is essential to creating parity with incentives currently available for new entrants. Existing workers form the backbone of service delivery across these sectors, yet current incentive settings provide limited support for employers to invest in their ongoing skills development.

Introduce employer incentives for existing worker traineeships to reduce the financial and operational burden of training and enable employers to invest in workforce development while maintaining service continuity. Aligning incentives with workforce sustainability objectives will encourage greater uptake of structured training pathways and reduce reliance on ongoing recruitment.

Expected outcomes

- Increased employer investment in training existing workers.
- Improved workforce retention and reduced turnover.

- Greater equity between new entrant and existing worker training pathways.
- Enhanced workforce capability across Social Assistance and Allied Health.
- Increased public confidence in service quality and continuity.

3. Enable targeted skill development to respond to current and emerging skill needs

Continuing State Government approval and funding of skill sets and other flexible training options aligned to priority Social Assistance and Allied Health workforce needs. Skill sets should be used strategically to address emerging capability gaps and support timely upskilling while workers remain employed.

Expand the list of fee-free skill sets where needs are clearly identified by industry to strengthen workforce responsiveness and reduce barriers to participation for both employers and workers. This approach enables rapid alignment between training provision and service demand, particularly in areas experiencing workforce pressure.

Expected outcomes:

- Increased training participation by existing workers unable to undertake full qualifications.
- Faster skills development in priority areas such as compliance, digital capability and specialist care.
- Improved workforce capability and service quality with minimal service disruption.
- Stronger alignment between State Government training investment and sector workforce needs.

4. Support employer engagement by reducing barriers

Amend funded delivery model guidelines to formally recognise high-quality, structured on-the-job learning as a core component of training delivery. Current face-to-face requirements do not always reflect the realities of workplace-based learning in the Social Assistance and Allied Health sectors, where supervision and skill development often occur on the job.

Recognising on-the-job learning within funded delivery models would support greater employer engagement, enable more flexible training arrangements, and better align training delivery with operational and workforce needs.

Expected outcomes:

- Increased employer participation in training and workforce development.
- Reduced administrative and operational barriers to hosting training.
- Greater alignment between training delivery models and workplace practice.
- Improved access to flexible training pathways for workers.
- Increased staff training participation without service disruption.

5. Strengthen recognition of prior learning

Expand access to subsidised RPL to enable existing workers to formalise skills, reduce duplication of training and progress efficiently through qualification pathways.

Increase funding to RTOs to support consistent and accessible RPL delivery. Strengthened RPL provision will support retention, recognise professional capability and enable experienced workers to transition into senior, supervisory and mentoring roles without extended time away from work.

Expected outcomes:

- Increased qualification attainment among existing workers.
- Reduced duplication of training and faster skills recognition.
- Improved workforce morale and professional recognition.
- Greater capacity for experienced workers to progress into senior or supervisory roles.
- Minimal disruption to service delivery through reduced time away from work.

6. Develop targeted upskilling programs for regional and remote locations

Develop and fund targeted upskilling programs for regional and remote locations that reflect the true cost of training delivery, including additional travel, smaller cohorts and the provision of mentoring and workplace support. Funding models should be adjusted to enable flexible, place-based delivery that responds to local workforce needs and service demand.

Introduce incentives for regional employers to train and upskill local community members, strengthening local workforce pipelines and improving retention. In parallel, advocate for the establishment of clear Allied Health education pathways with regional delivery options, including alignment with tertiary harmonisation reforms, to support sustainable long term workforce development in regional and remote communities.

Expected outcomes:

- Increased access to training in regional and remote locations.
- Stronger local workforce pipelines and improved retention.
- Improved continuity and quality of service delivery in critical sectors.
- Reduced reliance on metropolitan recruitment and fly-in/fly-out models.
- Clearer vocational-to-tertiary pathways for Allied Health careers in regional areas.

7. Integrate funded training for existing workers into WA's workforce planning strategies

Embed funded training for existing workers as a core component of WA's workforce planning and skills strategies, alongside initiatives focused on new workforce entrants. Workforce frameworks should explicitly plan for retention and progression of the existing workforce.

