

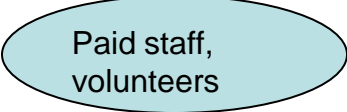
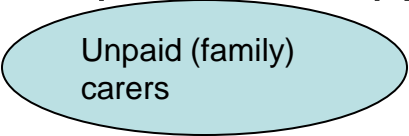
# The Aged Care Workforce in Australia: Meeting the Deficit

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# Deficit: Inadequate resources to meet needs for necessary and sustainable care

- In Australia and all advanced countries of the OECD, **population ageing** and the historically low fertility rates place economy, social policy and **workforce planning** for the twenty-first century under pressure.
- Sustainability of care: *Social Division of Care* (Fine, 2007)
  - Formal care**: health care; specialised aged and community care + related financial and other support; 
  - Informal care**: self, family, other intimate personal support, social networks, neighbourhood; 
  - Linkages and coordination** mechanisms between each component + **ongoing innovation**, change, competition for staff within sector and other industries.

# What is Care?

Value; activity; process; (state).

Necessary work required to sustain self (self care) or another's life, intended to foster optimal autonomy.

## Three main components:

- 1. Disposition** - thought for the wellbeing of others;
- 2. Activity** - purposeful activity
  - work undertaken to assist another;
  - Requires capability/competence - knowledge, skill and conscious attention;
- 3. Social relationship** - an intimate/personal relationship; professional/occupational; social concern/social capital.

# Sustainable Aged (Long-Term) Care

Core elements of formal care:

- **workforce**,
  - financing,
  - services and facilities,
  - administrative support systems.
- 
- Demographic and economic pressures present significant challenges to ensure the **workforce** in aged care **is sustainable: appropriately skilled, adequate in numbers, reliable over time.**
  - This paper examines the Australian case from three key perspectives:
    - **Migration** - global economic and demographic pressures; and
    - **local labour markets.**
    - **Innovation Options**

# 1. Demography

## Australian population history and projections

<b>Age range</b>	<b>1970</b>	<b>2010</b>	<b>2020</b>	<b>2030</b>	<b>2040</b>	<b>2050</b>
Population as at 30 June (millions of people)						
0-14	3.6	4.2	4.9	5.4	5.7	6.2
15-64	7.9	15.0	16.6	18.2	20.0	21.6
65-84	1.0	2.6	3.7	4.8	5.6	6.3
85 and over	0.1	0.4	0.5	0.8	1.3	1.8
<b>Total</b>	<b>12.5</b>	<b>22.2</b>	<b>25.7</b>	<b>29.2</b>	<b>32.6</b>	<b>35.9</b>
Percentage of total population						
0-14	28.8	19.1	19.0	18.3	17.4	17.2
15-64	62.8	67.4	64.7	62.4	61.3	60.2
65-84	7.8	11.7	14.3	16.6	17.2	17.6
85 and over	0.5	1.8	2.1	2.7	4.0	5.1

