



# World Café Book of Proceeding

Sharing ideas and discussing issues that matter about the workforce challenges facing health and social assistance industry

**October 2019**



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# 1. Introduction

Over the last 10 years the health and social assistance industry has grown more than any other sector of the State's economy. As Western Australia's biggest employer, the sector will play a prominent role in creating future work opportunities and importantly, responding to the complexities of our changing environment.

CCIWA is committed to support and engage with the health and community services sector, to ensure that they have the capability and capacity to respond to the changing conditions through:

- Ensuring the health and community services sector has the capability to deliver high quality services via an adequately skilled workforce;
- Facilitating knowledge-sharing between the health and community services sector and other sectors of the economy; and
- Advocating for the adoption of innovative investment approaches to improve social and economic outcomes and ensure the financial sustainability of the health and community services sector.

What we also know is in this changing environment, the health and social assistance industry is being challenged to attract and retain an adequately skilled workforce by the growing demand for services, the adoption of contemporary models of care, greater consumer expectations and the transition to market-oriented business models.

The intent of the World Café therefore, aimed to gain a deeper understanding of the challenges facing the health and social assistance industry and identify potential solutions; and importantly test our assumptions regarding the challenges facing the health and social assistance industry.

## **Chris Rodwell**

Chief Executive Officer

Chamber of Commerce Western Australia

## 2. The World Café

This Book of Proceedings is provided as a record of the World Café discussions which took place on 23rd October 2019 at the Chamber of Commerce and Industry Western Australia (CCIWA). The records of each discussion, made by the participants, have been presented here in their original form, with amendments being avoided except where necessary to clarify meaning.

The intent of the CCIWA World Café was to invite care support services and agencies to share their ideas and discuss issues that matter about the workforce challenges facing the health and social assistance industry. The World Café aimed to also provide an opportunity to re-energise the industry to take a leadership role in driving the agenda to increase the capability and capacity for all the people it serves.

The process of the World Café is as follows:

- Facilitating a simple, effective and flexible format for hosting large group dialogue.
- Creating a living network of collaborative dialogue around questions that matter in service to real work.
- Building on the idea of different rounds this helps in sharing knowledge and connects diverse perspectives. Participants bring their key ideas from the first table to the next conversation; taking ideas to the next level of thinking.
- Engaging new levels of collaborative thinking and support unexpected insights.

### 3. The Questions

In preparation for the World Café a consultation framework was developed aimed at maximising participation of all stakeholders, through increasing the level of impact by appropriately informing; consulting; involving; collaborating and empowering.

The consultation approach was based on Appreciative Inquiry (AI), in which the underlying assumption is framed on the notion that people and organisations are highly generative. Furthermore, the AI approach was chosen specifically as this process invokes creativity and the use of a 'right-brained' approach. It also lends itself to the generation of a large number of innovative ideas which can be synthesised into themes and action plans while also informing and engaging people in the process in a meaningful way. AI processes facilitate going deep into what is meaningful for stakeholders and create a ripple effect in seeding commitment to the way forward.

Based on Appreciative Inquiry Principles, the two key questions for the World Café focused on:

1. *How might we ... re-imagine and build an engaged and adaptable system that provides opportunities and career pathways for the health and community services workforce.*
2. *How might we ... ensure that health and community services have the capability and capacity to respond to person centred approaches of care?*

From these two key questions, 4 associated questions were developed for each question which was used in the table discussions. These were:

- 1a. How might we ... get the right people at the right time for the right job?
- 1b. How might we ... build the capacity of our workforce to meet the growing demand for services and consumers' limited capacity to pay?
- 1c. How might we ... create the conditions in which good outcomes will occur for employees and the people they serve; and a system that safety engages everyone to be part of the process?
- 1d. How might we ... collaborate as an industry to play a leadership role to close the skills gap for those jobs which are critical to our success?
- 2a. How might we explore and leverage the opportunities that person centred approaches bring to the work experience?
- 2b. How might we..... embed a person centred culture in our workforce?
- 2c. How might we.....overcome real or perceived challenges that may occur in embedding a person-centred culture?
- 2d. How might we.....identify and develop tangible strategies and networks to assist agencies to collaborate, innovate and apply best practice in person centred care?

On the day due to the timing of the facilitation and number of attendees only 6 of the 8 questions were utilized.