Ensure State Government workforce strategies and the State Training Plan support access to funded traineeships, skill sets and RPL pathways for existing workers to align training investment with long term service demand.

Expected outcomes:

- Balanced workforce planning supporting growth and retention.
- Improved alignment between training investment and service delivery needs.
- Stronger workforce stability through targeted upskilling of existing staff.
- Greater consistency between workforce strategies and State Training Plan priorities.

8. Increase representation of Social Assistance and Allied Health occupations and qualifications on the priority list produced by Jobs and Skills Australia

Advocate for increased representation of Social Assistance and Allied Health occupations and qualifications on the Jobs and Skills Australia Priority List to reflect current and emerging workforce shortages.

Support expansion of the Priority List to include additional qualifications where skill shortages are evident, including Certificate II qualifications and those that are appropriately aligned with occupational outcomes, improving access to employer and worker incentives and funded training pathways.

Expected outcomes:

- Improved access to Commonwealth and State training incentives.
- Increased availability of funded training places in priority service areas.
- Stronger alignment between occupational demand and training investment.
- Enhanced employer capacity to build workforce capability through fee-free and subsidised pathways.

12. INFORMATION SOURCES

1. [WA Skills and Workforce Development Action Plan 2024](#)
2. [Health Care and Social Assistance | Jobs and Skills Australia](#)
3. [Jobs and Skills Australia: Employment Projections](#)
4. [WACOSS Funding Survey Report](#)
5. [HSU National – survey of disability support workers](#)
6. [Closing the Gap – Priority Reforms](#)
7. [WACOSS It's Time to Build Community - WA State Budget Submission 2025-26](#)
8. [WA government priorities 2025-2026.pdf](#)
9. [Diversify WA: Resources and publications](#)
10. [WACOSS Strong Together report](#)
11. [State Government Incentives for employers of apprentices and trainees | Western Australian Government](#)
12. [WA Health Workforce Strategy 2034](#)
13. [Working for Women: A Strategy for Gender Equality](#)
14. [Jobs and Skills Australia - Education and training divides report Paper 2 of 3](#)
15. [Women's Economic Equality: A 10-year plan to unleash the full capacity and contribution of women to the Australian economy](#)
16. [University of Adelaide. Charlesworth, S., and Smith M. \(2018\) 'Gender Pay Equity' in Stewart, A., Standford, J., Hardy, T. \(eds\) The Wages Crisis in Australia: What it is and what to do about it. DOI: <https://doi.org/10.20851/wages-crisis>](#)
17. [State invests \\$11.5 million to bolster future defence workforce](#)
18. [Made in WA Plan.pdf](#)
19. [Cash boost to help construction apprentices complete training](#)
20. [Australian Apprenticeships: Key Apprenticeship Program](#)
21. [Australian Skills Guarantee Procurement Connected Policy Version 1.2](#)
22. [Gender Economic Equality Study Paper 1.docx – Paper 1 of 3](#)
23. [Advancing Gender Equality in Gender Segregated Industries](#)
24. [Driving structural and cultural change to build women's careers](#)
25. [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan](#)
26. [AHCWA_ACCHS_WorkforceStrategy_FEB23_WEB.pdf](#)
27. [Strengthening the Healthcare Workforce: First Nations Health Worker Traineeship Program Launched](#)
28. [ACCHRTO Implementation Plan – A 10 year strategy](#)
29. [Department of Prime Minister and Cabinet - Draft National Strategy for the Care and Support Economy](#)
30. [Australian Apprenticeships Priority List – 1 July 2025](#)
31. [Diversify WA economic development framework](#)
32. [Social Assistance and Allied Health: Future Workforce Skills report 2022](#)
33. [JSA - Progress Towards Gender Economic Equality – Paper 3 of 3](#)
34. [National Skills Agreement](#)