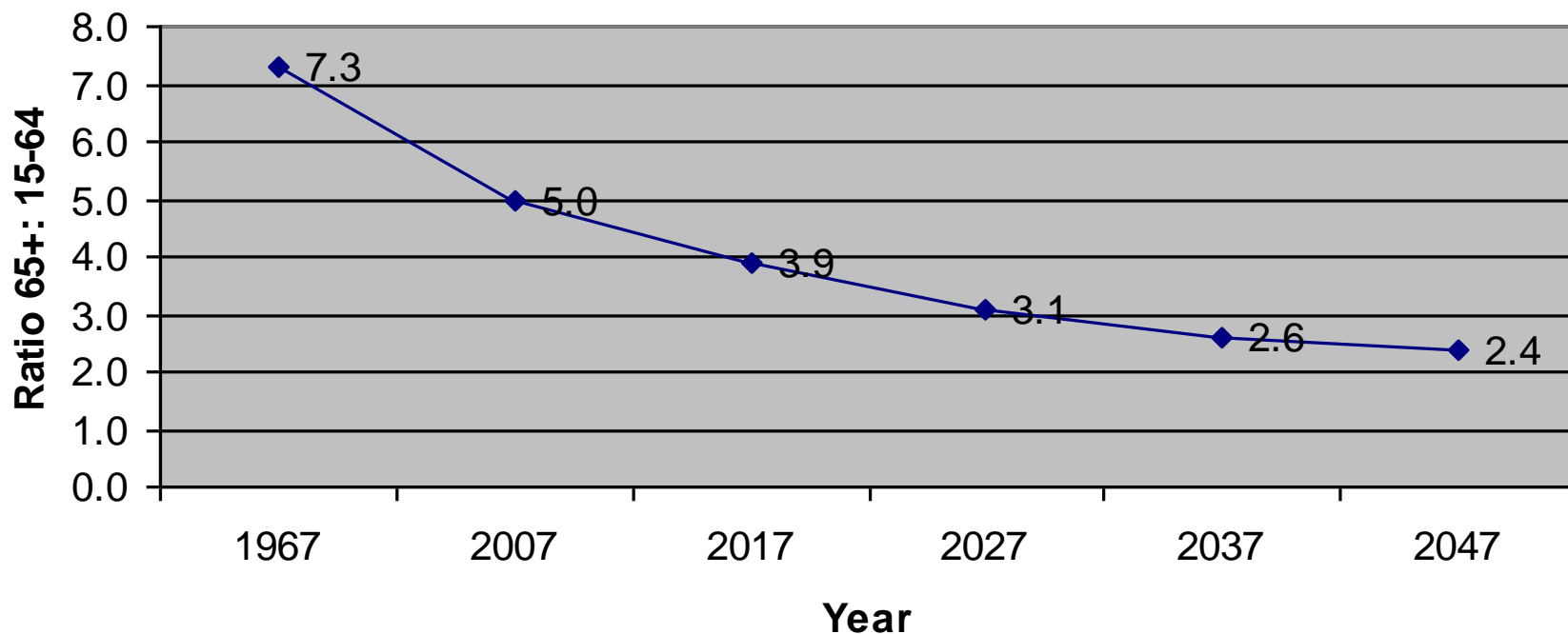
Source: ABS cat. no. 3105.0.65.001 (2008) and Treasury projections, in IGR, 2010: 10

## Aged Population as percent of total Australian population Ratio of working age to 65+ and 85+

Year	% 65+	% 85+	Ratio 15-64:65+	Ratio 15-64:85+
1967	8.5	0.5	7.3	73.0
2007	13.4	1.7	5.0	35.3
2017	16.7	2.2	3.9	30.4
2027	20.5	2.7	3.1	22.7
2037	23.6	4.2	2.6	14.9
2047	25.3	5.6	2.4	10.6