## 4. Outcomes from the Table Discussions

### 1a. How might we ... *get the right people at the right time for the right job?*

#### Key Points of Discussion

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##### School influence

- Attractive option for students
  - Career pathway not just a job
  - Career Advisors to be educated
  - Know roles and responsibilities
  - Promote industry
  - Traineeships – school based
  - Start with Year 10 to provide multiple pathways
- 

##### Government Role

- Contract duration needs to be longer 3 – 5 year
  - Need to keep retendering impact on employment
  - Security and stability
  - Challenge employing and retaining staff
  - Challenging to deliver PD for staff
  - Casualization of industry
  - Working to small contract periods is challenging
  - Impacts deliverable capability
- 

##### Awareness of industry

- Qualities – compassion, care, heart bound, person-centred
  - Values – communication
  - Who should/shouldn't apply?
  - Unrealistic expectation
- 

##### Learn from other countries

- What systems are in place?
  - How? What works?
- 

##### Look to other industries

- How they overcome recruitment challenges
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1b. How might we ... *build the capacity of our workforce to meet the growing demand for services and consumers' limited capacity to pay?*

**Key Points of Discussion**

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- Rules of the Game Constrain Approaches (Funds are a limitation between employers and consumer wants)
  - Adaptability of the system for a person's right to make their own decisions. This impacts the rules of the game and significantly impacts on clients and employees
  - Job Role/work redesign – not a position description
  - Better leveraging underutilised cohorts
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1c. How might we ... *create the conditions in which good outcomes will occur for employees and the people they serve; and a system that safely engages everyone to be part of the process?*

**Key Points of Discussion**

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- Misalignment between funding models and enabling policies e.g. consumer-directed care and the industrial relations system
  - It is challenging to balance a culture of benevolence and culture of commercialism in a humanistic framework
  - Multiple barriers are preventing the widespread adoption of a true co-design approach. Barriers include:
    - Lack of political leadership
    - Tokenistic approach to co-design
    - Inconsistent processes
    - Not all stakeholders are being included (we want co-design, not selective design)
    - Consumer directed care encourages flexible approach to service delivers but IR system does not enable a casualised workforce – lack of flexibility – treatment of leave entitlement (e.g. cash in lieu)
-



## 2a. How might we ... *explore and leverage the opportunities that person centered approaches bring to the work experience?*

### Key Points of Discussion

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- Empowering and valuing person centred relationships in employees asking what employees think. Feedback loop
  - Point of difference
  - Executive and Boards' valuing person-centred approach – Boards' being engaged
  - Net promoter score from employees – not just from customers. Person centred philosophy coming into the whole organisation
  - Hiring for capabilities (soft skills) – not just technical skills. Authentic values-based recruitment
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## 2b. How might we ... *embed a person centred culture in our workforce?*

### Key Points of Discussion

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- Organisational identity – prior to, uncertainty enhancing 360 view to determine the current culture
  - Systems and processes backfoot MP V competition
    - It infrastructure effective to get data etc.
    - Training
    - Staff communicate – to each other (sharing information)
    - Core recruitment and solution (core orientation module)
  - Education about person – centred pre-recruitment
  - What is person-centred? Does it have a universal definition – fluidity for each organisation – person would have different, changes over time. Definition vs terminology (person centred vs tailored service = compromise)
  - Ultimately = financial sustainability (investment where does it come from, what is needed?)
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## 2c. How might we ... *overcome real or perceived challenges that may occur in embedding a person-centred culture?*

### Key Points of Discussion

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- Shared understanding and definition of the meaning 'person centric'
  - Resourcing is appropriate to deliver person centric services
  - True co-design of the system
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## 5. CCIWA's Commitment to Promise

CCIWA's is committed to drive forward the issues raised in the World Café. We will analyse the **key points of discussion** which are highlighted on pages 6 – 9, to identify themes and to understand where CCIWA can have most impact. In doing so, we will support the health and community services industry to provide the care and ethical support services, through the following actions:

1. Distribute the report to all those who were invited to the workshop.
2. Convene a further workshop to facilitate a shared approach to the workforce challenges in the industry; through identifying and developing tangible strategies and networks that aim to assist agencies to collaborate innovate and apply best practice in person centred care.
3. Leverage industry expertise to explore the opportunities that person centred approaches bring to the health and community services industry.
4. Identify and champion those collaborative relationships that will play a leadership role to close the skills gap for those jobs which are critical to industry success.
5. Involve the workforce in solving the challenges and developing a work program to further investigate the challenges and solutions identified in the workshop.