ATTACHMENT A

Occupation as listed on Australian Apprenticeships Priority List (1 Jan 2026)	Qualification Code	Qualification	Fee status for Institutional Delivery	Traineeship Options	Traineeship Course Fees (WA approved RTO's)	Duration (months)	Employer State Incentive	Employer Federal Incentive (Priority Hiring)
NA	CHC14015	Certificate I in Active Volunteering		Not available as traineeship in WA	NA		NA	NA
NA	52890WA	Certificate II in Community Health and Wellbeing	Low fee	New worker traineeship only	New worker: low fee Existing worker: fee for service	12	NA	NA
NA	CHC22015	Certificate II in Community Services	Low fee	New and existing worker traineeship	New worker: low fee Existing worker: fee for service	12	NA	NA
NA	CHC24015	Certificate II in Active Volunteering		Not available as traineeship in WA	NA		NA	NA
Early childhood education room leader Early childhood educator	CHC30121	Certificate III in Early Childhood Education and Care	Fee free	New and existing worker traineeship	New worker: fee free Existing worker: low fee	24	New worker 24 months : \$4250 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
Early childhood educator	CHC30221	Certificate III in School Based Education Support	Low fee	New and existing worker traineeship <i>Note: This is only available under the traineeship name Aboriginal & Islander Education Worker.</i>	New worker: low fee Existing worker: full fee	12	New worker 12 months : \$2125 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
Community aged care support worker	CHC32015	Certificate III in Community Services	Low fee	New and existing worker traineeship	New worker: low fee Existing worker: fee for service	12	New worker 12 months : \$2125 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
Aged care team leader Community aged care support worker Disability support worker Disability team leader	CHC33021	Certificate III in Individual Support	Fee free	New and existing worker traineeship	New worker: fee free Existing worker: low fee	12	New worker 12 months : \$2125 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	CHC34015	Certificate III in Active Volunteering		Not available as traineeship in WA	NA		NA	NA
NA	CHC40221	Certificate IV in School Based Education Support	Fee free	New and existing worker traineeship <i>Note: This is only available under the traineeship name Aboriginal & Islander Education Worker.</i>	New worker: fee free Existing worker: full fee	12	New worker 12 months : \$2125 Existing worker no funding	NA
NA	CHC40321	Certificate IV in Child, Youth and Family Intervention		New and existing worker traineeship	New worker: full fee existing worker: full fee	12	New worker 12 months : \$2125 Existing worker no funding	NA
NA	CHC40421	Certificate IV in Youth Work	Fee free	New and existing worker traineeship	New worker: fee free Existing worker: full fee	24	New worker 24 months : \$4250 Existing worker no funding	NA

This table includes information on the most frequently accessed incentives and state-funded training and is not exhaustive.

Occupation as listed on Australian Apprenticeships Priority List (1 Jan 2026)	Qualification Code	Qualification	Fee status for Institutional Delivery	Traineeship Options	Traineeship Course Fees (WA approved RTO's)	Duration (months)	Employer State Incentive	Employer Federal Incentive (Priority Hiring)
NA	CHC40521	Certificate IV in Youth Justice		Not available as traineeship in WA	NA		NA	NA
NA	CHC41015	Certificate IV in Celebrancy		Not available as traineeship in WA	NA		NA	NA
NA	CHC41115	Certificate IV in Employment Services		New and existing worker traineeship	New worker: full fee existing worker: fee for service	12	NA	NA
NA	CHC41215	Certificate IV in Career Development		Not available as traineeship in WA	NA		NA	NA
Community aged care support worker Disability support worker	CHC42021	Certificate IV in Community Services	Fee free	New and existing worker traineeship	New worker: fee free Existing worker: full fee	24	New worker 24 months : \$4250 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	CHC42121	Certificate IV in Community Development		Not available as traineeship in WA	NA		NA	NA
NA	CHC42221	Certificate IV in Housing	Low fee	New and existing worker traineeship	New worker: low free Existing worker: low fee	24	New worker 24 months : \$4250 Existing worker no funding	NA
NA	CHC42315	Certificate IV in Chaplaincy and Pastoral Care		Not available as traineeship in WA	NA		NA	NA
Community aged care support worker Aged care team leader Disability support worker	CHC43015	Certificate IV in Ageing Support	Fee free	New and existing worker traineeship	New worker: fee free Existing worker: low fee	24	New worker 24 months : \$4250 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
Disability support worker Disability team leader	CHC43121	Certificate IV in Disability Support	Low fee	New and existing worker traineeship	New worker: low fee Existing worker: full fee	24	New worker 24 months : \$4250 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	CHC43215	Certificate IV in Alcohol and Other Drugs	Fee free	New and existing worker traineeship	New worker: fee free Existing worker: full fee	24	New worker State hiring incentive : \$4250	NA
Community aged care support worker Disability support worker	CHC43315	Certificate IV in Mental Health	Fee free	New and existing worker traineeship	New worker: fee free Existing worker: full fee	24	New worker 24 months : \$4250 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	CHC43415	Certificate IV in Leisure and Health		Not available as traineeship in WA	NA		NA	NA
Disability support worker	CHC43515	Certificate IV in Mental Health Peer Work	Low fee	New and existing worker traineeship	New worker: low fee Existing worker: full fee	24	New worker 24 months : \$4250 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	CHC44015	Certificate IV in Coordination of Volunteer Programs		Not available as traineeship in WA	NA		NA	NA

