

2020 Aged Care Workforce Census Report



Disclaimer

Findings in this report are based primarily on responses from the 2020 Aged Care Workforce Census.

The Census responses were weighted to reflect sector-wide results. This report has been compiled on the assumption that providers' responses are unbiased and factual as at the time of Census completion. Aside from the data corrections explicitly mentioned in Appendix 2: Technical Compendium, no further changes have been made to any of the raw response data collected. It has been assumed that other responses have been reported correctly.

Supplementary data sources include the 2016 Aged Care Workforce Census, ABS 2016 Census of Population and Housing, the national health workforce dataset and internal Australian Government Department of Health (Department) data assets. These data sources have been assumed to be correct and fit for purpose where used throughout this report.

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.

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- Forms Administration – questionnaire layout and fieldwork management.
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- Quantum Health – cleaning the data and creating the datasets, and data analysis and drafting the report

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Glossary

| | |
|-----------------------------|--|
| ABS | Australian Bureau of Statistics |
| ACPR | Aged Care Planning Region |
| AH | Allied Health |
| AHA | Allied Health Assistant |
| AHP | Allied Health Professional |
| ASGS | Australian Statistical Geography Standard |
| CALD | Culturally and linguistically diverse |
| CENSUS | Unless otherwise stated, this refers to the 2020 Aged Care Workforce Census |
| CHSP | Commonwealth Home Support Programme |
| DIRECT CARE | Direct Care employees provide care directly to care recipients as a core component of their work and includes Nurses, PCWs and Allied health |
| DVA | Department of Veterans' Affairs |
| EN | Enrolled Nurse |
| FTE | Full-time equivalent |
| HCPP | Home Care Packages Program |
| HEADCOUNT | Refers to an individual in a single role employed by a single aged care service |
| HOME CARE/ CHSP PROVIDER | For the purposes of this report, a provider is a Home Care or CHSP provider's operations registered with an address in individual aged care planning regions. See section 1.3 Data collection and limitations for further explanation. |
| IPC | Infection Prevention and Control |
| NDIS | National Disability Insurance Scheme |
| NP | Nurse Practitioner |
| PCW | Personal Care Worker |
| RAC | Residential Aged Care |
| RN | Registered Nurse |
| SECTOR | Sector refers to the three aged care service care types including Residential Aged Care, Home Care and CHSP |
| SERVICE CARE TYPE | Any of the three major components that comprise the aged care sector (Residential Aged Care, Home Care and CHSP) |

1. Executive summary

1.1 Background

This report presents the findings of the 2020 Aged Care Workforce Census (Census) conducted by the Australian Government Department of Health (Department). It follows four previous similar reports on workforce data in 2003, 2007, 2012 and 2016.

1.2 Introduction

The 2020 Aged Care Workforce Census is designed to provide periodic overview of the aged care sector workforce. Importantly, it provides a benchmark to inform the Australian Government and the sector on the size and growth of the aged care workforce and the attributes and skills of the workforce which are central to the delivery of quality aged care services.

Since the last report on the aged care workforce in 2016, the aged care sector has been impacted by various policy, economic and environmental changes. Most notably, these include:

- **Impact of the COVID-19 global pandemic.** In Australia, the pandemic disproportionately affected both consumers and the workforce in the aged care sector during 2020. RAC facilities in Victoria were particularly affected compared to other states. The pandemic has elevated community concerns about staff working at multiple sites and increasing the risk of spreading disease.
- **Royal Commission into Aged Care Quality and Safety.** The Royal Commission into Aged Care Quality and Safety continued its inquiry into the sector in 2020 and released its Final Report to the public on 1 March 2021.
- **National Disability Insurance Scheme.** The NDIS is expected to be one of the largest job creation opportunities in Australian history with an additional 83,000 FTE employees needed by 2024¹. The majority of the NDIS workforce are employed as disability support workers providing supports to people with disability like those that PCWs provide to aged care services recipients.
- **A Matter of Care: Australia's Aged Care Workforce Strategy (Strategy)**². Developed by a Government-convened taskforce starting in 2017 and introduced in 2018, the Strategy represents a shared commitment by the Australian Government and the aged care industry to generate transformational change for the workforce. The Strategy comprises 14 strategic actions, designed to improve the quality of care delivered to older Australians. The Aged Care Workforce Industry Council has a leadership and stewardship role in delivery of the Strategy.

1 NDIS National Workforce Plan: 2021–2025, Commonwealth of Australia (Department of Social Services) 2021.

2 A Matter of Care: Australia's Aged Care Workforce Strategy, Aged Care Workforce Strategy Taskforce, June 2018.

The report is divided into three sections addressing each of the key industry service care types – Residential Aged Care (RAC), Home Care (HCPP) and the Commonwealth Home Support Programme (CHSP). Each section looks at:

- **Workforce characteristics**, including size, occupation types, employment types, nurse time working overnight (RAC only), age and gender distribution, Aboriginal and/or Torres Strait Islander distribution, CALD distribution and qualification levels.
- **Facility or provider characteristics**, including direct care position vacancies, volunteer support, and facilities providing services under NDIS and DVA.
- **The impact of COVID-19** on direct care staffing and volunteer levels.

1.3 Data collection and limitations

The 2020 Aged Care Workforce Census was sent to in-scope providers³ nation-wide across the three key aged care service types⁴ on 7 December 2020⁵. These included:

- 2,716 Residential Aged Care (RAC) facilities;
- 834 Home Care (HCPP) providers, that were asked to complete a separate response for each of the aged care planning regions they operated through (a total of 1,308 responses); and
- 630 Commonwealth Home Support Programme (CHSP) providers, that were asked to complete a separate response for each of the aged care planning regions they operated through (a total of 1,340 responses).

Organisations providing services through HCPP and CHSP may have reporting addresses located throughout different aged care planning regions (ACPRs). In this Census, providers were asked to complete a combined response for all services reporting through each ACPR. For example, a provider may operate services across 30 different ACPRs but administer them all through addresses in 10 different ACPRs. In this case, the provider was asked to complete 10 responses which included their workforce across 30 ACPRs.

Throughout this report, for simplicity an HCPP or CHSP “provider” refers to each of these provider-ACPR Census responses.

HCPP and CHSP ACPRs and remoteness indicators are mapped to the provider address for all staff included in each Census response. Consequently, depending on the business model of the provider, the remoteness indicator may not fully reflect the remoteness level of the area in which staff operate.

The remoteness indicator for RAC is based on the individual facility address and therefore more accurately represents the remoteness of staff work location.

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- 3 In-scope providers for this survey included all active registered providers who employed staff involved in direct care services (nurses, personal care workers or allied health staff). CHSP providers who solely provided non direct care services such as gardening, cleaning, and meals (referred to as ancillary staff in this report) were not in-scope for the Census. In-scope providers with staff in both direct care and ancillary roles were asked about the number they employed. Thus, the number of staff working in ancillary roles, particularly in CHSP, is likely an under-estimate.
- 4 The 2020 Aged Care Workforce Census did not include National Aboriginal and Torres Strait Islander Flexible Aged Care and Transition Care Program with residential places which were included in the 2016 Aged Care Workforce Census.
- 5 Services completed the census predominantly online on behalf of their workers over the period from 7th December 2020 to 23rd January 2021. For services who could not access the survey online, a spreadsheet version was distributed.

Providers completed the Census in relation to their workforce current in the month of November 2020. Due to impacts of COVID-19, the 2020 Census did not collect data from any individual aged care workers. Demographic details are therefore reported as known by providers. Responses were received from 1,329 RAC facilities (49 per cent), 616 HCPP (47 per cent) and 505 CHSP providers (38 per cent) across aged care planning regions. Providers operating both HCPP and CHSP were asked to complete a separate response for each service care type. Therefore, it is possible for an individual staff member working for one provider to have their hours split between the two programs.

Responses were weighted according to combinations of provider remoteness (as per ABS ASGS) and provider size to derive a representative sample of each service care type. In addition, some outlier responses were adjusted to make them logical. All results presented in this report are based on these weighted, adjusted responses. Weighting and adjustment methodologies are discussed in more detail in Appendix 2 and Appendix 5.

Weightings are based on providers who responded to any part of the Census, though some questions may have been left unanswered by these providers. Where proportions are reported on in the document, only providers who responded to the particular question are included in the proportion total. For this reason, the total number of providers is less than the full population. Where possible, the 2020 Census results were compared to 2016 results. All cited comparisons to the 2016 data are taken from 'The Aged Care Workforce, 2016'⁶ unless otherwise stated. While every effort has been made to ensure comparisons are valid, there are differences between the methodologies and questions asked which may influence the results. This is particularly the case with comparisons for HCPP and CHSP. In the 2016 Aged Care Workforce Census, HCPP and home support were treated as one service care type, and the survey was sent to HCPP and home support providers under a broader range of programs⁷. Differences between the 2020 and 2016 Censuses are discussed in more detail in the Appendix 3.

6 Mavromaras, K., Knight, G., Isherwood, L., Crettenden, A., Flavel, J., Karme, T., Moskos, M., Smith, L., Walton, H., and Wei, W., 'The Aged Care Workforce, 2016', March 2017, [THE AGED CARE WORKFORCE, 2016 \(gen-agedcaredata.gov.au\)](https://www.gen-agedcaredata.gov.au) (18/6/2021)

7 Including Home Care Packages program, the new Commonwealth Home Support Programme, HACC in Victoria and Western Australia, Multi-Purpose Services, National Aboriginal and Torres Strait Islander Flexible Aged care and Transition Care Program with home care/home support places.

1.4 Key findings

1.4.1 Size of workforce

In 2020, the total number of workers in:

- **Residential Aged Care (RAC) is 277,671.** Of these, 267,751 are permanent or casual/contractor positions – 14 per cent more than in 2016. 208,903 staff are in direct care roles⁸, and 201,542 of these are employed on permanent or casual/contractor basis. This represents 129,151 full time equivalent (FTE) positions, an increase of 32 per cent since 2016.
- **Home Care Packages Program (HCPP) is 80,340.** Of these, 64,019 (80 per cent) are direct care staff.
- **The Commonwealth Home Support Programme (CHSP) is 76,096.** Of these, 59,029 (or 78 per cent) are direct care staff.

Personal care workers (PCWs) make up the largest group of direct care workers across each of the three service care types. These numbers may overstate the size of the workforce in cases where staff work for multiple providers or across service care types.

Employment types

In all three service care types, most direct care staff work in permanent part-time positions, consistent with 2016. Staff employed through an agency or subcontractor are largely allied health professionals.

Workforce demographics

The age of RAC direct care workers is younger than in previous Census years, continuing the downward trend seen in 2016. Around half are aged under 40 years, up from around one-third in 2016. HCPP and CHSP direct care staff are older than those working in RAC, with 33 per cent and 30 per cent respectively younger than 40 years old.

Providers that have higher proportions of Aboriginal and/or Torres Strait Islander clients have more direct care workers who identify as Aboriginal and/or Torres Strait Islander. Similarly, providers with more clients from CALD backgrounds have more direct care workers who identify as being from CALD backgrounds.

Workforce qualifications

Managers of RAC facilities are more likely to have a nursing qualification than a business qualification. The most common qualifications for care managers in HCPP were also in nursing while the most common qualification for CHSP care managers was business management. However, a large proportion of HCPP and CHSP providers indicated that their managers had qualifications in areas other than those listed. These included community services qualifications and Certificate III in Individual Support (Ageing) (or equivalent).

In RAC, 66 per cent of PCWs hold a Certificate III or higher in a relevant direct care field with a further two percent studying at the time. In HCPP this proportion was just above 60 per cent while in CHSP this was just above 70 per cent.