## 6. The Collective Wisdom

The following information is a record of the participant's comments from all discussions during the World Café. The commentary is intended to represent the authentic discussions and as such, is embodied in the raw comments presented.

### 1a. How might we ... *get the right people at the right time for the right job?*

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<b>Reimagine IR policy through</b>	<ul style="list-style-type: none"><li>• Casualised workforce</li><li>• Using workforce to suit consumer needs</li><li>• To meet with community demand and practicality of business</li></ul>
<b>Know what role they are applying for through</b>	<ul style="list-style-type: none"><li>• A warts and all view</li><li>• Determining why they should / shouldn't apply</li><li>• Start in school – understand expansiveness of the industry</li><li>• Career Officer and school – have limited knowledge of the sector</li><li>• Career Advisor – educate them; know their role and responsibility</li><li>• Building relationships – invite ECU to speak at career forum at school expos</li><li>• Encourage entry into the sector – import pathways</li><li>• Develop a feeder program – Graduate program</li></ul>
<b>General Comments</b>	<ul style="list-style-type: none"><li>• Creating culture natural progression – casual, P/T, F/T</li><li>• PD way to treat</li><li>• Culture of being rewarded</li><li>• Govt. needs to get on board – promoting sector opportunities</li><li>• Program funding ceases impacts delivery</li><li>• End dates of program – what then????</li><li>• Input from clients in recruitment process – NDIS leads to this</li><li>• Careers tourist bureau – see and visit – create a website portal to disseminate information</li><li>• Govt. review wages of sector. Casual rate retail vs this industry Regional wage consideration</li><li>• Look at other culture and how they provide services</li><li>• School level awareness industry expectation</li><li>• Choice and control vs. controlling</li><li>• Don't do it for money – meaningfulness of role</li><li>• Do for compassion and care</li></ul>

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- Psychological contract
  - Linking to heart strings????
  - Client work and skills and values
  - Traineeship – see if this is what they want to do
  - Matching client and employee. Likely match
  - Involve in recruitment
  - Client choosing
  - Who is employer? Client or host – promoting portables????
  - Schools promote as a career, not just a job
  - What do employees need to provide?
  - Part time employment model
  - Employee needs P/T, F/T casual – permanency
  - Right people
  - Not just disability
  - Support workers – State tied funding – Retender needed – No guarantee for employment of fulltime for funding
- 

### Summary Sheet

- IR Policy – consumer needs
  - Community needs
  - Business needs
  - Values of industry
  - Know what roles means – applying for. Why should/shouldn't apply
  - Unrealistic expectation – no assumptions
  - Start in school
  - Changing terminology – can't be trained – support enable
  - Indigenous needs
  - Behaviour communicating – able to listen
  - Able to connect
  - Workforce needs
  - Unrealistic expectations
  - Funding models – needing retender – impacts security and stability
  - School level awareness – career paths – choice and control vs controlling
  - Competitors
  - Psychological contract – heart strings
  - Traineeship
  - Matching employment and care
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- Who is the employee?
  - What the employers need to provide employee
  - F/t P/T
  - Employee needs
  - Feeder programs – Grad – building relationships
  - Career offer – limited knowledge of sector – educated – know roles, responsibility
  - Speak to career forum
  - Creating culture of natural progression – casual, P/T, F/T
  - Govt. promoting sector – program funding impact deliverables and employment
  - Regional wage consideration
  - Culture/other countries – how sector works, provide services
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1b. How might we ... *build the capacity of our workforce to meet the growing demand for services and consumers' limited capacity to pay?*

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#### **Untapped Resources**

- Tap into older Australians, volunteers and underutilised workers
- Student Practicum > apply skills in practical settings
- Uni + VET
- 3 months clinical
- VET system working
- More project based
- Need supervisor – could be a barrier
- Doesn't happen in the NDIS
- Cultural barriers
- Good ROI program
- \$\$ + Capacity
- Engagement in between skilled and semi-skilled
- Reskilling former family carers

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#### **Where can we focus efforts?**