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Occupation as listed on Australian Apprenticeships Priority List (1 Jan 2026)	Qualification Code	Qualification	Fee status for Institutional Delivery	Traineeship Options	Traineeship Course Fees (WA approved RTO's)	Duration (months)	Employer State Incentive	Employer Federal Incentive (Priority Hiring)
Early childhood education room leader Early childhood educator	CHC50121	Diploma of Early Childhood Education and Care	Fee free	New and existing worker traineeship	New worker: fee free Existing worker: low fee	36	New worker 12 months : \$2125 24 months : \$4250 36 months: \$6375 Existing worker no funding	NA
Early childhood education room leader Early childhood educator Family day care educator	CHC50221	Diploma of School Age Education and Care	Low fee	New and existing worker traineeship	New worker: low fee Existing worker: full fee	36	New worker 12 months : \$2125 24 months : \$4250 36 months: \$6375 Existing worker no funding	NA
NA	CHC50321	Diploma of Child, Youth and Family Intervention		New and existing worker traineeship	New worker: full fee Existing worker: full fee	24	New worker 24 months : \$4250 Existing worker no funding	NA
NA	CHC50421	Diploma of Youth Work	Low fee	Not available as traineeship in WA	NA		NA	NA
NA	CHC50521	Diploma of Youth Justice		Not available as traineeship in WA	NA		NA	NA
NA	CHC51015	Diploma of Counselling	Low fee	Not available as traineeship in WA	NA		NA	NA
NA	CHC51122	Diploma of Financial Counselling	Low fee	New and existing worker traineeship	New worker: low fee Existing worker: full fee	24	New worker 24 months : \$4250 Existing worker no funding	NA
Community aged care support worker	CHC52025	Diploma of Community Services	Low fee	Not available as traineeship in WA	NA		NA	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	CHC52121	Diploma of Community Development		Not available as traineeship in WA	NA		NA	NA
NA	CHC53215	Diploma of Alcohol and Other Drugs		Not available as traineeship in WA	NA		NA	NA
NA	CHC53315	Diploma of Mental Health	Low fee	Not available as traineeship in WA	NA		NA	NA
NA	CHC53415	Diploma of Leisure and Health		Not available as traineeship in WA	NA		NA	NA
NA	CHC62015	Advanced Diploma of Community Sector Management		Not available as traineeship in WA	NA		NA	NA
NA	CHC81215	Graduate Certificate in Statutory Child Protection		Not available as traineeship in WA	NA		NA	NA
NA	CHC81315	Graduate Certificate in Career Development Practice		Not available as traineeship in WA	NA		NA	NA
NA	CHC82015	Graduate Certificate in Client Assessment and Case Management		Not available as traineeship in WA	NA		NA	NA
NA	CHC81015	Graduate Diploma of Relationship Counselling		Not available as traineeship in WA	NA		NA	NA

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Occupation as listed on Australian Apprenticeships Priority List (1 Jan 2026)	Qualification Code	Qualification	Fee status for Institutional Delivery	Traineeship Options	Traineeship Course Fees (WA approved RTO's)	Duration (months)	Employer State Incentive	Employer Federal Incentive (Priority Hiring)
NA	CHC81115	Graduate Diploma of Family Dispute Resolution		Not available as traineeship in WA	NA		NA	NA