⁸ Includes nurses, PCWs and allied health staff.

Training and skills

In terms of specialist skills, IPC is the most common additional skill area held by direct care workers in the sector. It is also the area in which providers most commonly offer training, particularly in RAC.

Vacancies

At the time of the Census there were an estimated 22,000 vacancies in direct care roles across the sector.

Volunteers

The number of volunteers providing support in RAC facilities per fortnight in 2020 was 11,980 – almost half of the number in 2016. This decrease is likely a result of the COVID-19 pandemic and, had the Census been conducted in the first quarter of the year, the numbers may have been very different. While some HCPP and CHSP providers also reported a decrease in the number of volunteers due to the pandemic, the extent was not as large as for RAC.

The most common role played by volunteers across all three service care types was social activity support.

NDIS and DVA

Around two thirds of providers across all three service care types provide services to NDIS and/or DVA clients.

Impact of COVID-19

The impact of the COVID-19 pandemic has been particularly felt among the aged care sector, as older Australians are more at risk of becoming seriously ill from the virus. While Australia has minimised deaths from the pandemic, those that have occurred were disproportionately among residents in aged care facilities. The pandemic has also raised issues about staff working at multiple sites, and levels of staff training in infection prevention and control.

Providers were asked whether they had experienced an increase, decrease or no change⁹ in worker levels due to COVID-19 across various job roles. For direct care staff, the largest impact for all three service care types was on PCWs however the degree of this impact varied between service care types:

- Over 40 per cent of RAC facilities indicated an increase in PCWs.
- Nearly a fifth of HCPP providers (18 per cent) reported an increase in PCWs and 21 per cent recorded a decrease with the majority reporting no change.
- 28 per cent of CHSP providers reported a decrease in PCWs.

⁹ Compared to the same time in the previous year

2. Residential aged care

2.1 Introduction

The Census was sent to 2,716 RAC facilities across Australia. Of these, 1,329 (49 per cent) responded. Their responses were weighted¹⁰ to estimate results for all RAC facilities.

Key findings

- There were 277,671¹¹ staff in RAC, of which 267,751 are employed on a permanent or casual/contractor basis – an increase of 14 per cent from 2016.
- 208,903 staff were direct care workers.
- There were 129,151 direct care permanent or casual/contractor FTE positions, an increase of 32 per cent from 2016.
- There were 52,801 staff working in ancillary roles such as cooks, cleaners, and laundry assistants.
- RAC direct care workers comprise 70 per cent PCWs, 23 per cent nurses and seven per cent allied health professionals.
- Most direct care roles (71 per cent) are permanent part-time positions.
- Around half of direct care workers (52 per cent) are under 40 years of age, an increase from 35 per cent in 2016.
- Managers of RAC facilities are more likely to come from a nursing background than a business background.
- About two thirds (66 per cent) of PCWs hold a Certificate III or higher in a relevant direct care field.
- IPC is the most commonly reported specialist skill among direct care workers.
- COVID-19 appears to have had a significant impact on the number of volunteers in RAC facilities, with volunteer levels approximately half of those in 2016.
- Around two thirds of facilities (62 per cent) provide services under either the NDIS, DVA or both

2.2 Residential aged care workforce characteristics

2.2.1 Size of workforce

The total number of staff in RAC in November 2020 was 277,671 (based on permanent, casual/contractor and agency/sub-contractor jobs across administration, direct care and ancillary/pastoral care roles). Of these, 267,751 are in permanent or casual/contractor positions – 14 per cent more than in 2016, and 32 per cent more than in 2012.

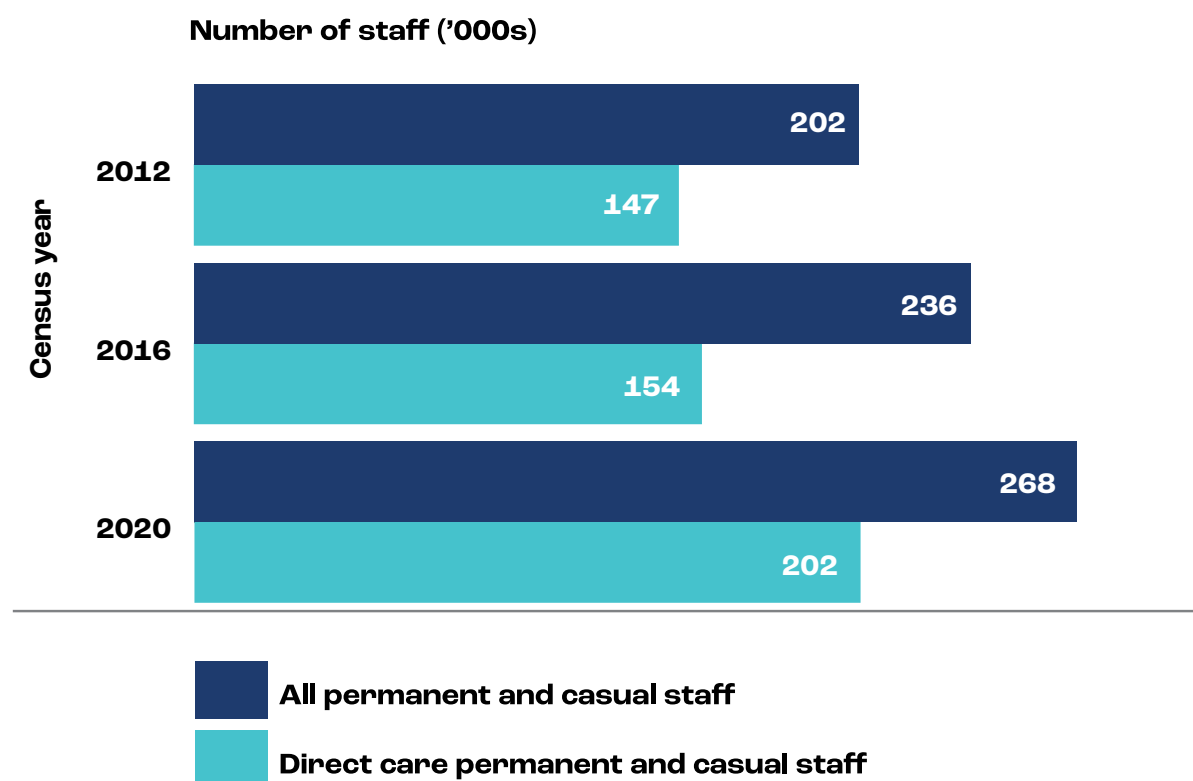
¹⁰ Refer to Appendix 2 for further details.

¹¹ This number may include duplicates from people working across multiple facilities.

There are 208,903 direct care staff in total. Of these, 201,543 are in permanent or casual/contractor positions – an increase of 31 per cent since 2016, and 37 per cent since 2012.

Of the remaining 68,768 staff, 52,801 worked in ancillary roles such as cleaners, cooks, and laundry assistants. The remaining staff were in management and administrative roles (14,021) and pastoral care and educational roles (1,946).

Figure 2.1: RAC – Total permanent or casual/contractor staff in 2020, compared to previous Census years



Source: Aggregation of number of employees reported by facilities across all permanent or casual roles and direct care roles from the 2020 Aged Care Workforce Census. 2012 and 2016 figures obtained from the 2016 Census report. Refer to Appendix 2 for further information about FTE.

On an FTE basis, the total number of direct care permanent and casual/contractor roles in 2020 was 129,151, a 32 per cent increase from 2016. Nurses and PCWs account for 96 per cent of direct care FTE and 93 per cent of staff. Allied health staff are more likely to be part-time than nurses and PCWs accounting for 4.5 per cent of the FTE compared with 6.5 per cent of staff. However, some providers did not provide data for hours worked and this was more common for allied health professionals than for nurses and PCWs. Therefore, in addition to potential over counting in the headcount due to staff working in multiple jobs, the FTE totals may underrepresent the true figure due to unknown hours worked by all staff.

Table 2.1 shows that the proportion of the total direct care worker permanent and casual/contractor FTEs in each state or territory is broadly in line with the proportion of the total aged population in that jurisdiction.

Table 2.1: RAC – Direct care FTE positions compared to population aged 70+ by state

| | | Direct care (FTE) | Aged population ('000s) |
|--------------|-----|-----------------------|-------------------------|
| State | NSW | 44,742 (35%) | 997 (33%) |
| | VIC | 29,312 (23%) | 745 (25%) |
| | QLD | 26,151 (20%) | 603 (20%) |
| | WA | 11,460 (9%) | 290 (10%) |
| | SA | 12,376 (10%) | 245 (8%) |
| | TAS | 2,568 (2%) | 81 (3%) |
| | ACT | 1,984 (2%) | 41 (1%) |
| | NT | 558 (<1%) | 24 (1%) |
| Total | | 129,151 (100%) | 3,024 (100%) |

Source: 2020 Aged Care Workforce Census figures for hours worked by staff were converted to FTE using ABS standard 35 hour weeks. Aged population as per Report on Government Services 14A (2020), the total of persons aged 70+ and Aboriginal and/or Torres Strait Islander persons aged 50-69. See Appendix 1: Job groups. Refer to Appendix 2 for further information about FTE.

Table 2.2: RAC – Direct care workforce by occupation type

| | Permanent Full-Time | Permanent Part-Time | Casual/ Contractor - on your payroll | Agency or subcontractor staff Full-Time* | Agency or subcontractor staff Part-Time* | Total headcount | Total FTE** |
|---------------|---|---------------------|--------------------------------------|--|--|-------------------|-----------------------|
| Nurses | Nurse Practitioner | 104 (51%) | 60 (29%) | 4 (2%) | 0 (0%) | 35 (17%) | 203 (100%) |
| | Registered Nurse | 4,093 (13%) | 21,210 (65%) | 7,147 (22%) | 40 (<1%) | 236 (1%) | 32,726 (100%) |
| | Enrolled Nurse | 927 (6%) | 12,175 (76%) | 2,802 (18%) | 4 (<1%) | 91 (1%) | 16,000 (100%) |
| | Total | 5,125 (10%) | 33,445 (68%) | 9,953 (20%) | 44 (<1%) | 362 (1%) | 48,929 (100%) |
| PCWs | PCW | 4,887 (3%) | 109,132 (76%) | 29,372 (20%) | 115 (<1%) | 785 (1%) | 144,291 (100%) |
| | PCW (formal traineeship) | 203 (10%) | 1371 (66%) | 401 (19%) | 0 (0%) | 112 (5%) | 2,087 (100%) |
| | Total | 5,090 (3%) | 110,502 (75%) | 29,774 (20%) | 115 (0%) | 898 (1%) | 146,378 (100%) |
| | Occupational Therapist | 110 (14%) | 256 (33%) | 59 (8%) | 67 (8%) | 291 (37%) | 783 (100%) |
| Allied Health | Physiotherapist | 353 (12%) | 469 (16%) | 163 (6%) | 630 (22%) | 1258 (44%) | 2,874 (100%) |
| | Dietitian | 12 (2%) | 75 (9%) | 38 (5%) | 27 (3%) | 635 (81%) | 787 (100%) |
| | Exercise Physiologist | 19 (10%) | 19 (10%) | 6 (3%) | 0 (0%) | 148 (77%) | 192 (100%) |
| | Speech Therapist | 10 (1%) | 32 (5%) | 26 (4%) | 31 (4%) | 593 (86%) | 692 (100%) |
| Allied Health | Diversional Therapist | 347 (15%) | 1599 (71%) | 156 (7%) | 6 (<1%) | 151 (7%) | 2,258 (100%) |
| | Aboriginal and Torres Strait Islander Health Worker/ Practitioner | 4 (3%) | 21 (14%) | 8 (6%) | 0 (0%) | 116 (78%) | 150 (100%) |
| | Podiatrist | 10 (1%) | 56 (6%) | 47 (5%) | 40 (4%) | 775 (84%) | 928 (100%) |
| | Psychologist | 0 (0%) | 18 (10%) | 2 (1%) | 4 (2%) | 161 (87%) | 185 (100%) |
| Allied Health | Pharmacist | 0 (0%) | 15 (3%) | 8 (2%) | 37 (9%) | 373 (86%) | 433 (100%) |
| | Social Worker | 18 (8%) | 49 (22%) | 16 (7%) | 2 (1%) | 135 (61%) | 219 (100%) |
| | Allied Health - other | 175 (16%) | 521 (47%) | 73 (7%) | 13 (1%) | 321 (29%) | 1,103 (100%) |
| | Allied Health Assistant | 238 (8%) | 2,238 (75%) | 390 (13%) | 2 (<1%) | 125 (4%) | 2,992 (100%) |
| Allied Health | Total | 1,295 (10%) | 5,366 (39%) | 993 (7%) | 859 (6%) | 5083 (37%) | 13,596 (100%) |
| | RAC DIRECT CARE TOTAL | 11,509 (6%) | 149,313 (71%) | 40,720 (19%) | 1,017 (0%) | 6,343 (3%) | 208,903 (100%) |
| | | | | | | | |
| | | | | | | | |

