RMIT UNIVERSITY | Centre for People, Organisation & Work

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Aged Care Data Improvement Unit,
Australian Institute of Health and Welfare

Submission in response to the Exploring future data & information needs for aged care issues paper

I have competed the online survey in response to the AIHW *Exploring future data & information needs for aged care* issues paper. I wish to make a longer submission in relation to data on the aged care workforce.

Much of my recent research has focused on the links between job quality and care quality in aged care at both the system and provider level. I focus on the frontline workforce - the personal service workers and home care workers in aged care services. I also have a specific interest in the growing migrant workforce both in residential aged care and in home care.

Over the years, I have made use of the publicly available datasets on the aged care workforce, all of which have some considerable limitations. I have arranged my comments on the adequacy of the current ABS and workforce census and survey data by data source with some brief recommendations for improvement at the end of each section. In doing so, I draw on my submission to, and evidence before, the Royal Commission into Aged Care Quality & Safety and my two expert reports for the Health Services Union's work value claim under both the Aged Care and Social Community Home Care & Disability Services awards.

ABS Industry & Occupational Classifications

The Australian Bureau of Statistics (ABS) industry (ANZSIC) and occupational (ANZSCO) classifications, are increasingly inadequate in accounting for the rapidly growing employment of frontline aged care workers and the increasing number of migrant workers employed in the sector. ABS industry and occupational data underpins Census data collection and workforce analysis and integrated datasets such as the Australian Census & Migrants Integrated Dataset. It also provides a basis for labour force surveys including the Characteristics of Recent Australian Migrants survey by the ABS.

Some of the key issues with ABS data in terms of the aged care workforce include:

- Aged care industry level data is only available for aged care residential services (8601), a 4-digit ANZSIC industry code. In single digit ANZSIC industry sectors, such as construction and manufacturing, ABS industry level data is readily available including in labour force surveys, which provides regular data on key features of employment in those sectors. However, the fact 'aged care residential services' is a 4-digit ANZSIC industry limits analysis of the residential aged care workforce, including by occupational classifications, to an analysis of Census data only.

- While industry level data is at least available for residential aged care, specific industry data on the community-based aged care sector is not available in ABS ANZSIC classifications. Home care services are grouped with other very diverse community service sub-sectors. For example, at the aggregated level of 'other social assistance' (ANZSIC 879) alongside 'aged care assistance services' are youth welfare, disability support, adoption services, adult day care centre operations and marriage guidance services. The lack of any industry disaggregation of the home care sector has flow-ons including limiting the capacity of the Fair Work Ombudsman to monitor and respond to potential breaches of the employment rights of aged care workers (Charlesworth & Howe 2018).

The ABS ANZSCO occupational classifications used to identify the majority frontline aged care workforce are also unfit for purpose.

- Personal care assistants (ANZSCO 423313) are inadequately described as people who provide 'routine personal care services' to people in a range of health care facilities or in a person's home and holding a level of skill commensurate with the qualifications and experience of the AQF Certificate II or III (ANZSCO Skill Level 4). Further, even though the ANZSCO 423313 description states that it does not include the occupational category of 'aged and disabled carers' who do provide care in people's homes, as above ANZSCO 423313 appears to blur the lines between people working in health care facilities and those working in a person's home.
- Home care workers are mainly captured in the ANZSCO classification 'aged and disabled carer' (ANZSCO 4231), although disability support workers may also be included in this classification. The title of this occupation with its reference to 'carers' belittles its status as an occupation in which people are formally employed. This occupation is inadequately described as people who provide 'general household assistance, emotional support, care and companionship for aged and disabled persons in their own homes' and holding a level of skill commensurate with the AQF Certificate II or III (ANZSCO Skill Level 4).

The ANZSCO classifications are used in government policy, including migration policy, to designate the skill levels of particular occupations. The designation of non-professional aged care work as 'low-skilled' both reflects and contributes to the historical and contemporary gendered undervaluation of the skills currently used in these occupations.

Even if they once historically described tasks undertaken by frontline aged care occupations neither ANZSCO classification captures the range of skills and competencies currently used and required in both residential aged care and home care. The increases in the complexity of the nature of the work and skills and responsibility involved in doing frontline aged care work and changes to the conditions under which this work is undertaken are acknowledged in the December 2021 Aged Care Sector Stakeholder Consensus Statement by the aged care provider peak bodies, the relevant unions and consumer groups to the Fair Work Commission in the current HSU work value case.