- Awareness and opportunities
  - School leavers
  - Increase use of > teaching hospital model
  - Employer mindset plays a key role
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<b>Business understands common skills needed</b>	<ul style="list-style-type: none"> <li>• Transferable skills valued by Employer</li> <li>• Some people want to stay in their patch</li> <li>• Cultural barriers</li> <li>• Some roles are over-subscribed – glamour roles</li> <li>• Cost of training</li> <li>• Portability of skills &gt; regional areas.</li> </ul>
<b>NDIS money. Leverage NDIS for better support</b>	<ul style="list-style-type: none"> <li>• Price setting</li> <li>• Providers price tasks</li> <li>• Price to low</li> <li>• Not fit for purpose in patient terms</li> </ul>
<b>Try to promote GTO relationship</b>	<ul style="list-style-type: none"> <li>• Reduce risk</li> <li>• 40-50</li> <li>• Initiative approach</li> </ul>
<b>University cohort over supply of RN+EN</b>	<ul style="list-style-type: none"> <li>• Workplace employer capability + underutilised</li> <li>• SA pilot</li> <li>• Transitional nature</li> <li>• ND/Uni Marking Opportunity</li> <li>• Lobby</li> </ul>
<b>Migration to expand workforce</b>	<ul style="list-style-type: none"> <li>• NZ model</li> <li>• Need to value alignment</li> <li>• SE Asia Cultural values</li> </ul>
<b>Lived experience Workforce</b>	<ul style="list-style-type: none"> <li>• Better services</li> <li>• Peer workforce NDIS</li> <li>• 2-way relationship</li> <li>• Accreditation</li> <li>• Carers of loved ones (who have since passed away)</li> <li>• Longevity in the sector</li> <li>• Not something that you do</li> <li>• Electronic engagement</li> <li>• Hire up</li> <li>• New members</li> <li>• Support ways to change the way you consumer care</li> </ul>

1c. How might we ... *create the conditions in which good outcomes will occur for employees and the people they serve; and a system that safely engages everyone to be part of the process?*

<p><b>Culture</b></p>	<ul style="list-style-type: none"> <li>• Moving away from workplace culture of “Top Down” Direction</li> <li>• Change in philosophy – Values approach to workforce</li> <li>• Move away from a training approach (Employ for values – train for everything else)</li> <li>• Employee making decision based on preference of customers – but is that a good decision?</li> <li>• Today’s youth (emerging workforce – have Big hearts; compassion and are excited)</li> <li>• Do people live and breathe values? Test this during probation</li> <li>• Values based approach starts at recruitment</li> <li>• Invest in culture</li> <li>• Need to work on culture continuously</li> <li>• Culture built on trust</li> </ul>
<p><b>Employees empowered to ...</b></p>	<ul style="list-style-type: none"> <li>• Speak up</li> <li>• Have a conversation with customers</li> <li>• Not be afraid to make a decision – are staff confident enough to do this? – does regulatory framework support this.</li> <li>• Constrained by policy</li> </ul>
<p><b>Partnership – Co-design</b></p>	<ul style="list-style-type: none"> <li>• Burtzorg Model – Self-managing team model – focuses on Nursing – enabled team model, good but difficult to evolve decision making to this extent</li> <li>• Burtzorg Model – organisations are finding it works under the NDIS – but need to change their business model</li> <li>• Enable Co-design – an essential part of developing culture</li> <li>• Co-designing systems with clients – get their input into developing your org’s systems</li> </ul> <div data-bbox="715 1585 1021 1836" data-label="Diagram"> <pre> graph TD     A[Co-design Incl. govt] --&gt; B[Needs to be a blank slate]     B --&gt; C["Everyone in org" + stakeholders]     D[Not just consultation] --&gt; C     </pre> </div> <ul style="list-style-type: none"> <li>• Shared governance system – not centralised – managers + employees + clients</li> <li>• What impact will this decision have?</li> <li>• System does not look after people who need it most – Most severe disabilities getting less \$\$\$\$</li> </ul>

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**What role do tech solutions have?**

- Systems are fighting people – need an integrated system
- People aren't working together
- Government to get out of the ivory tower
- Get government to listen to “real” world conditions
- Funding model
- Understand outcomes for employees and clients
- Good intentions but system is not coordinated.
- Mismatch between subsystems – not enabling desired outcomes eg. Consumer directed care – flexibility in service delivery and not supported by IR system
- Solution – all subsystems need to be coordinated and working to the same outcome.