Source: 2020 Aged Care Workforce Census figures for hours worked by occupation type were converted to FTE using ABS standard 35 hour weeks. *Not paid directly by the provider. **Refer to Appendix 2 for further information about FTE.

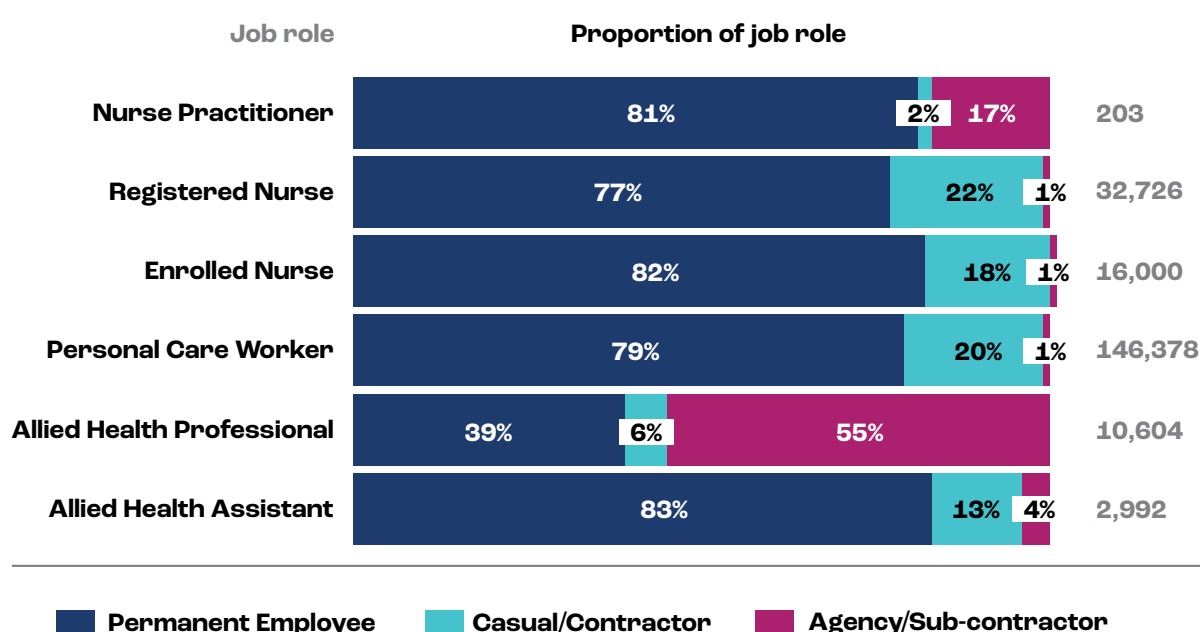
2.2.2 Occupation types

Table 2.2 shows the direct care workforce by occupation type. PCWs account for around 70 per cent of the total direct care workforce in 2020, consistent with 2016. Workers may be duplicated in headcount totals if they work across multiple facilities.

2.2.3 Employment types

Most (77 per cent) RAC direct care staff in 2020 are employed in a permanent position with 19 per cent employed in casual or contract positions and four per cent employed as agency staff or sub-contractors. Figure 2.2 shows the proportion of the workforce employed in non-permanent positions varies by job role, and the highest proportion is among allied health professionals.

Figure 2.2: RAC – Proportion of direct care staff by job role

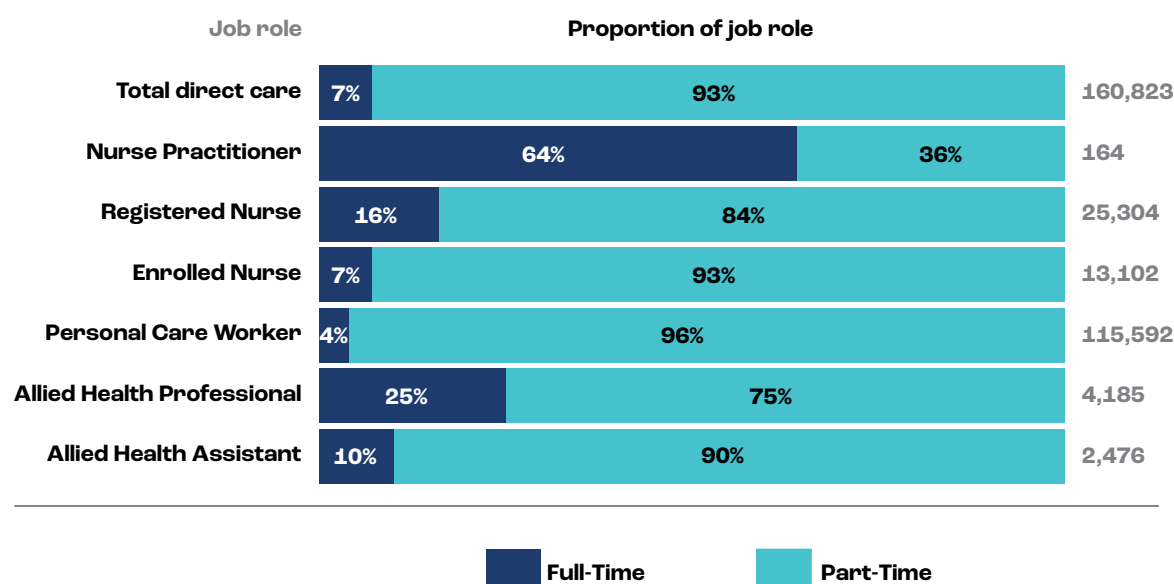


Source: 2020 Aged Care Workforce Census. See Appendix 1: Job groups for roles considered allied health professionals. Note: As workers are reported at a facility level, they may work multiple part-time jobs and work a full-time capacity. In this chart, PCWs include PCWs (formal traineeship). Some rows may not add to 100 per cent due to rounding.

Most direct care permanent staff work part time (93 per cent). This is higher than in 2016, when this figure was 87 per cent.

Figure 2.3 shows that among direct care permanent roles, PCWs are the most likely to be working part-time (96 per cent), an increase since 2016 when 90 per cent of PCWs were in permanent part-time as opposed to full-time positions. Some workers may have several part-time positions which when combined are equivalent to or greater than one FTE.

Figure 2.3: RAC – Permanent direct care workforce working full-time and part-time permanent



Source: 2020 Aged Care Workforce Census. Note: as workers are reported at a facility level, they may work multiple part-time jobs and work a full-time capacity. See Appendix 1: Job groups. PCWs include PCWs (formal traineeship).

2.2.4 Nurses working overnight

Most facilities (80 per cent) reported that they had an RN rostered on duty overnight every day in the last fortnight, while a further nine per cent said they had an RN on call overnight every day in this period.

Table 2.3: RAC – Facilities with a registered nurse rostered on duty and/or on call overnight every day for the last fortnight

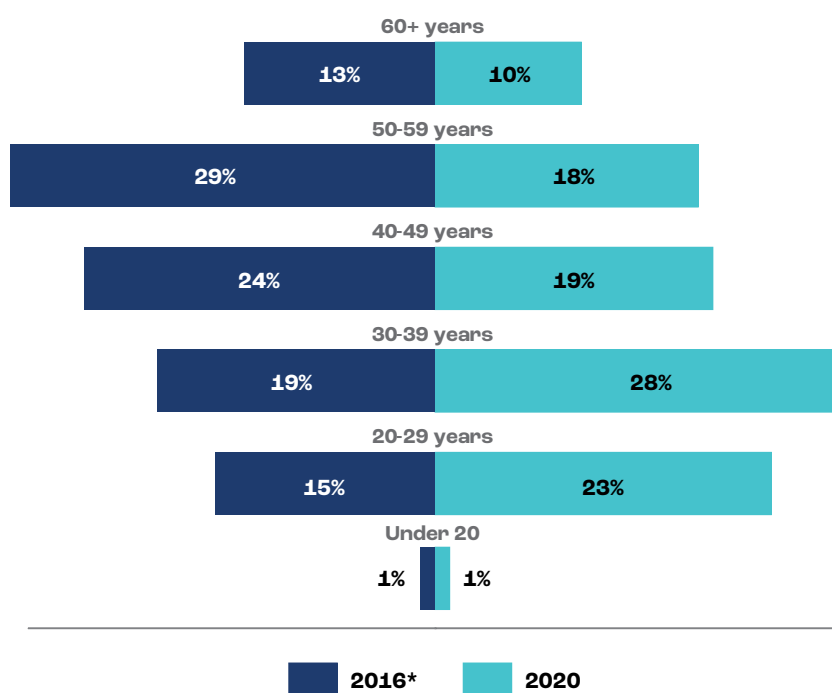
| | Number of facilities |
|---------------------------------------|----------------------|
| On call and on duty overnight | 972 (36%) |
| Only on duty overnight | 1,190 (44%) |
| Only on call overnight | 239 (9%) |
| Neither on call nor on duty overnight | 126 (5%) |
| Unknown or non-applicable | 190 (7%) |

Source: 2020 Aged Care Workforce Census. Total in the table adds up to 2,717 facilities due to rounding.

2.2.5 Age and gender distribution

The 2016 Aged Care Workforce Census report stated that previous iterations of the Census had shown that the RAC workforce was ageing and was older than the national workforce. In 2016, however, the age of the RAC workforce was younger than in previous years. The 2020 data shows that this trend has continued. Figure 2.4 shows around half these workers were aged under 40 years, an increase from around one-third in 2016.