Occupation as listed on Australian Apprenticeships Priority List (1 Jan 2026)	Qualification Code	Qualification	Fee status for New and Institutional Delivery	Traineeship Options	Traineeship Course Fees (WA approved RTO's)	Duration (months)	Employer State Incentive	Employer Federal Incentive (Priority Hiring)
NA	HLT20121	Certificate II in Aboriginal and/or Torres Strait Islander Primary Health Care		New and existing worker traineeship 50(d) <i>Note: This is an Aboriginal/Torres Strait Islander-identified traineeship under Clause 50(d) of the Equal Opportunity Act 1984 (WA)</i>	New worker: full fee Existing worker: fee for service	12	NA	NA
NA	HLT21020	Certificate II in Medical Service First Response		Not available as traineeship in WA	NA		NA	NA
NA	HLT23221	Certificate II in Health Support Services	Fee free	New and existing worker traineeship	New worker: fee free Existing worker: fee for service	12	NA	NA
NA	HLT26015	Certificate II in Population Health		Not available as traineeship in WA	NA		NA	NA
NA	HLT26120	Certificate II in Indigenous Environmental Health		New and existing worker traineeship	New worker: full fee Existing worker: fee for service	12	NA	NA
Aboriginal and Torres Strait Islander health practitioner Aboriginal and Torres Strait Islander health worker	HLT30121	Certificate III in Aboriginal and/or Torres Strait Islander Primary Health Care		New and existing worker traineeship 50(d) <i>Note: This is an Aboriginal/Torres Strait Islander-identified traineeship under Clause 50(d) of the Equal Opportunity Act 1984 (WA)</i>	New worker: full fee Existing worker: fee for service	12	New worker 12 months : \$2125 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	HLT31020	Certificate III in Ambulance Communications (call taking)		Not available as traineeship in WA	NA		NA	NA
Patient transport officer	HLT31120	Certificate III in Non-Emergency Patient Transport		New and existing worker traineeship	New worker: full fee Existing worker: fee for service	24	New worker 24 months : \$4250 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
Patient care assistant Patient transport officer	HLT31220	Certificate III in Basic Health Care		Not available as traineeship in WA	NA		NA	NA
Community aged care support worker	HLT33021	Certificate III in Allied Health Assistance	Fee free	New and existing worker traineeship	New worker: fee free Existing worker: fee for service	12	New worker 12 months : \$2125 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
Disability support worker	HLT33115	Certificate III in Health Services Assistance		New and existing worker traineeship	New worker: full fee Existing worker: fee for service	12	New worker 12 months : \$2125 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	HLT35021	Certificate III in Dental Assisting	Low fee	New and existing worker traineeship	New worker: low fee Existing worker: fee for service	24	New worker 24 months : \$4250 Existing worker no funding	NA
Dental technician	HLT35115	Certificate III in Dental Laboratory Assisting	Fee free	Not available as traineeship in WA	NA		NA	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500