As set out in Howe, Charlesworth & Brennan 2019, what constitutes 'skill' in migration Australian regulation intersects directly with the gendered undervaluation of frontline care work. Labour migration pathways are devised according to designated occupational skill levels with different conditions for visas depending on the skill classification of the visa holder's job. The basis for these skill designations is the ABS ANZSCO classification. As above, frontline care workers are classified as requiring only ANZSCO Level 4 skills. This is the second lowest skill level in a five-level skill hierarchy and is considered to be 'low skilled'. The consequence of this classification makes it difficult for workers who have arrived through temporary migration programs, such as international students, to successfully apply to transition to a permanent visa. Such transition is dependent on the skill level of the current job held and is restricted in the main to those in jobs deemed 'skilled' at ANZSCO level 3 and above.

Recommendation: Given the importance and growing significance of the aged care workforce to good quality, sustainable aged care services into the future, it is vital that the ABS, in conjunction with Statistics New Zealand, review its ANZSIC and ANZSCO classification structures to ensure that the work undertaken in aged care is sufficiently and accurately disaggregated and described and that industry and occupational classifications, particularly for frontline aged care workers, reflect the increasing complexity and skill level of the work that is undertaken in both residential and home care services.

Survey and 'Census' datasets

2016 NACWCS

The 2016 National Aged Care Workforce Census and Survey (NACWCS), was the fourth and last NACWCS conducted by the National Institute of Labour Studies (NILS), on behalf of the Australian Department of Health. All aged care-funded residential facility and home care support providers were invited to participate. Each organisation was sent a package, which included the employer census, a set of surveys for direct care workers (stratified according to care places/client numbers), and information about how to distribute the surveys to obtain a random sample of workers (Mavromaras et al. 2017: 4-8). Responses were received from a total of 8,885 frontline workers in residential facilities (a response rate of 50 per cent) and 7,024 workers in community outlets (a response rate of 26 per cent) (Mavromaras et al. 2017: 8). This included 2,759 personal care assistants (PCAs) in residential facilities and 4,355 home care workers (HCWs) in community-based outlets. Sampling weights were constructed and applied to the worker survey data based on data on direct care worker numbers and occupational categories provided by residential and community-based outlets (see Mavromaras et al. 2017: 168-172). The weighted data is used in the published 2016 report and, despite its limitations, was used as the best available workforce data by the Royal Commission into Aged Care Quality & Safety.

Nevertheless, there are some relevant limits to the 2016 NACWCS dataset, which need to be considered in any future 'census' and survey instrument

- Firstly, the NACWCS surveyed only workers directly employed by providers despite the increasing aged care provider reliance on agency and brokered employment. However, the NACWCS did not survey these workers and only included workers in a direct employment relationship with the facilities surveyed. In 2016 it was estimated that there was 'quite widespread use' of non-PAYG workers by residential facilities, with half of all facilities reporting some use. In the designated fortnight of the survey, some 9,085 non-PAYG PCWs were employed in residential facilities, mainly agency PCWs (8,588). Home care employer reliance on agency and brokered employment had also increased since 2007. It was estimated that in 2016 27% of all home care providers used non-PAYG workers. In the designated fortnight of the survey, some 10,099 non-PAYG HCWs were employed in community-based aged care, mainly brokered HCWs (6,586).
- Secondly, compared to 2016 Census data, outlined above, the NACWCS sample has both a lower proportion of PCAs and HCWs born overseas, and a lower proportion born in NESB countries., despite the growing share of migrants in the Australian aged care workforce. The NACWCS data also overrepresents both PCAs and HCWs working longer weekly hours and underrepresents those working shorter hours. Thus, the extent of unused capacity in the aged care workforce is difficult to calculate.
- Thirdly, since the 2012 NACWCS, the Department of Health has not made the de-identified NACWCS dataset available to researchers for further analysis. Thus, most analyses of the main relevant characteristics of the directly employed PCWs in the 2016 NACWCS are from the published report or in partnership with researchers involved in the 2016 in the NACWCS (eg Charlesworth & Isherwood 2020).

- The lower response rate from community-based aged care workers compared to residential care workers means that workforce data from the largest aged care sector may be less reliable than that for residential care.
- Finally, this survey was only run every 4 years.