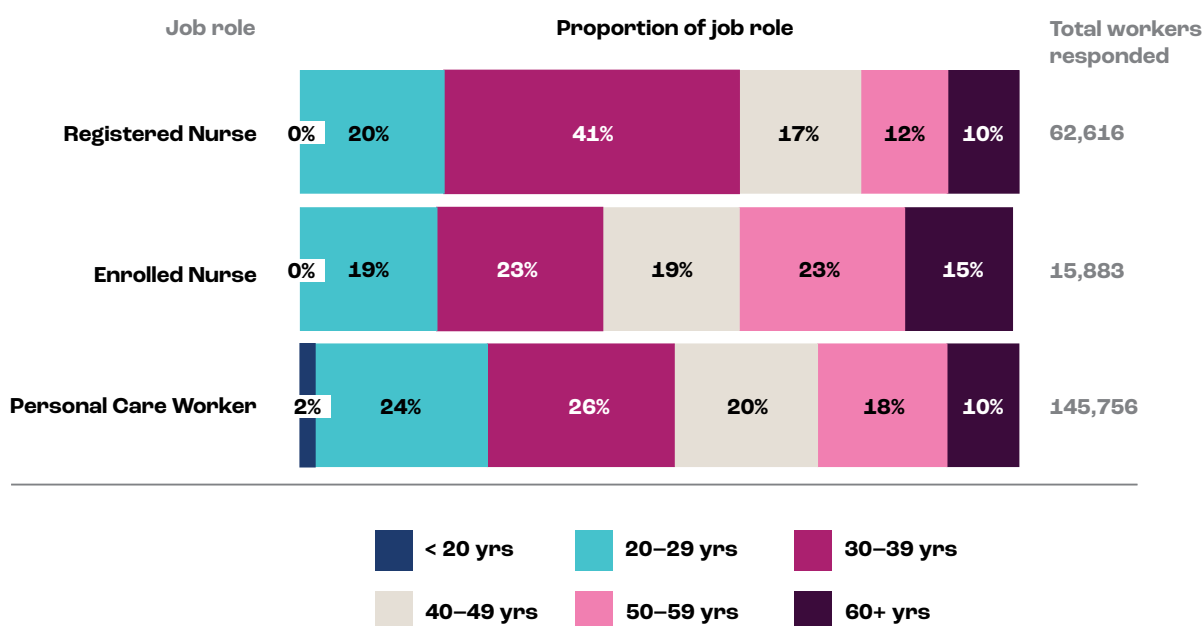
Figure 2.4: RAC – Age of direct care workforce in 2016 and 2020



Source: 2020 Aged Care Workforce Census. *2016 age brackets were regrouped to 2020 age brackets by distributing workers across ages in line with 2016 national census RAC direct care worker ages. 2016 age totals excluded agency/subcontractor roles, while 2020 responses did not differentiate these roles.

Looking at the age distribution across role types (Figure 2.5), RNs are the youngest, with around 60 per cent of these workers aged below 40 years.

Figure 2.5: RAC – Age of RNs, ENs and PCWs by role type



Source: 2020 Aged Care Workforce Census aggregate workers in each age bracket by job role across facilities.

The aged care workforce remains a largely female workforce in 2020, with about 86 per cent of the RAC workforce across direct care roles identifying as female. For RNs, ENs and PCWs (roles for which 2016 data is available), the gender distribution is consistent across 2016 and 2020, noting that in 2016 gender distributions excluded agency/subcontractor roles, while 2020 responses did not differentiate these roles.

2.2.6 Aboriginal and/or Torres Strait Islander distribution

The number of direct care workers employed in RAC facilities who identify as Aboriginal and/or Torres Strait Islander in 2020 was 3,298. This represents 1.9 per cent of the total direct care workforce in these facilities, a slight increase from one per cent in 2016. The 2016 distributions excluded agency/subcontractor roles, while 2020 responses did not differentiate the basis on which staff were employed.

Table 2.4 shows facilities grouped by their proportion of Aboriginal and/or Torres Strait Islander clients, based on the national proportion of the Aboriginal and/or Torres Strait Islander population to the national population of Australia (3.3 per cent¹²).

For facilities with more than 3.3 per cent Aboriginal and/or Torres Strait Islander clients, the proportion of Aboriginal and/or Torres Strait Islander nurses increases from 1.5 per cent to 2.3 per cent. A similar trend was seen for PCWs and allied health workers. The majority of Aboriginal and/or Torres Strait Islander staff are PCWs (78 per cent) with 19 per cent working as nurses and three per cent working as allied health professionals. The proportion of Aboriginal and/or Torres Strait Islander PCWs is higher than the 70 per cent of PCWs in the overall RAC workforce.

12 Proportion of 3.3 per cent was taken from the national population of Aboriginal and/or Torres Strait Islander population to the Australian population (<https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>).

Table 2.4: RAC – Direct care workforce who identify as Aboriginal and/or Torres Strait Islander working at facilities with lower and higher levels of Aboriginal and/or Torres Strait Islander clients

| | | Proportion of Aboriginal and/or Torres Strait Islander clients (facility grouping) | | | |
|---|--|---|---------------------|-------------------|------------------------|
| | | 0-3.3% | Above 3.3% | Unknown | All facilities |
| Nurses | Aboriginal and/or Torres Strait Islander | 584 (1.5%) | 51 (2.3%) | 2 (1.5%) | 637 (1.5%) |
| | Total | 39,637 (100%) | 2,281 (100%) | 139 (100%) | 42,057 (100%) |
| PCWs | Aboriginal and/or Torres Strait Islander | 2,206 (1.9%) | 359 (5.1%) | 2 (0.6%) | 2,568 (2.1%) |
| | Total | 115,373 (100%) | 6,996 (100%) | 313 (100%) | 122,682 (100%) |
| Allied Health | Aboriginal and/or Torres Strait Islander | 79 (0.8%) | 12 (2.6%) | 2 (9.5%) | 93 (0.9%) |
| | Total | 10,420 (100%) | 463 (100%) | 21 (100%) | 10,904 (100%) |
| Total staff (Aboriginal and/or Torres Strait Islander staff) | | 165,430 (2,869) | 9,739 (402) | 474 (6) | 175,643 (3,298) |
| Facilities | | 2,076 | 201 | 16 | 2,293 |

Source: 2020 Aged Care Workforce Census. Client data as per Dept. of Health facility resident records as at June 2020. Proportions taken only for facilities that answered this Census question.
See Appendix 1: Job groups.

2.2.7 Culturally and linguistically diverse distribution

The number of direct care workers who identify as being from a CALD background in 2020 was 49,475 or 35 per cent of the total RAC direct care workforce. This is an increase from 26 per cent in 2016, although the 2016 distributions excluded agency/subcontractor roles, whereas 2020 responses did not differentiate these roles.

Table 2.5 shows facilities grouped based on whether the proportion of clients who identify as being from a CALD background is higher or lower than the national proportion of 29.8 per cent¹³. The proportions of CALD workers increased in facilities with a higher proportion of CALD residents (from 30 per cent to 57 per cent). The majority of CALD staff are PCWs (72 per cent) with 24 per cent nurses and four per cent allied health professionals, which is broadly in line with the overall composition of the RAC direct care workforce. However, the degree of concordance between the CALD background of staff and the CALD background of residents is not known.

¹³ Proportion of 29.8 per cent was taken from the national proportion of Australians who were born overseas (<https://www.abs.gov.au/statistics/people/population/migration-australia/2019-20>).

Table 2.5: RAC – Direct care workforce who identify as CALD working at facilities with lower and higher levels of CALD residents

| | | Proportion of CALD clients (facility grouping) | | | |
|---------------------------------|--------------|--|------------------------|-------------------|-------------------------|
| | | 0-29.8% | Above 29.8% | Unknown | All facilities |
| Nurses | CALD | 8,541 (30%) | 3,435 (60%) | 33 (24%) | 12,009 (35%) |
| | Total | 28,475 (100%) | 5,697 (100%) | 139 (100%) | 34,311 (100%) |
| PCWs | CALD | 25,510 (32%) | 10,042 (58%) | 40 (13%) | 35,592 (36%) |
| | Total | 80,736 (100%) | 17,224 (100%) | 313 (100%) | 98,274 (100%) |
| Allied Health | CALD | 1,195 (16%) | 675 (39%) | 4 (19%) | 1,874 (20%) |
| | Total | 7,587 (100%) | 1,712 (100%) | 21 (100%) | 9,320 (100%) |
| Total staff (CALD staff) | | 116,798 (35,246) | 24,632 (14,152) | 474 (77) | 141,905 (49,475) |
| Facilities | | 1,928 | 347 | 16 | 2,291 |

Source: 2020 Aged Care Workforce Census. Client data as per Dept. of Health facility resident records as at June 2020. Proportions taken only for facilities that answered this Census question.
See Appendix 1: Job groups.

2.2.8 Qualification levels

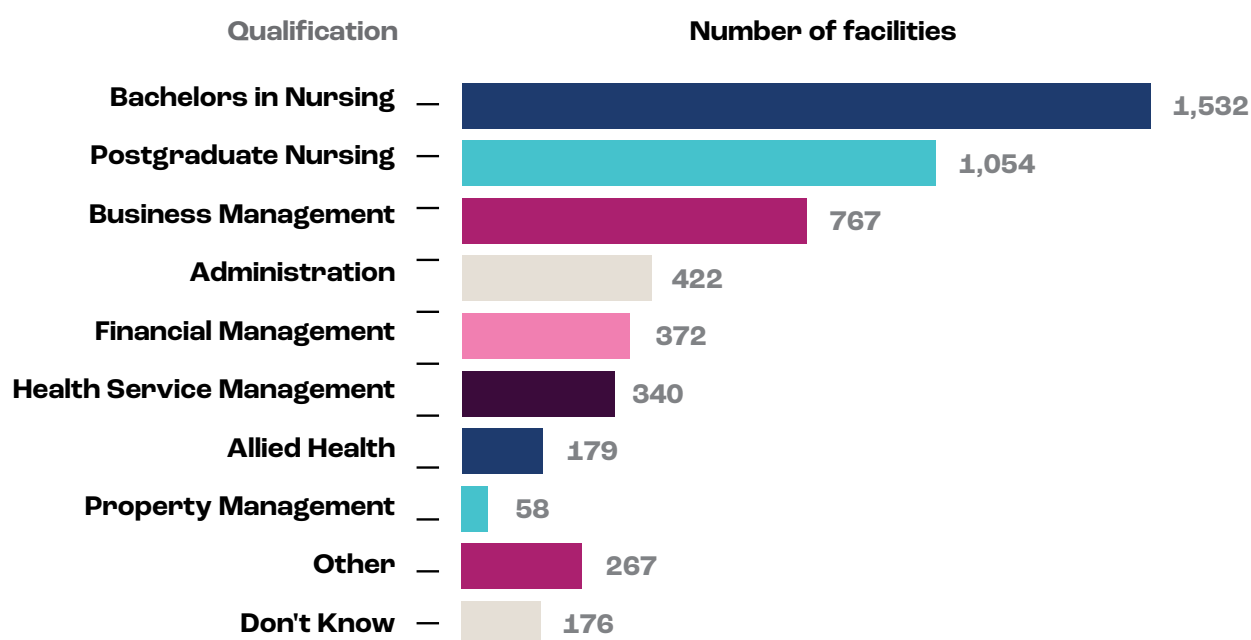
In 2020, facilities reported that 66 per cent of PCWs held a Certificate III or higher in a relevant direct care field, and another two per cent were studying for a Certificate III or higher. PCWs without a response are assumed not to hold or not currently be studying for a Certificate III in a relevant direct care field and account for 26 per cent of all PCWs. The qualifications of the remaining seven per cent were reported as unknown by their employer.

According to the 2016 report, 67 per cent of PCWs had a Certificate III in Aged Care. However, care must be taken when comparing between 2016 and 2020, as the two surveys were collected on a different basis:

- The 2016 qualification levels were self-reported by workers themselves, whereas the 2020 figures were reported by facilities on behalf of their workforce.
- The 2016 Aged Care Workforce Census surveyed 25 different specific qualifications, whereas the 2020 Census surveyed Certificate III or higher qualifications in a related direct care field.
- The 2016 Aged Care Workforce Census excluded agency/subcontractor roles, while 2020 responses did not differentiate these roles.