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Occupation as listed on Australian Apprenticeships Priority List (1 Jan 2026)	Qualification Code	Qualification	Fee status for New and Institutional Delivery	Traineeship Options	Traineeship Course Fees (WA approved RTO's)	Duration (months)	Employer State Incentive	Employer Federal Incentive (Priority Hiring)
Aboriginal and Torres Strait Islander health practitioner Aboriginal and Torres Strait Islander health worker	HLT36015	Certificate III in Population Health		Not available as traineeship in WA	NA		NA	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
Aboriginal and Torres Strait Islander health practitioner Aboriginal and Torres Strait Islander health worker	HLT36115	Certificate III in Indigenous Environmental Health		New and existing worker traineeship	New worker: full fee Existing worker: fee for service	24	New worker 24 months : \$4250 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	HLT37015	Certificate III in Sterilisation Services		New and existing worker traineeship	New worker: full fee Existing worker: fee for service	12	New worker 12 months : \$2125 Existing worker no funding	NA
NA	HLT37121	Certificate III in Hospital or Health Services Pharmacy Support		Not available as traineeship in WA	NA		NA	NA
NA	HLT37215	Certificate III in Pathology Collection	Low fee	New and existing worker traineeship	New worker: low fee Existing worker: fee for service	24	New worker 24 months : \$4250 Existing worker no funding	NA
NA	HLT37315	Certificate III in Health Administration		Not available as traineeship in WA	NA		NA	NA
NA	HLT37415	Certificate III in Pathology Assistance		Not available as traineeship in WA	NA		NA	NA
Aboriginal and Torres Strait Islander health practitioner Aboriginal and Torres Strait Islander health worker Aged care team leader	HLT40121	Certificate IV in Aboriginal and or/Torres Strait Islander Primary Health Care		New and existing worker traineeship	New worker: full fee Existing worker: fee for service	24	New worker 24 months : \$4250 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
Aboriginal and Torres Strait Islander health practitioner Aboriginal and Torres Strait Islander health worker	HLT40221	Certificate IV in Aboriginal and /or Torres Strait Islander Primary Health Care Practice	Fee free	New and existing worker traineeship 50(d) <i>Note: This is an Aboriginal/Torres Strait Islander-identified traineeship under Clause 50(d) of the Equal Opportunity Act 1984 (WA)</i>	New worker: fee free Existing worker: full fee	24	New worker 24 months : \$4250 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	HLT41020	Certificate IV in Ambulance Communications (dispatch)		Not available as traineeship in WA	NA		NA	NA
Patient transport officer	HLT41120	Certificate IV in Health Care		Not available as traineeship in WA	NA		NA	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	HLT42021	Certificate IV in Massage Therapy		Not available as traineeship in WA	NA		NA	NA
NA	HLT43021	Certificate IV in Allied Health Assistance	Low fee	New and existing worker traineeship	New worker: low fee Existing worker: full fee	24	New worker 24 months : \$4250 Existing worker no funding	NA

This table includes information on the most frequently accessed incentives and state-funded training and is not exhaustive.

Occupation as listed on Australian Apprenticeships Priority List (1 Jan 2026)	Qualification Code	Qualification	Fee status for New and Institutional Delivery	Traineeship Options	Traineeship Course Fees (WA approved RTO's)	Duration (months)	Employer State Incentive	Employer Federal Incentive (Priority Hiring)
NA	HLT45021	Certificate IV in Dental Assisting	Low fee	New and existing worker traineeship	New worker: low fee Existing worker: fee for service	12	New worker 12 months : \$2125	NA
Aboriginal and Torres Strait Islander health worker	HLT46015	Certificate IV in Population Health		Not available as traineeship in WA	NA		NA	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
Aboriginal and Torres Strait Islander health worker	HLT46115	Certificate IV in Indigenous Environmental Health		Not available as traineeship in WA	NA		NA	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	HLT47015	Certificate IV in Sterilisation Services		Not available as traineeship in WA	NA		NA	NA
NA	HLT47121	Certificate IV in Hospital /Health Services Pharmacy Support		Not available as traineeship in WA	NA		NA	NA
NA	HLT47321	Certificate IV in Health Administration		New and existing worker traineeship	New worker: full fee Existing worker: full fee	24	New worker 12 months : \$2125	NA
NA	HLT47415	Certificate IV in Audiometry		Not available as traineeship in WA	NA		NA	NA
NA	HLT47515	Certificate IV in Operating Theatre Technical Support		Not available as traineeship in WA	NA		NA	NA
NA	HLT47715	Certificate IV in Medical Practice Assisting		Not available as traineeship in WA	NA		NA	NA
NA	HLT47815	Certificate IV in Optical Dispensing		New and existing worker traineeship	New worker: full fee Existing worker: fee for service	24	New worker 24 months : \$4250	NA
Aboriginal and Torres Strait Islander health practitioner Aboriginal and Torres Strait Islander health worker	HLT50121	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Practice		Not available as traineeship in WA	NA		NA	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
Aboriginal and Torres Strait Islander health practitioner Aboriginal and Torres Strait Islander health worker	HLT50221	Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management		Not available as traineeship in WA	NA		NA	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	HLT50321	Diploma of Clinical Coding		Not available as traineeship in WA	NA		NA	NA
Patient transport officer	HLT51020	Diploma of Emergency Health Care		Not available as traineeship in WA	NA		NA	NA
NA	HLT52021	Diploma of Remedial Massage	Low fee	Not available as traineeship in WA	NA		NA	NA

This table includes information on the most frequently accessed incentives and state-funded training and is not exhaustive.