Aged Care Workforce Census 2020

The NACWCS study was not repeated in 2020 and instead the Department of Health used a new methodology to undertake its Aged Care Workforce Census. In residential aged care, the Census survey was sent to 2,716 facilities across Australia. Responses were received from 1,329 RAC facilities (49%) Their responses were weighted to estimate results for all RAC facilities.

In community-based care, the census survey was sent to 834 Home Care Packages Program (HCPP) providers who were asked to complete a separate response for each of the aged care planning regions in which they operated (a total of 1,308 responses); and 630 Commonwealth Home Support Programme (CHSP) providers who were asked to complete a separate response for each of the aged care planning regions in which they operated (a total of 1,340 responses) (Department of Health 2021: 7). In community-based care, survey responses were received from 47% of the 616 HCPP and 38% of the 505 CHSP providers (38%) who were asked to complete a separate survey response for each service type. Given the fact that there are far more providers in the CHSP (1454 in 2019/20) than in the HCPP (920 in 2019/20), with over 70% providing just one form of home care service (ACFA 2021: 11), this weighting of the sample and the lower response rate of the CHSP providers may bias any aggregate responses. The CHSP still remains the largest home care program in terms of service users. In 2019/20 there were 839,373 service users of the CHSP (ACFA 2021: 35, 41) compared to 173,743 service users of the HCPP (ACFA 2021: 35, 41).

There are several other distinct limitations to this data in respect of worker demographics and experiences of employment that were collected in the ACWC, which include but are not limited to the following:

- The 2020 report relies on workforce data only reported by providers, which it assumes is unbiased and factual. While significantly, the report documented providers reports of non-directly employed workers, no workers were surveyed in the ACWC to cross check this data.
- Providers are left to report also on worker demographics and worker qualifications, rather than the workers themselves. Further no data is available in the ACWC on workers experiences of the work of aged care or their levels of satisfaction with different aspects of their job, as in previous NACWCS surveys. Nor was data collected on workers current working time arrangements and their preferences to work more or fewer weekly hours. This makes it very difficult to identify aspects of the job that may be associated with an intention to quit or remain in aged care.
- Even without input from workers, another key defect in ACWC was that the responses were collected at the provider level for each service care type, and hence 'workers may be counted more than once across providers as well as across service care types'. This makes any estimates of the numbers of workers employed in 2020 quite unreliable and provides no basis for future workforce planning.
- Finally, there is no clarity as to why the analysis of the ACWC workforce data is mainly by FTE rather than by headcount. Appendix 2 of the report states that FTE numbers 'were derived by multiplying the number of roles identified by each provider by the number of hours and then dividing by 35 hours, the ABS standard hours in a full-time working week'. However, errors by providers in completing the ACWC and the methodology used to calculate FTE, without data from workers on the actual hours they work, severely limits the usefulness of FTE estimates in the report.

Recommendation: Given the importance and growing significance of the aged care workforce to good quality, sustainable aged care services into the future, annual reliable data on the key socio-demographic and employment characteristics of the aged care workforce *as reported by aged care workers* is crucial no matter what form of contract workers are on. The completion of an annual census by all aged care providers and a firm commitment to the distribution of an annual workers survey to all workers who are engaged in the provision of aged care services should be a condition of the receipt of aged care funding from the federal government. Further:

- The annual workforce census and survey should be conducted by an independent agency
- Socio-demographic data collected from migrant workers should include their country of birth and visa status as well as languages spoken
- De-identified census and survey data should be made publicly available to researchers and other stakeholders

Both poor job quality and quality of life have been associated with intention to quit and difficulties with attraction and retention of workers in aged care. In an annual aged care workforce census and survey, questions relating to worker job quality and the type of work undertaken by aged care workers should build on relevant questions in the 2016 NACWCS and include specific questions on job quality covering the dimensions of job quality identified by Eurofound (2021) which include:

- Physical environment
- Work intensity
- Working time quality
- Social environment
- Skills and discretion
- Prospects
- Earnings

Job quality questions could also draw on the very recently developed Scale of Care Work-Related Quality of Life for Long-Term Care Workers (Hussein et al., 2022) to measure the work-related quality of life among aged care workers in Australia and how it shapes their engagement with care work.

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