Managers of RAC facilities are much more likely to come from a nursing background than a business background, with a bachelor's degree in nursing or postgraduate nursing qualifications more common than business management or administration.

Figure 2.6: RAC – Facilities reporting qualifications of facility managers



Source: 2020 Aged Care Workforce Census. Note that a manager may possess more than one qualification and multiple managers at the same facility may be accounted for.

Facilities were asked whether their direct care workforce had any of 22 additional skills which allowed them to provide specialised care supports. Table 2.6 shows results for key skill areas. (A full list is available at Appendix 4). Providers were given the option to report their workers had none of the listed additional skills ('None').

In 2020, all RAC facilities were required to have a dedicated onsite, clinical IPC Lead that had completed specialist IPC training. In addition, following the 21 August 2020 National Cabinet commitment to enhance aged care preparedness, jurisdictions have undertaken work to uplift IPC capacity across the residential aged care sector. The impact of these measures can be seen in both the reported specialist skills and the training conducted in facilities over the previous 12 months.

Table 2.6: RAC – Number of facilities that report having direct care staff with additional skills to provide specialist care supports

| | Nurse Practitioner | Registered Nurse | Enrolled Nurse | Personal Care Worker | Allied Health Professional | Facilities with at least one specialist staff member |
|---------------------|--------------------|------------------|----------------|----------------------|----------------------------|--|
| IPC | 116 (81%) | 2,037 (86%) | 1,275 (76%) | 1,684 (73%) | 949 (53%) | 2,089 (88%) |
| Dementia Care | 92 (64%) | 1,927 (82%) | 1,248 (75%) | 1,740 (75%) | 887 (49%) | 2,011 (85%) |
| Medications | 94 (66%) | 1,929 (82%) | 1,228 (73%) | 1,362 (59%) | 391 (22%) | 2,037 (86%) |
| Elder Abuse | 78 (55%) | 1,898 (81%) | 1,194 (71%) | 1,706 (74%) | 931 (52%) | 1,954 (82%) |
| Wound Care* | 82 (57%) | 1,882 (80%) | 1,101 (66%) | 968 (42%) | 562 (31%) | 1,930 (81%) |
| Palliative Care | 73 (51%) | 1,806 (77%) | 1,061 (63%) | 1,333 (58%) | 524 (29%) | 1,866 (79%) |
| Falls Risk | 112 (78%) | 1,793 (76%) | 1,120 (67%) | 1,532 (66%) | 973 (54%) | 1,874 (79%) |
| Diversity Awareness | 49 (34%) | 1,442 (61%) | 863 (52%) | 1,314 (57%) | 761 (42%) | 1,529 (64%) |
| None | 11 (8%) | 170 (7%) | 177 (11%) | 251 (11%) | 457 (25%) | N/A |

Source: 2020 Aged Care Workforce Census. Note: The percentage represents the proportion of facilities that indicated having staff in that job role and completed this Census question and the percentage for all job roles is the proportion of facilities that indicated having one of these job roles and completed this Census question. *Wound Care: Wound Assessment/Care, Pressure Injury Risk Assessment & Skin Integrity

Facilities were asked about the types of training (or continuous professional development) they offered to their nurses and PCWs in 2020, and how many of their direct care workers had completed each type of training.

Table 2.7 shows that training in IPC was the most common, followed by training in elder abuse. More than 85 per cent of facilities reported they offered these training types, and a high proportion of workers have completed them. Five per cent of facilities reported offering no training to direct care workers.

The number of IPC training places per worker is greater than one across all worker types. There may be several reasons for this. Facilities may have offered the training at multiple times during the year and staff undertook the training on more than one occasion. Numbers may include staff who left the facility after doing the training. It is also possible that some facilities offered the training to staff from other facilities where it was not available.

Table 2.7: RAC – Areas of training delivered to nurses and PCWs through continuous professional development in the last 12 months

| | Number of facilities (proportion) | Number of workers (number of training places per worker) | | |
|--|--------------------------------------|---|----------------------|-----------------------|
| | | Registered Nurse | Enrolled Nurse | Personal Care Worker |
| IPC | 2,291 (90%) | 49,176 (1.60) | 26,743 (1.74) | 189,501 (1.37) |
| Dementia Care | 2,094 (82%) | 14,289 (0.46) | 6,790 (0.44) | 64,641 (0.47) |
| Medications | 2,094 (82%) | 17,898 (0.58) | 8,719 (0.57) | 34,709 (0.25) |
| Elder Abuse | 2,222 (88%) | 19,923 (0.65) | 11,693 (0.76) | 96,942 (0.70) |
| Wound Care* | 1,801 (71%) | 14,023 (0.46) | 6,310 (0.41) | 33,488 (0.24) |
| Palliative Care | 1,623 (64%) | 10,323 (0.34) | 4,534 (0.30) | 28,415 (0.21) |
| Falls Risk | 1,634 (64%) | 11,825 (0.38) | 5,754 (0.38) | 46,486 (0.34) |
| Diversity Awareness | 1,582 (62%) | 13,203 (0.43) | 6,089 (0.40) | 58,625 (0.42) |
| None | 134 (5%) | N/A | N/A | N/A |
| Total facilities and staff in each role | 2,540 (100%) | 30,733 (100%) | 15,338 (100%) | 138,304 (100%) |

Source: 2020 Aged Care Workforce Census. The facility proportions were taken from the 2,540 facilities that responded to this question in the Census. The number of training places per worker was calculated with the total headcount of each job role for facilities that responded to this Census question. *Wound Care: Wound Assessment/Care, Pressure Injury Risk Assessment & Skin Integrity

2.3 Residential aged care facilities

2.3.1 Direct care position vacancies

Facilities reported a total of 9,404 vacancies in direct care roles at the time of the Census. As Table 2.8 shows facilities were most likely to have PCW vacancies. Almost half reported at least one PCW position vacant, and the average number of positions vacant across these facilities was five.

Table 2.8: RAC – Proportion of facilities with vacant direct care positions and average number of vacancies by role type

| Job role | Proportion of facilities with vacancies | Average number of vacancies at facility* | Total vacancies | Vacancies as a proportion of jobs |
|----------------------------|---|--|-----------------|-----------------------------------|
| Nurse Practitioner | 1% | 1 | 21 | 13% |
| Registered Nurse | 38% | 2 | 1,995 | 7% |
| Enrolled Nurse | 18% | 2 | 829 | 5% |
| Personal Care Worker | 51% | 5 | 6,212 | 5% |
| Allied Health Professional | 5% | 2 | 202 | 4% |
| Allied Health Assistant | 4% | 1 | 145 | 5% |

Source: 2020 Aged Care Workforce Census. Facilities reporting any vacancies were aggregated by role type and a proportion taken of the total facilities that responded to this Census question. Vacancies as a proportion of jobs for facilities that answered this Census question, not total jobs in the service care type. *Average vacancies is for facilities reporting at least one vacancy. Includes full-time and part-time permanent and casual vacancies.

In addition, facilities were asked to report on the direct care workforce attrition over the 12 months from November 2019 to November 2020. They reported that 29 per cent of all workers they employed in these roles as at November 2019 had left their employment as at November 2020. These workers may have taken up employment at another aged care facility as opposed to leaving the workforce altogether.

Table 2.9 shows the workforce attrition segmented by role type. It indicates that the turnover of NPs and RNs was higher than that of other roles, with 37 per cent having left their employment over the 12-month period.

Table 2.9: RAC – Direct care workforce attrition by role type over Nov 2019 to Nov 2020

| Job role | Employees who left between Nov 2019 and Nov 2020 | Proportion of Nov 2019 employees |
|----------------------------|--|----------------------------------|
| Nurse Practitioner | 185 | 37% |
| Registered Nurse | 10,206 | 37% |
| Enrolled Nurse | 4,200 | 28% |
| Personal Care Worker | 36,039 | 28% |
| Allied Health Professional | 1,097 | 25% |
| Allied Health Assistant | 862 | 28% |
| Total | 52,588 | 29% |

Source: 2020 Aged Care Workforce Census total employees who left within the last 12 months. Attrition rate is calculated as the proportion of employees who left within the last 12 months to total employees as at November 2019 by job role

2.3.2 Volunteer support

Facilities reported that they were supported by 11,980 volunteers in the last fortnight of November 2020. This is a 49 per cent reduction from the 23,537 volunteers reported in 2016.

74 per cent of facilities responded that COVID-19 decreased their number of volunteers, a greater impact than for paid job roles.

Volunteers in RAC facilities primarily helped with social activity support, companionship, and planned group activities.

2.3.3 Facilities also providing services under the National Disability Insurance Scheme and Department of Veterans' Affairs

Facilities were asked whether they offered services under the NDIS and DVA. Almost two-thirds (62 per cent) of all facilities provide services under either the NDIS, DVA or both.

Table 2.10: RAC – Facilities providing services under NDIS and/or DVA by state

| | NSW | VIC | QLD | WA | SA | TAS | ACT | NT | NAT |
|--------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|-------------|--------------|
| NDIS and DVA | 248 (27%) | 158 (22%) | 192 (39%) | 48 (20%) | 61 (24%) | 4 (7%) | 8 (26%) | 0 (0%) | 719 (26%) |
| NDIS only | 183 (20%) | 221 (31%) | 127 (26%) | 19 (8%) | 39 (15%) | 9 (17%) | 0 (0%) | 2 (15%) | 600 (22%) |
| DVA only | 135 (15%) | 69 (10%) | 28 (6%) | 81 (34%) | 39 (15%) | 7 (14%) | 11 (34%) | 0 (0%) | 370 (14%) |
| Neither | 329 (36%) | 224 (32%) | 138 (28%) | 91 (38%) | 85 (34%) | 27 (52%) | 13 (40%) | 12 (85%) | 919 (34%) |
| Unknown | 31 (3%) | 36 (5%) | 6 (1%) | 0 (0%) | 30 (12%) | 6 (10%) | 0 (0%) | 0 (0%) | 109 (4%) |
| Total | 926 | 708 | 491 | 239 | 253 | 53 | 32 | 14 | 2716 |

Source: 2020 Aged Care Workforce Census were aggregated by state. Proportions taken from totals within each state.

2.4 Impact of COVID-19 on staffing levels

Facilities were asked whether they experienced an increase, decrease or no change in their direct care staffing and volunteer levels due to the COVID-19 pandemic. Overall, 9 per cent of facilities reported a decrease in their total direct care workforce (including volunteers), while 44 per cent reported an increase, and 47 per cent reported no change. The most significant staffing impacts were in volunteers (with 74 per cent of facilities reporting a decrease) and PCWs (with 43 per cent of facilities reporting an increase).

3. Home Care Packages Program

3.1 Introduction

The Census was sent to 834 providers nationally. Providers were asked to complete a separate response for each service operating in an aged care planning region, resulting in 1,308 survey requests in total. Of these, responses were received for 616 (47 per cent) of responses. Provider responses were weighted to estimate results for all of home care.

Accurate comparisons of the 2020 findings to Aged Care Workforce Census data from previous years is not possible as the 2020 Census treated HCPP and CHSP as separate service care types compared to the 2016 Aged Care Workforce Census which treated and reported on HCPP and home support as one care type. Additionally, providers which offer services under both HCPP and CHSP were asked to complete a separate survey for each service care type.