Occupation as listed on Australian Apprenticeships Priority List (1 Jan 2026)	Qualification Code	Qualification	Fee status for New and Institutional Delivery	Traineeship Options	Traineeship Course Fees (WA approved RTO's)	Duration (months)	Employer State Incentive	Employer Federal Incentive (Priority Hiring)
NA	HLT52115	Diploma of Traditional Chinese Medicine (tcm) Remedial Massage		Not available as traineeship in WA	NA		NA	NA
NA	HLT52215	Diploma of Shiatsu and Oriental Therapies		Not available as traineeship in WA	NA		NA	NA
NA	HLT52315	Diploma of Clinical Aromatherapy		Not available as traineeship in WA	NA		NA	NA
NA	HLT52415	Diploma of Kinesiology		Not available as traineeship in WA	NA		NA	NA
NA	HLT52515	Diploma of Reflexology		Not available as traineeship in WA	NA		NA	NA
NA	HLT52615	Diploma of Ayurvedic Lifestyle Consultation		Not available as traineeship in WA	NA		NA	NA
NA	HLT54121	Diploma of Nursing	Fee free	Not available as traineeship in WA	NA		NA	NA
Dental technician	HLT55118	Diploma of Dental Technology		Available as apprenticeship in WA	New worker: full fee Existing worker: fee for service	48	New worker 48 months : \$8500 Existing worker no funding	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500
NA	HLT57415	Diploma of Audiometry		Not available as traineeship in WA	NA		NA	NA
NA	HLT57715	Diploma of Practice Management		New and existing worker traineeship	New worker: full fee Existing worker: fee for service	24	New worker 24 months : \$4250 Existing worker no funding	NA
NA	HLT57821	Diploma of Orthopaedic Technology		Not available as traineeship in WA	NA		NA	NA
NA	HLT57921	Diploma of Anaesthetic Technology and Practice	Fee free	Not available as traineeship in WA	NA		NA	NA
Aboriginal and Torres Strait Islander health practitioner Aboriginal and Torres Strait Islander health worker	HLT60121	Advanced Diploma of Aboriginal and/or Torres Strait Islander Primary Health Care Management		Not available as traineeship in WA	NA		NA	NA
NA	HLT62615	Advanced Diploma of Ayurveda		Not available as traineeship in WA	NA		NA	NA
NA	HLT64121	Advanced Diploma of Nursing		Not available as traineeship in WA	NA		NA	NA
Dental technician	HLT65015	Advanced Diploma of Dental Prosthetics		Not available as traineeship in WA	NA		NA	New worker Part time : \$1250 Full time : \$2500 Existing worker Part time : \$1250 Full time : \$2500

State Government Funding Summary

Funding Type	Purpose	Main Eligibility	Fees	Applies to EWT?
Full fee rate	Provide access to funded training	WA resident, eligible visa, non-school student (unless school-based traineeship applies)	\$5.79 per nominal hour	Only if traineeship is available for existing workers
Low fee	Make priority qualifications more affordable to encourage enrolment in key skill shortage areas.	WA resident, eligible visa, non-school student (unless school-based traineeship applies)	\$1.62 per nominal hour	Limited to 5
Fee-Free	Target priority sectors and disadvantaged groups by removing all course fees.	WA resident, priority cohort (young people - under 25, jobseekers - unemployed or underemployed, people receiving income support, women in non-traditional fields, Aboriginal and Torres Strait Islander peoples, People with disability)	\$0 course fees	None

Note: While individuals who are already employed may access funded institutional training through general enrolment, when employers seek to access traineeship arrangements for existing staff, unless the qualification is designated for existing worker funding, this is typically done on a commercial basis. This reflects the broader principle that employers are responsible for investing in the training of their own workforce.

Note: VET delivery in school figures subject to alternative funding arrangements.

Eligible Qualifications

CHC30121 Certificate III in Early Childhood Education and Care

CHC33021 Certificate III in Individual Support

CHC42221 Certificate IV in Housing

CHC43015 Certificate IV in Ageing Support

CHC50121 Diploma of Early Childhood Education and Care