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**Feedback mechanisms**

- All stakeholder can provide feedback
  - Do something with it
  - Demonstrate outcomes
  - Enables conversations and transparency
  - Resolution – Timely Feedback loops – make sure client knows there is a system for complaints
  - Enable concerns/complaints to be raised and understood (timely; resolution and demonstrated outcomes)
-



## 2a. How might we ... *explore and leverage the opportunities that person centered approaches bring to the work experience?*

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- Shifting the responsibility back to the individual
  - Empowering employees
  - Relationship building
  - Citizenship
  - Employer of choice
  - More fulfilling role
  - Employees promote your organisation
  - Point of difference – commercially viable
  - Consumers come to you because they can make their own decisions
  - Behaviours which match the values
  - Celebration of the flexible workforce which is gloriously messy
  - Better using the info. From the support worker & individuals
  - Recruiting people from values
  - Person is the decision maker
  - Match based on likes & interests
  - Hire up
  - How do orgs. focus on the person to hire the right person
  - Meaningful work
  - Engaging students – uni population
  - This is not just about personal care
  - Planning
  - Navigating & managing all the individuals around a person
  - Advocating the rights of the individuals
  - Balance everyone's interest
  - Leveraging and changing to a holistic approach
  - Building the community
  - System navigator – the system is complex
  - Great relationships are important
  - Being very clear about your values and mission
  - Being clear about the target population and services
-

## 2b. How might we ... *embed a person centred culture in our workforce?*

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- Whole of health system care + person centred sector wide
  - Start with recognition of own diverse workforce then workforce can recognise customer diversity.
  - History of disempowered – empowered education flows both way – support worker + family + person + business supports
  - Self-assessment of culture – broad view and – frontline view
  - See the difference to understand culture may already be doing this not understand
  - Group philosophy of care defined empowering to staff
    - Person receiving service – directed or inclusive “what do you want us to do for you”
    - Open-dialogue, reflective, understand questions, person centred simple culture choices
    - Support decision making preferences

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### **What extent does the system support engaging people?**

- Don't have systems, skills in sector
  - Aligned to goals, outcomes (SDM) NDIS build capacity to maintain
  - ≠ lack of capacity of NDIS about harnessing person-centred
  - Cognizant of clinical governance
  - Role model with workforce – Org. practices engage with workers
  - Systems + governance + processes drive culture then training
  - Board management ≠ disability lived experience – give the time, don't rush it
  - Support decision making of complex needs at that particular time, differing situation – crisis
  - Seems a simplistic approach – lives are complex can be missed
  - -ve ≠ pay – talk the +ve : focus on values – values based recruitment – unite workforce
  - “Disability supported”
  - Stories, language, fonts – client journey, documentation can be empowering
  - Strengths, approach ≠ deficit language – Clarity across org = empowering
  - How to do business vs person centred care approach ≠ 2 cultures competing
  - State library – superpower baby project
  - Not reinventing where are you at – all of organisation
  - Currently in place, in principle, desire
  - Is it in practice? Translate to client
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- Data sharing across the sector – participants perspective (what level of service)
  - Take a look at policy + procedure – do all follow that culture
  - City vs regional – what if no other options – what input into level service, choice/control take funding elsewhere
  - Is there a consistent theme/ definition of person-centred?
  - Do the funding bodies v donor funding understand this practice
  - The cost? – time? – level of support plan?
  - ≠ family does not demonstrate needs justify \$
  - Workforce, organisational cost economic costs to org for person-centred vs city – regional – remote availability, accessible – expectation of norm v community expectation
  - + Saturday/Sunday v weekday – \$ penalties – decision making for person centred funding
  - Financial

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### General Comments

- Empowering – seems simplistic approach complex challenges structure
  - 3 Different approaches
  - Philosophy of the person and organisation
  - Cultural drives???? It's an org.
  - Challenges, especially financial implications
  - Simplistic approach – lives are complex – not reinvent the system or the process
  - Organisational culture
  - Self-empowered– Person + family direct
  - Recognise diversity
  - Business + frontline
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## 2c. How might we ... overcome real or perceived challenges that may occur in embedding a person-centred culture?