Source: IGR2 (2007): 16, author's calculations

## Proportion of Old Aged to Working Age Population



Source: IGR, 2007

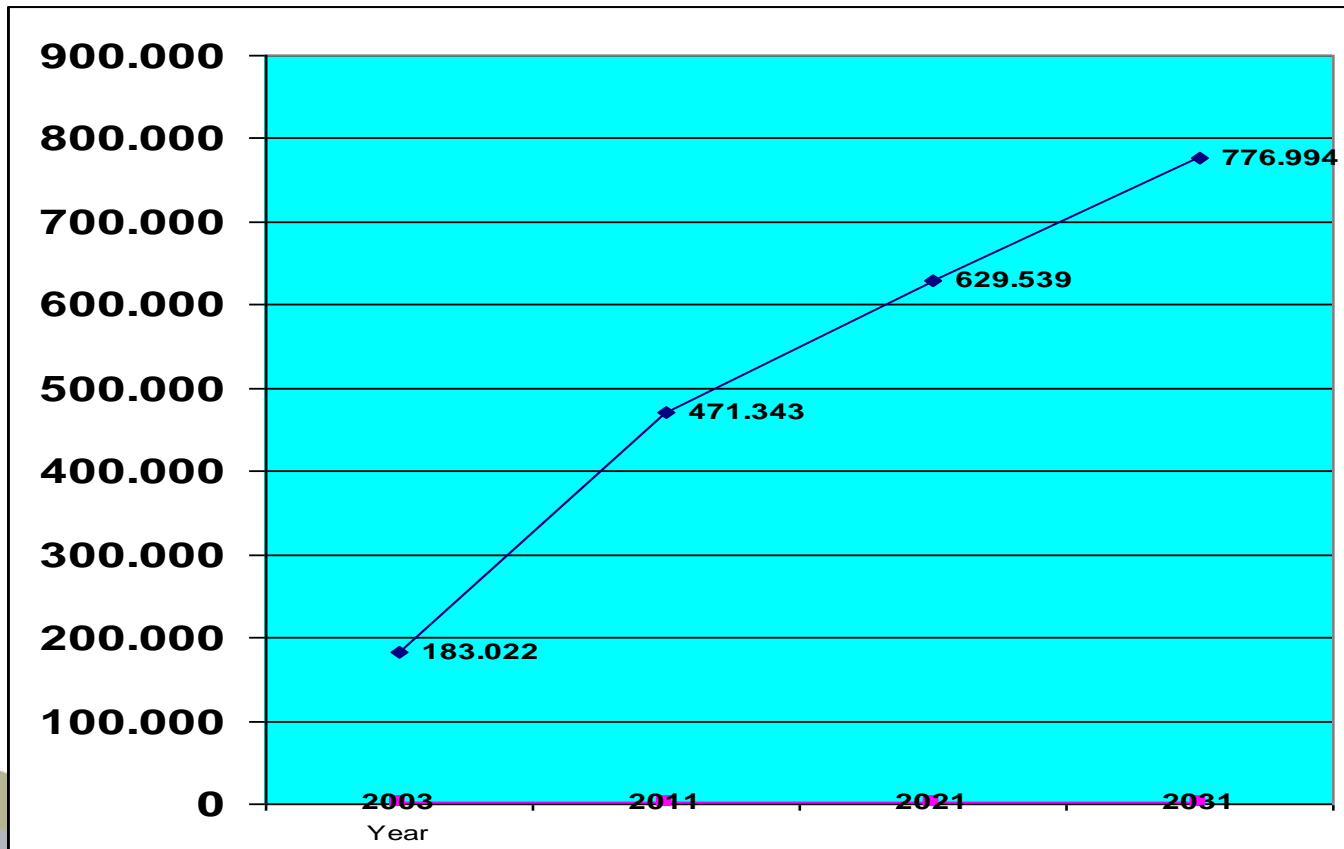
- ✓ Longer lives
- ✓ Fewer babies
- ↪ Reduced population of working age

## Projected Number of Direct Care Workers Needed for Aged Care Services, Australia: 2003-2031

Year	Older People needing Residential Care (n)	Direct Care workers needed in Residential Care (n)	Residential and Community Care Staff (ft & pt) (n)	Percent change p.a. (%)
2003	144,000	68,400	183,022	0.0
2011	370,848	176,153	471,343	12.6
2021	495,315	235,275	629,539	2.9
2031	611,292	290,364	776,994	2.1

Source: Hugo, 2007: 177. Calculated using ABS 2005 projections, Series B and ABS Survey of Disability, Ageing and Careers, Cat No. 4430.0 + authors calculations for all Residential and Community Care Staff

## Projected Number of Staff Needed for Aged Care Services (Residential and Community Care) (FT & PT)



# Migration and Care Regimes

- **Demographic shift +**
- **Globalisation** (finance, employment)
- Shift from **Industrial to Service economies**.

## **Key features of recent workforce developments:**

- i. Increasing reliance on **Migration**
  - high demand skills work; and
  - low cost lower-skilled positions.
- ii. **Feminisation** of the workforce - Increasing employment and reliance on women;
- iii. **Casualisation** - Employment flexibility; and
- iv. **Deprofessionalisation** - Workplace restructuring.

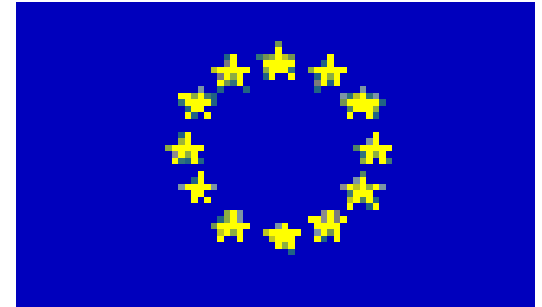
# International Perspectives: Migration/Care regimes.



## USA

- Concerns about care workforce, including exploitation of migrant workers, global care chains.
- formal migration program; poorly regulated employment; care payments common.
- Blacks, Hispanics (esp Mexicans), Filipinos, Asians - low paid informal care workforce, easily exploited.