Key Findings

- 80,340 staff in HCPP in 2020¹⁴.
- 64,019 were direct care roles.
- Direct care jobs comprise six per cent nurses, 88 per cent PCWs and six per cent allied health professionals and assistants.
- Over half of direct care staff were employed in permanent positions.
- 3,268 staff worked in ancillary roles such as cooks, cleaners, and gardeners.
- Around one third of direct care staff were under the age of 40.
- 63 per cent of PCWs in HCPP services hold a Certificate III or higher in a relevant direct care field.
- IPC is the most commonly reported specialist skill among direct care staff.
- 33 per cent of providers reported a decrease in volunteer levels due to COVID-19.
- 21 per cent of services reported a decrease in PCWs due to COVID-19.
- Over 60 per cent of all providers also provide services under either the NDIS, DVA or both.

14 Based on a headcount of workers across administration, direct care workers, ancillary and other roles

3.2 Workforce characteristics

3.2.1 Size of workforce

The total number of staff in HCPP in November 2020 was 80,340 (includes permanent, casual/contractor and agency/sub-contractor across administration, direct care, and ancillary/pastoral care roles). Of these, 64,019 (or 80 per cent) were direct care workers. Of the remaining staff, 3,268 worked in ancillary roles such as cooks, cleaners, and gardeners and 13,002 worked in administration and managerial roles, including care managers, and 50 worked in pastoral care and educational roles.

Providers were asked to report on the hours worked by staff and, where not possible, to report on the number of sessions worked. Based on hours worked, the number of direct care FTEs working in HCPP is 25,308, the vast majority of which are PCWs (90 per cent).

However, FTE could not be calculated for approximately four per cent of workers as either the provider did not respond to this question, or only details of sessions were provided. Sessions could not be converted to FTE as session times vary considerably both in terms of time spent with the client and travel time. The true FTE count is therefore higher than shown in Table 3.1.

Table 3.2 shows in some states and territories, the proportion of the total direct care FTEs is notably different from the proportion of the total aged population in those jurisdictions. This difference is most significant in:

- Victoria, which has 12 per cent of the national direct care FTEs, but 25 per cent of the national aged population, and
- Queensland, which has 31 per cent of the national direct care FTEs, but 20 per cent of the national aged population.

Other administrative data resources do not support this marked difference seen in the 2020 Aged Care Workforce Census HCPP data. As such, all jurisdictional findings should therefore be interpreted with extreme caution. While no one reason has been found to account for the large difference there are several factors which may have had a combined effect.

- Victoria's response rate is lower than other states and the effect on the data is not fully rectified by weighting¹⁵.
- Victoria was particularly hard hit by the pandemic and capability and capacity to deliver HCPP services may have been impaired by the lengthy periods of lockdown leading to attrition of HCPP staff.
- In Victoria, the CHSP has higher activity than HCPP
- Responding Victorian providers which offered both HCPP and CHSP services were slightly more likely to respond on behalf of their CHSP service.

¹⁵ Inclusion of state as a factor in the weighting algorithm was investigated but did not make a significant difference so was not adopted.

Table 3.1: Home Care Packages Program – Direct care workforce by occupation type

| Nurses | | | | | | | | | |
|---|---------------------|---------------------|------------------------------|------------------------------|--|--|-----------------|---------------|--------|
| | Permanent Full-Time | Permanent Part-Time | Casual/ Contractor Full-Time | Casual/ Contractor Part-Time | Agency or subcontractor staff Full-Time* | Agency or subcontractor staff Part-Time* | Total headcount | Total FTE** | |
| Nurse Practitioner | 28 (46%) | 9 (16%) | 0 (0%) | 3 (4%) | 8 (13%) | 13 (22%) | 60 (100%) | 28 | |
| Registered Nurse | 526 (17%) | 1,543 (51%) | 78 (3%) | 788 (26%) | 4 (0%) | 82 (3%) | 3,022 (100%) | 1,241 | |
| Enrolled Nurse | 151 (17%) | 491 (55%) | 37 (4%) | 196 (22%) | 0 (0%) | 13 (2%) | 887 (100%) | 357 | |
| Total | 705 (18%) | 2,043 (51%) | 115 (3%) | 986 (25%) | 12 (0%) | 109 (3%) | 3,969 (100%) | 1,625 | |
| PCWs | 1,621 (3%) | 28,242 (52%) | 4251 (8%) | 19,858 (36%) | 235 (0%) | 630 (1%) | 54,837 (100%) | 22,224 | |
| PCW (formal traineeship) | 58 (4%) | 646 (46%) | 51 (4%) | 600 (43%) | 0 (0%) | 50 (4%) | 1,405 (100%) | 546 | |
| Total | 1,679 (3%) | 28,889 (51%) | 4,303 (8%) | 20,458 (36%) | 235 (0%) | 679 (1%) | 56,242 (100%) | 23,251 | |
| Occupational Therapist | 139 (20%) | 245 (36%) | 2 (<1%) | 38 (6%) | 15 (2%) | 249 (36%) | 688 (100%) | 170 | |
| Physiotherapist | 101 (12%) | 188 (22%) | 4 (1%) | 43 (5%) | 75 (9%) | 426 (51%) | 838 (100%) | 144 | |
| Dietitian | 11 (7%) | 63 (36%) | 0 (0%) | 15 (9%) | 4 (3%) | 78 (45%) | 172 (100%) | 27 | |
| Exercise Physiologist | 69 (29%) | 49 (20%) | 2 (1%) | 23 (9%) | 4 (2%) | 95 (39%) | 242 (100%) | 80 | |
| Speech Therapist | 21 (23%) | 18 (19%) | 3 (3%) | 5 (5%) | 4 (5%) | 42 (45%) | 93 (100%) | 20 | |
| Diversional Therapist | 9 (15%) | 26 (40%) | 0 (0%) | 4 (6%) | 3 (4%) | 22 (35%) | 64 (100%) | 21 | |
| Aboriginal and/or Torres Strait Islander Health Worker/Practitioner | 0 (0%) | 4 (29%) | 0 (0%) | 2 (13%) | 0 (0%) | 9 (57%) | 15 (100%) | N/A | |
| Podiatrist | 33 (6%) | 66 (12%) | 4 (1%) | 25 (5%) | 22 (4%) | 408 (73%) | 558 (100%) | 35 | |
| Psychologist | 10 (16%) | 12 (18%) | 0 (0%) | 2 (3%) | 3 (4%) | 39 (59%) | 66 (100%) | 12 | |
| Pharmacist | 0 (0%) | 3 (3%) | 0 (0%) | 0 (0%) | 2 (2%) | 84 (95%) | 89 (100%) | 1 | |
| Social Worker | 187 (56%) | 97 (29%) | 0 (0%) | 16 (5%) | 13 (4%) | 20 (6%) | 333 (100%) | 222 | |
| Allied Health - other | 12 (6%) | 69 (32%) | 4 (2%) | 7 (3%) | 9 (4%) | 117 (54%) | 218 (100%) | 35 | |
| Allied Health assistant | 81 (19%) | 295 (68%) | 4 (1%) | 46 (11%) | 5 (1%) | 2 (1%) | 432 (100%) | 147 | |
| Total | 674 (18%) | 1,133 (30%) | 23 (1%) | 226 (6%) | 159 (4%) | 1,592 (42%) | 3,808 (100%) | 913 | |
| HCPP DIRECT CARE GRAND TOTAL | | | | | | | | 64,019 (100%) | 25,308 |

Source: 2020 Aged Care Workforce Census figures for hours worked by occupation type were converted to FTE using ABS standard 35 hour weeks. *Not paid directly by the provider. **Refer to Appendix 2 for further information about FTE.

Table 3.2: HCPP – Direct care FTE positions compared to population aged 70+ by state

| | Direct care (FTE) | Aged population ('000s) |
|--------------|----------------------|-------------------------|
| State | NSW | 10,308 (41%) |
| | VIC | 2,911 (12%) |
| | QLD | 7,887 (31%) |
| | WA | 2,051 (8%) |
| | SA | 744 (3%) |
| | TAS | 532 (2%) |
| | ACT | 685 (3%) |
| | NT | 190 (1%) |
| Total | 25,308 (100%) | 3,024 (100%) |

Source: 2020 Aged Care Workforce Census figures for hours worked by staff were converted to FTE using ABS standard 35 hour weeks. Aged population as per Report on Government Services 14A (2020), the total of persons aged 70+ and Aboriginal and/or Torres Strait Islander persons aged 50-69. See Appendix 1: Job groups. PCWs includes PCWs (formal traineeship). Allied Health Professionals includes Allied Health Assistants.

Table 3.3: HCPP – Additional sessions provided by nurses, PCWs, and allied health staff by state

| | Nurses and PCWs (Sessions) | Allied health (Sessions) |
|--------------|----------------------------|--------------------------|
| State | NSW | 12,787 |
| | VIC | 573 |
| | QLD | 3,069 |
| | WA | 1,198 |
| | SA | 78 |
| | TAS | - |
| | ACT | - |
| | NT | 295 |
| Total | 17,999 | 6,997 |

Source: The number of sessions reported by providers were aggregated by state and job groups. Note: Includes permanent and casual/contractor staff. See Appendix A: Job groups. Nurses and PCWs: Nurse Practitioners, RNs, ENs, PCWs, PCWs (formal traineeship). Allied Health: Allied Health Professionals and Allied Health Assistants.

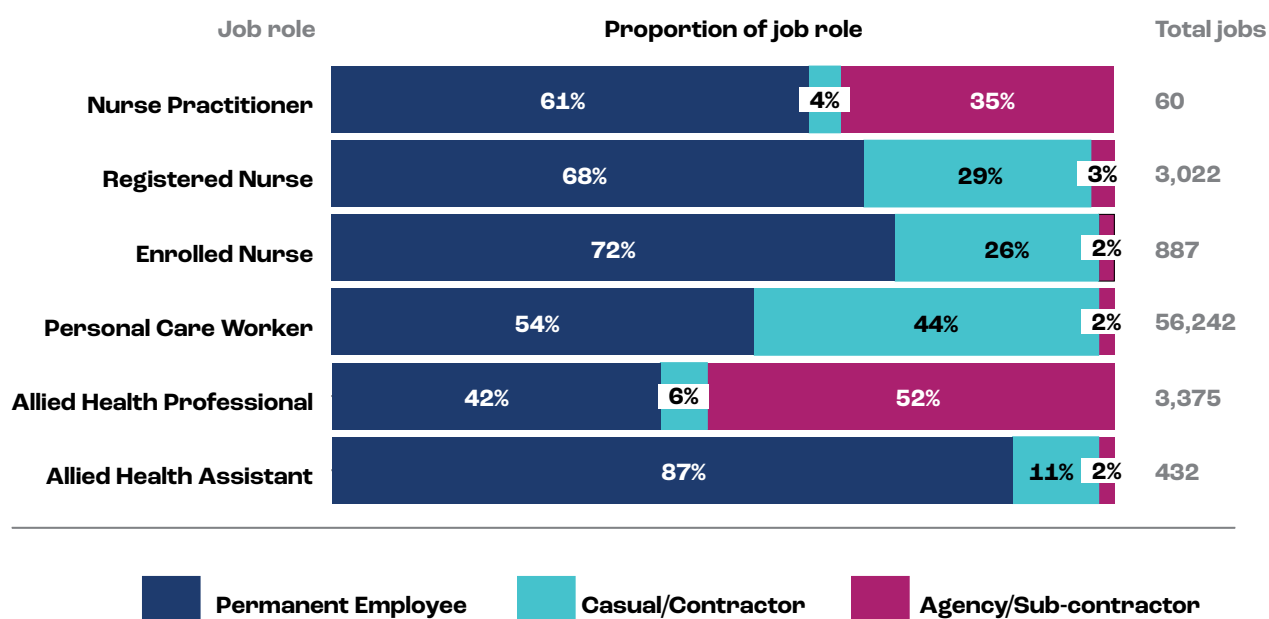
3.2.2 Occupation types

PCWs account for 88 per cent of total direct care workforce in 2020 (Table 3.1). The majority of nurses are RNs, representing 76 per cent of all nurses, while physiotherapists account for 22 per cent of allied health workers. Workers may be duplicated in job counts if they work across multiple providers.