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- Identifying what the challenges are so we can address them?
  - Ensuring everyone understands what “person centric” mean
  - At all levels – top to bottom
  - Concern of support workers, that they are replacing own jobs
  - Breakdown community perceptions
  - For initial contact – person – community – friendships
  - Concern for rejection
  - Needs education @ social level of needs of society for “person centric” work
  - Am I going to work in a safe environment? Does it align with my values?
  - Educating people on how to address real or perceived concerns
  - Support structures to overcome challenges faced by support workers/anyone
  - What is person centric mean? – Does not go far enough – human rights – respect
  - What is the bottom line – what does it mean for the recipient?
  - Importance of knowing the person
  - Shortening language – loses its power
  - Shared understanding of Person centred – Might be different for each client
  - What does it look like / does not look like?
  - Need to identify with support being provided
  - Culture that allows for challenging when it is not – healthy
  - Finding a safe way to say when it is not person centric
  - Reflective practice and mentoring
  - It takes a journey to become person centred
  - Switching ‘empowering’ to understand what a good job looks like
  - Simplify it – what do I like/ feel in care, directs how to support
  - Support workers concern not enough to be person centric – “things to do...”
  - Demand on the quality of delivery
  - Admin delivery vs support delivery
  - Skill gap increase time burden
  - Take out “care” “support” – and meaningfulness
  - Choice of client – who to work with
  - Staffs observant of daily changing support needs.
  - Empowerment to adjust care to daily /current needs
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- Delivering within set/institutional structures eg: financial implications
  - How do you be person centric with competing demands
  - How to tap into volunteer workforce
  - How do we return decision making to the person?
  - Industrial relations impact/limitations – tick box requirements
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**Summary notes**

- Shared understanding of “person centric” care and the importance of knowing Person Centred – understanding of what clients want – freedom to know what is different for care – in organisations; in care; and in society
  - Consensus – employees – fears of role
  - Education support – social level of person centred and how to address r/p concern
  - Safe environment to be able to say when it is not person centred
  - Need to shift language for care – support
  - Industrial relations – workplace vs home
  - Practical consideration – time demands
  - Inside institutions – financial considerations
  - Regional/remote delivery – restrictions of award
  - Understanding what person centred is and resourcing appropriate for delivery of person centred care
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# Appendix A

## List of Attendees

Name	Agency
Jacque Thompson	Ability Centre
Jonathon Clark	APM
Janet Spencer	Avivo
Lyn-Lee The	Avivo
Jayson Sandiford	Boosting the Local Care Workforce
Pamela Fairman	Boosting the Local Care Workforce
Rene Viljoen	Boosting the Local Care Workforce
Kym Cullen	Cancer Council Western Australia
Stuart Jenkinson	Carers Association of WA
Cherie Broers	Centrecare
Laura Swain	Centrecare
Caroline Thompson	CSH&E Training Council
Sophie McGough	Diabetes WA
Lilian Kim	Edge Employment Solutions
Sally Hollins	Edge Employment Solutions
Kathryn Laferla	Good Samaritan Industries
Mick Geaney	Hope Community Services
Liz Behjat	Leading Aged Services Australia
Eshna Khadka	Mosaic Community Care
Gemma Grosse	Mosaic Community Care
Suzanne Brennan	My Supports

Name	Agency
Jim Cairns	My Supports
Julie Waylen	National Disability Services
Tim Stalker	Nulsen Group
Vicki Bosworth	Nulsen Group
Fiona Durrant	Rise Network
Lisa Breukelman	Ruah
Matthew Wittorff	Senses Australia
Meghan Kerr	Senses Australia
Leighton Jay	Sotica
Fiona Millar	Swan Care Group
Christopher How	The Bethanie Group
Kelly Byleveld	Therapy Focus
Colette Wrynn	WA Association for Mental Health
Tom Lamond	CCIWA
Coralie Flatters	CCIWA
Chris Rodwell	CCIWA
Justin Ashley	CCIWA
Rebecca Elder	CCIWA
Libby Kinna	CCIWA
Salma Ghoraba	CCIWA
Sandra McKechnie	CCIWA

*(Please note the above names represent those individuals who registered and may not reflect the full number of attendances)*

## Facilitator

- Dee Roche