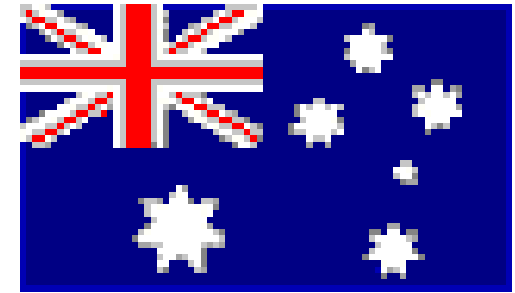
# International Perspectives: Migration/Care regimes.



## Western Europe

- ‘Guest workers’ – Absence of official migration programs; highly regulated employment systems + black economy; care payments common.
- In S. Europe, short-term migrant women work in black economy under temporary visas or illegally.
- Mixed evidence in some N. European countries.

# International Perspectives: Migration/Care regimes.



## Australia

- formal migration program; formally regulated employment; absence of care payments  
⇒ reliance on formal, regulated employment.
- Few cases of unregulated, exploitative informal (private) employment.
- Care workers concentrated in formal employment. BUT worries about rising short-term employment ('457 Visas') particularly under previous government.

# Key characteristics of Australian LTC workforce (NILS 2003, 2008)

- 94 pct female;
- Mainly part-time (66 pct); 25 pct casual/agency staff;
- Fewer nurses; more low paid personal carers over past 15 years;
- Some evidence of increased reliance on migrant staff.

# Future Care Workforce Planning

## National Aged Care Workforce Strategy (DHA, 2005)

1. WORKFORCE PROFILE
2. WORKPLACE PRACTICE MODELS
3. LEADERSHIP AND MANAGEMENT
4. EDUCATION, TRAINING AND DEVELOPMENT
5. A RESPONSIVE WORKFORCE
6. STATUS AND IMAGE
7. EFFECTIVE LINKAGES



# National Aged Care Workforce Strategy and More



## + Other official reports and processes, including:

- Productivity Commission, 2005 : *Australia's Health Workforce*
- Productivity Commission, 2008 : *Trends in Aged Care Services*
- The Senate, Standing Committee on Finance and Public Administration (2009): *Residential and Community Aged Care in Australia*
- Australian Treasurer: *Intergenerational Reports (2002; 2007; February 2010)*

# The National Health Workforce Strategic Framework

Principles focus on promoting:

- **‘at a minimum, national self sufficiency in health workforce supply, while acknowledging Australia is part of a global market’;**
- a workforce distribution that ‘optimises’ access to health care and meets the health needs of all Australians;
- workplace environments in which people want to work;
- an appropriately skilled and competent workforce;
- the optimal use of available skills and workforce adaptability;
- a health workforce policy and planning regime that is informed by the ‘best available evidence’ and linked to the broader health care system; and collaborative pursuit of the objectives of the framework by all of the stakeholders.
- The framework also outlines a non-exhaustive list of potential strategies for pursuing these principles, recognising that, in a changing workforce environment, the framework ‘should evolve over time’.

# Increase in size of health and community care workforce

1996 - 2001

Numbers working in health and community services

- Australian born workers: Increase 9.8%
- Recent migrants : Increase 23.3%
- Longstanding migrants: Increase 9.2%

# Country of birth - aged care workers Australia

NILS 2003 & 2007 Per cent of total

	2003 RC	2003 Aust	2007 RC	2007 CC	2007 Aust
<b>Australia</b>	75.1	75.6	67.5	73.3	79.8
<b>New Zealand</b>	3.3	2.6	3.5	3.4	3.1
<b>UK, USA, Ireland, S. Africa</b>	8.9	8.3	9.2	8.5	8.3
<b>Italy, Greece, Germany, Netherlands</b>	1.7	1.5	1.9	3.1	1.9
<b>Vietnam, HK, Sing., China, Malaysia, Philippines</b>	3.4	3.5	5.2	2.3	3.4
<b>Poland, Yugoslavia, Russia, Malta, Croatia</b>	1.2	1.2	0.3	1.1	1.2
<b>Fiji, Samoa, Tonga</b>	1.5	1.4	1.6	0.3	0.9
<b>India, Sri Lanka</b>	0.9	0.6	1.3	0.4	1.4
<b>Other</b>	4.0	5.9	9.6	7.7	0.0
<b>Total</b>	100.0	100.0	100.0	100.0	100.0