3.2.3 Employment types

More than half (55 per cent) of the direct care workforce staff were employed on a permanent basis with six per cent being agency staff/sub-contractors. However, as Figure 3.1 shows, the proportion of the workforce employed on an agency/sub-contractor basis varies by job role with the highest proportion being among allied health professionals (46 per cent).

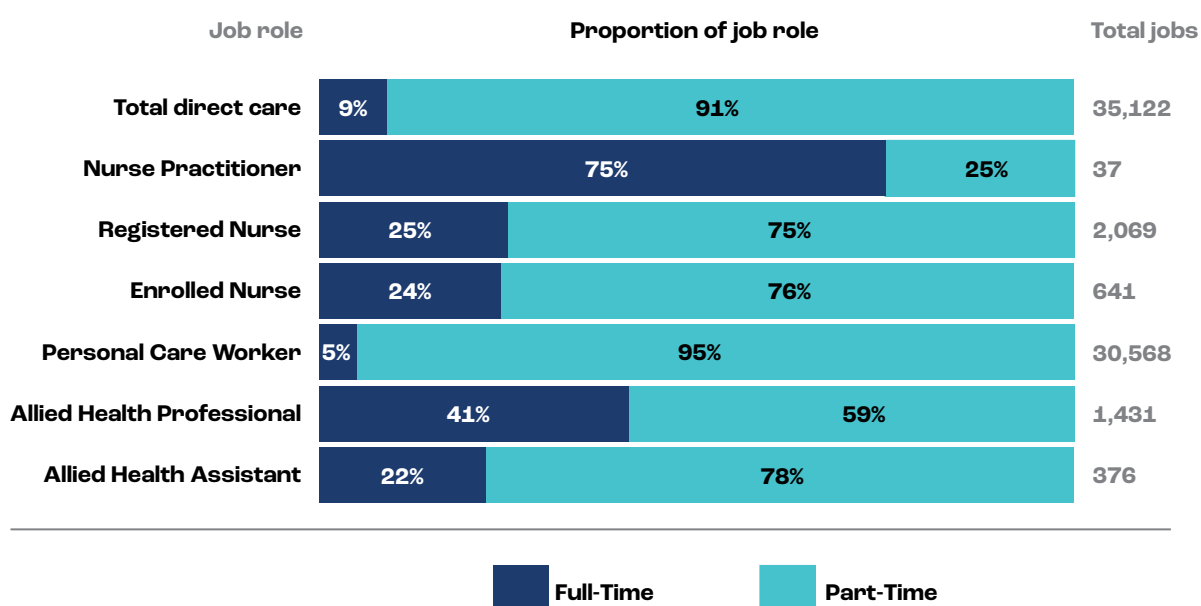
Figure 3.1: HCPP – Proportion of direct care permanent, casual and agency staff by job role



Source: 2020 Aged Care Workforce Census. See Appendix 1: Job groups Note: PCWs include PCWs (formal traineeship)

Figure 3.2 shows that direct care workers employed in permanent positions were predominantly employed on a part time basis (91 per cent) with PCWs most likely to be working part-time (95 per cent).

Figure 3.2: HCPP – Direct care workforce full-time and part-time permanent staff

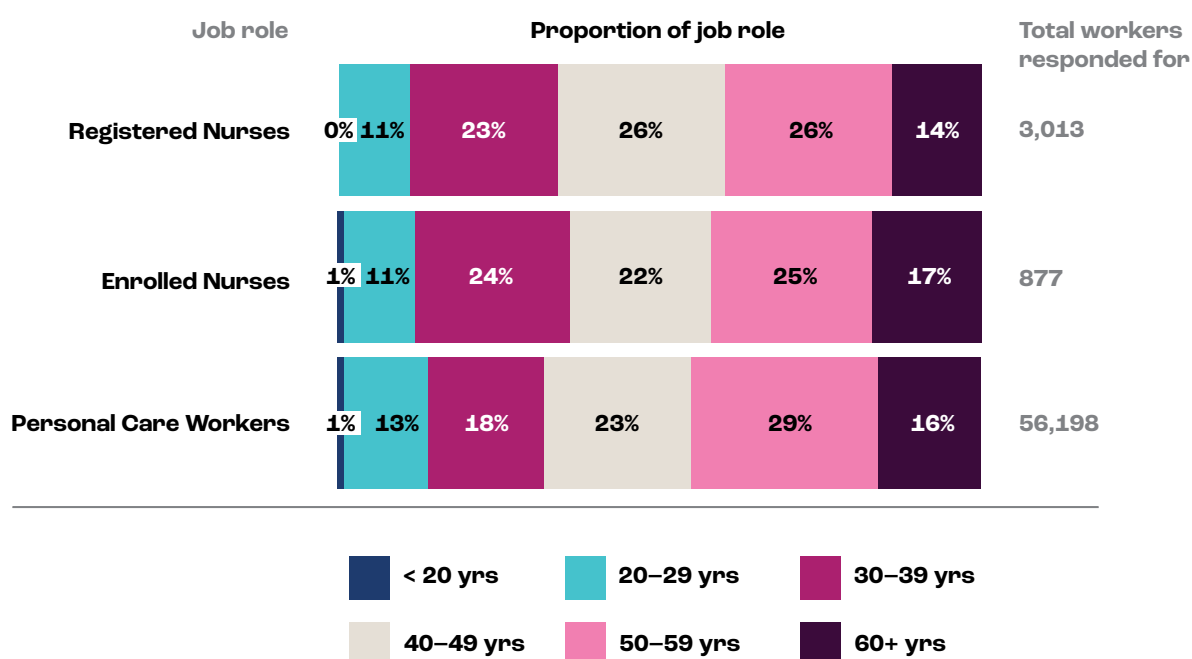


Source: 2020 Aged Care Workforce Census. Note: workers are reported at a provider level. Therefore, these workers may work multiple part-time jobs and work a full-time capacity. See Appendix 1: Job groups for roles considered Allied Health Professionals. PCWs include PCWs (formal traineeship).

3.2.4 Age and gender distribution

Around 33 per cent of all direct care workers in HCPP are younger than 40 years old. Figure 3.3 shows a similar age distribution across RNs, ENs and PCWs.

Figure 3.3: HCPP – Age of RNs, ENs and PCWs



Source: 2020 Aged Care Workforce Census aggregate workers in each age bracket by job role across providers.

In 2016, the median ages of RNs, ENs and PCWs in HCPP and home support were 48, 51 and 52 years respectively. In 2020, the median age for PCWs and ENs in both HCPP and CHSP was younger than in 2016 and lies between 40–49 years as per Figure 3.3 (50 per cent of workers in these job roles were aged 40–49 years or younger). Estimated median ages for RNs in HCPP and CHSP appear to be in line with 2016 figures¹⁶.

In line with previous Census data, most direct care workers in HCPP identify as female. However, more allied health professionals identify as male than workers in other aged care job roles. PCWs (11 per cent) were slightly more likely to identify as male than RNs (seven per cent).

The proportions of male nurses (six per cent) and PCWs (11 per cent) in HCPP were lower than for those in RAC (14 per cent for both). The proportions for both RAC and HCPP are similar to those in the 2016 Aged Care Workforce Census.

3.2.5 Aboriginal and/or Torres Strait Islander distribution

The number of direct care workers employed in HCPP who identify as Aboriginal and/or Torres Strait Islander in 2020 is 1,263, representing two per cent of the total direct care health workforce.

Table 3.4 shows providers grouped by their proportion of Aboriginal and/or Torres Strait Islander clients, based on the national proportion of Aboriginal and/or Torres Strait Islanders to the national population of Australia (3.3 per cent¹⁷).

For providers that had more than 3.3 per cent Aboriginal and/or Torres Strait Islander clients, the proportion of Aboriginal and/or Torres Strait Islander PCWs increased from 1.1 per cent to 5.7 per cent. A similar trend was seen for nurses and allied health workers.

16 2020 RN ages were distributed between the 40–49-year group based on National Registration RN Community health care service settings ages

17 Proportion of 3.3 per cent was taken from the national population of Aboriginal and/or Torres Strait Islander population to the Australian population (<https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>).

Table 3.4: HCPP – Direct care workforce who identify as Aboriginal and/or Torres Strait Islander working at providers with lower and higher levels of Aboriginal and/or Torres Strait Islander clients

| | | Proportion of Aboriginal and/or Torres Strait Islander clients (provider grouping) | | | |
|---|--|--|----------------------|-------------------|-----------------------|
| | | 0-3.3% | Above 3.3% | Unknown | All facilities |
| Nurses | Aboriginal and/or Torres Strait Islander | 38 (1.1%) | 7 (1.8%) | 0 (0%) | 45 (1.1%) |
| | Total | 3,502 (100%) | 390 (100%) | 46 (100%) | 3,938 (100%) |
| PCWs | Aboriginal and/or Torres Strait Islander | 485 (1.1%) | 664 (5.7%) | 36 (9.5%) | 1,184 (2.1%) |
| | Total | 43,649 (100%) | 11,574 (100%) | 375 (100%) | 55,598 (100%) |
| Allied Health | Aboriginal and/or Torres Strait Islander | 12 (0.4%) | 21 (3.7%) | 0 (0%) | 34 (0.9%) |
| | Total | 3,183 (100%) | 585 (100%) | 11 (100%) | 3,779 (100%) |
| Total Staff (Aboriginal and/or Torres Strait Islander staff) | | 50,334 (535) | 12,549 (692) | 431 (36) | 63,314 (1,263) |
| Providers | | 892 | 319 | 28 | 1,239 |

Source: 2020 Aged Care Workforce Census. Client data as per Dept. of Health facility resident records as at December 2020. Proportions taken only for facilities that answered this Census question. See Appendix 1: Job groups.

3.2.6 Culturally and linguistically diverse distribution

The number of direct care workers who identify as being from a CALD background in 2020 was 13,192, representing 21 per cent of the total direct care workforce.

PCWs account for 91 per cent of all CALD direct care workers with 65 per cent of these, working for providers with a higher CALD base. For providers that had more than 29.8 per cent¹⁸ of clients from a CALD background, the proportion of CALD staff increased from 10 per cent to 58 per cent for PCWs.

Table 3.5: HCPP – Direct care workforce who identify as CALD working at providers with lower and higher levels of CALD clients

| | | Proportion of CALD clients (provider grouping) | | | |
|---------------------------------|--------------|--|-----------------------|-------------------|------------------------|
| | | 0-29.8% | Above 29.8% | Unknown | All providers |
| Nurses | CALD | 361 (11%) | 285 (46%) | 17 (37%) | 664 (17%) |
| | Total | 3,189 (100%) | 620 (100%) | 46 (100%) | 3,855 (100%) |
| PCWs | CALD | 4,170 (10%) | 7,841 (58%) | 51 (14%) | 12,061 (22%) |
| | Total | 41,367 (100%) | 13,594 (100%) | 374 (100%) | 55,335 (100%) |
| Allied Health | CALD | 143 (5%) | 323 (33%) | 1 (9%) | 467 (13%) |
| | Total | 2,727 (100%) | 986 (100%) | 11 (100%) | 3,724 (100%) |
| Total staff (CALD staff) | | 47,283 (4,674) | 15,200 (8,449) | 431 (69) | 62,915 (13,192) |
| Providers | | 865 | 348 | 28 | 1,241 |

Source: 2020 Aged Care Workforce Census. Client data as per Dept. of Health Home Care client records as at December 2020. Proportions taken only for facilities that answered this Census question.
See Appendix 1: Job groups.