Source: NILS 2003, 2008 Note: RC: Residential care; CC: Community Care; Aust: Australian workforce

# Birthplace by occupation,

## Residential Care Staff, NILS 2003

Per cent of each birthplace group

Birthplace	RN	EN	PCW	Therapy	Other	(n)
Australia	<b>23.9</b>	15.7	<b>52.5</b>	6.0	1.9	3984
New Zealand	<b>20.4</b>	6.3	<b>69.6</b>	1.5	2.1	191
UK, USA, Ireland, S.A.	<b>25.7</b>	10.3	<b>58.3</b>	4.2	3.6	448
Italy, Greece, Germany, NL	<b>28.6</b>	6.6	<b>53.8</b>	6.6	4.4	91
Vietnam, HK, Singapore, China, Malaysia, Philippines	<b>39.9</b>	10.0	<b>44.8</b>	3.5	2.5	201
Poland, Yugoslavia, Russia, Malta, Croatia	<b>17.5</b>	5.3	<b>63.2</b>	10.6	3.5	57
Fiji, Samoa, Tonga	<b>7.3</b>	11.0	<b>79.3</b>	2.4	0.0	82
India, Sri Lanka	<b>42.9</b>	10.2	<b>42.9</b>	4.1	0.0	49
Other	<b>17.3</b>	10.3	<b>67.5</b>	3.3	1.5	271
<b>Total</b>	1297	754	2928	294	101	5374

Source: NILS 2003, author's reanalysis and calculations

# Birthplace of Care Staff

## Residential Aged Care by Location of Facility NILS 2003

Per cent of each birthplace

Birthplace	Metro	Regional	Rural	n
Australia	42.4	26.0	31.2	3987
New Zealand	63.2	21.1	15.8	190
UK, USA, Ireland, S. Africa	61.7	21.0	17.0	447
Italy, Greece, Germany, NL	68.5	18.0	13.5	89
Vietnam, Hong Kong, Singapore, China, Malaysia	87.4	9.1	3.5	198
Poland, Yugoslavia, Russia, Malta, Croatia	85.7	8.9	1.8	56
Fiji, Samoa, Tonga	90.2	6.1	3.7	82
India, Sri Lanka	85.4	10.4	4.2	48
Other	74.1	18.1	7.8	270
<b>Total</b>	<b>50.2</b>	<b>23.7</b>	<b>26.1</b>	<b>5367</b>

# Australian Migration and Care

Differential recruitment and employment options.

## Australia: an immigration country

- Permanent immigration central to development of Aust. Economy:
  - 19<sup>th</sup>C primary industry;
  - 20<sup>th</sup>C secondary industry;
  - 21<sup>st</sup>C service economy.
- Shift to service sector employment is significant for migrants. Most migrant PCW (Personal Care Workers) appear to be long-term permanent Australian residents.
- Evidence of special purpose recruitment of migrants mainly for qualified professional staff:
  - RNs,
  - Doctors.

# Migrants and the Social Division of Care Work

## Regional and Occupational Concentrations

	Care workers	Registered Nurses	Medical staff
Metropolitan Areas	<b>High</b> pct migrants  Long-term residents employed in aged care	<b>High</b> pct migrant  Recruitment overseas + employment of long-term residents	<b>High/Mixed</b> pct migrants  Some specialised recruitment + employment of long-term residents
Rural and Regional	<b>Low</b> pct migrants  Employment of Local Australian born women	<b>Low</b> pct migrant  Employment of Local Australian born women	<b>High</b> pct migrants  Recruitment of medical staff overseas

# Conclusions – migration and sustainable LTC workforce



- Migration of qualified staff of limited importance – necessary to recruit amongst existing and future population, including migrants.
- Regional and occupational concentrations reflect Global and Local labour markets - important to acknowledge local conditions and labour market solutions.
- Importance of regulated employment in care; problems arise with care payments and other mechanisms that by-pass regulation of care staff.
- Importance of formal work organisation – Aust programs offer some security, training, career options. Need to build on these for long-term migrants, men, younger women as well as existing workforce.
- Enhance links with family carers – during episodes of care, and follow-up.

**Need to increase professional level education opportunities and maintain Australian trained workforce to achieve self-reliance and sustainability.**

- Enhance security of employment
- Recognition of contribution of each staff member
- Salary and wages – more attractive
- Innovation – build in capacity for change and development