3.2.7 Qualification levels

Providers reported that 63 per cent of their PCWs employed at the time of the census held a Certificate III or higher in a relevant direct care field, and another four per cent were reported as studying for a Certificate III or higher. PCWs without a response were assumed not to hold, or not currently be studying for a Certificate III in a relevant direct care field.

¹⁸ Proportion of 29.8 per cent was taken from the national proportion of Australians who were born overseas in non-English speaking countries (<https://www.abs.gov.au/statistics/people/population/migration-australia/2019-20>).

Care managers of HCPP service providers are much more likely to come from a nursing background with 352 providers reporting employing staff with bachelor's degree in nursing. Additionally, 204 providers reported care managers with post graduate nursing qualifications¹⁹. There were 355 providers that reported care managers having qualifications in an area other than those specifically asked about. The most commonly reported qualifications in the "other" category were Community Services qualifications (116 providers) and Certificate III in Individual Support (Ageing) (84 providers).

Providers were asked whether any of their direct care workforce had any of 22 formally attained specialist skills. Table 3.6 shows the most common. Refer to Appendix 4 for the full list.

Table 3.6: HCPP – Number and percentage of providers that report having direct care workers with formally obtained specialist skills

| | Nurse Practitioner | Registered Nurse | Enrolled Nurse | Personal Care Worker | Allied Health Professional | Facilities with at least one skilled worker |
|---------------------|--------------------|------------------|----------------|----------------------|----------------------------|---|
| IPC | 30 (80%) | 511 (77%) | 200 (71%) | 810 (71%) | 238 (56%) | 905 (77%) |
| Dementia Care | 27 (74%) | 460 (69%) | 182 (64%) | 772 (68%) | 161 (38%) | 871 (75%) |
| Medications | 23 (61%) | 494 (74%) | 199 (70%) | 707 (62%) | 58 (14%) | 862 (74%) |
| Elder Abuse | 32 (86%) | 434 (65%) | 193 (68%) | 737 (65%) | 189 (44%) | 811 (69%) |
| Wound Care* | 23 (61%) | 485 (73%) | 182 (64%) | 271 (24%) | 117 (27%) | 664 (57%) |
| Palliative Care | 18 (49%) | 388 (58%) | 128 (45%) | 400 (35%) | 113 (27%) | 620 (53%) |
| Falls Risk | 20 (55%) | 411 (62%) | 177 (63%) | 564 (49%) | 207 (48%) | 713 (61%) |
| Diversity Awareness | 20 (55%) | 385 (58%) | 174 (61%) | 612 (54%) | 200 (47%) | 717 (61%) |
| None | 3 (7%) | 45 (7%) | 40 (14%) | 111 (10%) | 93 (22%) | N/A |

Source: 2020 Aged Care Workforce Census. Only includes providers who employ staff in the specific job role and responded to this question in the Census. *Wound Care: Wound Assessment/Care, Pressure Injury Risk Assessment & Skin Integrity

Between March and April 2020, the Commonwealth released a range of IPC e-learning modules. These included a foundation IPC e-learning course tailored for health and community workers, including aged care workers, and nine aged care IPC training modules to provide additional IPC training to aged care providers and workers in all states and territories.

Consistent with RAC data, the most commonly reported specialist skill and training was in IPC although the proportions are not as high as for RAC where training was targeted and supported through the introduction of IPC Lead roles.

¹⁹ As providers may employ multiple care managers, these may not be mutually exclusive.

Providers were asked about the types of training (or continuous professional development) they offered to their direct care workers (nurses and PCWs) in 2020, and how many of their direct care workers had completed each type of training. Table 3.7 shows that training in IPC was the most common, followed by training in dementia care. Seven per cent of providers responded 'none' to this question.

The number of training places per worker may be affected by training being offered multiple times during the year or staff undertaking the training on more than one occasion.

Table 3.7: HCPP – Areas of training delivered to nurses and PCWs through continuous professional development in the last 12 months

| | Number of providers (Proportion) | Number of workers (number of training places per worker) | | |
|---|-------------------------------------|--|-------------------|----------------------|
| | | Registered Nurse | Enrolled Nurse | Personal Care Worker |
| IPC | 965 (80%) | 5,715 (1.89) | 4,736 (5.34) | 44,247 (0.79) |
| Dementia Care | 660 (55%) | 927 (0.31) | 373 (0.42) | 15,549 (0.28) |
| Medications | 755 (62%) | 1,461 (0.48) | 549 (0.62) | 24,315 (0.43) |
| Elder Abuse | 711 (59%) | 1,595 (0.53) | 1,005 (1.13) | 22,457 (0.4) |
| Wound Care* | 406 (34%) | 1,160 (0.38) | 354 (0.4) | 5,753 (0.1) |
| Palliative Care | 286 (24%) | 571 (0.19) | 122 (0.14) | 3,785 (0.07) |
| Falls Risk | 456 (38%) | 972 (0.32) | 424 (0.48) | 13,009 (0.23) |
| Diversity Awareness | 521 (43%) | 753 (0.25) | 300 (0.34) | 14,113 (0.25) |
| None | 80 (7%) | N/A | N/A | N/A |
| Total providers and staff in each role | 1,209 (100%) | 3,022 (100%) | 887 (100%) | 56,071 (100%) |

Source: 2020 Aged Care Workforce Census. The provider proportions were taken from the 1,209 providers that responded to this question and employs one of these role types. The number of training places per worker was calculated with the total headcount of each job role for providers that responded to this Census question. *Wound Care: Wound Assessment/Care, Pressure Injury Risk Assessment & Skin Integrity

3.3 Home Care Packages Program providers

3.3.1 Direct care position vacancies

HCPP providers reported a total of 6,479 vacancies in direct care roles at the time of the Census. As the largest proportion of workers, PCW positions comprise the largest number of vacancies with over half of all providers reporting they had at least one PCW position vacant. However, Table 3.8 shows there are a greater proportion of vacancies to headcount for NPs and ENs.

The average number of PCW vacancies per provider (eight) was higher than for RAC (five). However, HCPP providers were notably less likely to report vacancies for RN and EN positions (15 per cent and four per cent respectively) than RAC (38 per cent and 18 per cent respectively). High vacancies as a proportion of jobs is in part due to relatively low numbers of nurse practitioners in the workforce. Additionally, some providers advertising for these roles did not have nurse practitioners among their current staff.

Table 3.8: HCPP – Proportion of providers with vacant direct care positions and average number of vacancies by role type

| Job role | Proportion of providers with vacancies | Average number of vacancies at providers* | Total vacancies | Vacancies as a proportion of jobs |
|----------------------------|--|---|-----------------|-----------------------------------|
| Nurse Practitioner | 1% | 2 | 24 | 62% |
| Registered Nurse | 15% | 1 | 297 | 10% |
| Enrolled Nurse | 4% | 3 | 124 | 14% |
| Personal Care Worker | 58% | 8 | 5,817 | 11% |
| Allied Health Professional | 8% | 2 | 197 | 12% |
| Allied Health Assistant | 1% | 1 | 20 | 5% |

Source: 2020 Aged Care Workforce Census. Providers reporting any vacancies were aggregated by role type and a proportion taken of the 1,299 providers that responded to the question. *Average vacancies is calculated for providers reporting at least one vacancy. The proportion of job roles was taken from the total jobs for each job role that responded to this question in the Census. Both full-time and part-time permanent and casual vacancies are included.

Providers also reported on the direct care workforce attrition over the 12 months from November 2019 to November 2020. In the 12 months to November 2020, 34 per cent of all workers employed in these roles as at November 2019 had left their employment. Table 3.9 shows that the turnover of RNs and PCWs was higher than that of other roles, with 30 per cent and 35 per cent respectively having left their employment over the 12-month period.

Workers may have taken up employment with a different care type service or provider as opposed to leaving the aged care sector.

Table 3.9: HCPP – Direct care workforce attrition by role type over Nov 2019 to Nov 2020

| Role type | Employees who left between Nov 2019 and Nov 2020 | Proportion of Nov 2019 employees |
|----------------------------|--|----------------------------------|
| Nurse Practitioner | 14 | 13% |
| Registered Nurse | 712 | 30% |
| Enrolled Nurse | 222 | 24% |
| Personal Care Worker | 17,770 | 35% |
| Allied Health Professional | 389 | 26% |
| Allied Health Assistant | 71 | 23% |
| Total | 19,177 | 34% |

Source: 2020 Aged Care Workforce Census total employees who left within the last 12 months. Attrition rate is calculated as the proportion of employees who left within the last 12 months to total employees as at November 2019 by job role. Employees who left sums to 19,178 due to rounding.

3.3.2 Volunteer support

The reported number of volunteers providing support in HCPP is 8,748²⁰, equivalent to 454 FTE positions.

Sixteen per cent of providers responded that COVID-19 decreased their number of volunteers. However, the reported effect of COVID-19 on volunteers is significantly lower than for both RAC and CHSP with 81 per cent of HCPP providers reporting no change.

HCPP volunteers most commonly assisted with social activities, companionship, and transport.

3.3.3 Providers also providing services under the National Disability Insurance Scheme and Department of Veterans' Affairs

Over 60 per cent of all HCPP providers also offered services under either the NDIS, DVA or both. Apart from the ACT, more than half of the HCPP providers in all states and territories offer services under NDIS, DVA or both. Nearly three quarters (72 per cent) of HCPP providers in Queensland offer services under NDIS and 40 per cent of HCPP providers in WA offer services for DVA. Nationally, 52 per cent of HCPP providers offer NDIS services and 33 per cent offer DVA services with 37 per cent offering only HCPP services.

²⁰ Reported working in a volunteer role in the last fortnight of November 2020.

Table 3.10: Home care – HCPP providers offering services under NDIS and/or DVA by state

| | NSW | VIC | QLD | WA | SA | TAS | ACT | NT | Nat |
|--------------|--------------|-------------|--------------|-------------|-------------|-------------|-------------|-------------|--------------|
| NDIS and DVA | 107 (21%) | 36 (17%) | 96 (33%) | 18 (13%) | 17 (25%) | 15 (31%) | 4 (18%) | 4 (17%) | 297 (23%) |
| NDIS only | 136 (27%) | 68 (32%) | 114 (39%) | 34 (26%) | 9 (13%) | 9 (18%) | 2 (9%) | 9 (36%) | 381 (29%) |
| DVA only | 51 (10%) | 21 (10%) | 8 (3%) | 36 (27%) | 10 (15%) | 2 (4%) | 5 (21%) | 2 (9%) | 135 (10%) |
| Neither | 208 (41%) | 90 (42%) | 71 (24%) | 44 (33%) | 29 (44%) | 22 (46%) | 12 (52%) | 10 (39%) | 486 (37%) |
| Unknown | 0 (0%) | 0 (0%) | 2 (1%) | 2 (2%) | 2 (3%) | 0 (0%) | 0 (0%) | 0 (0%) | 6 (0%) |
| Total | 502 | 216 | 291 | 133 | 66 | 48 | 24 | 26 | 1,308 |

Source: Provider responding 'Yes' to providing services under NDIS and DVA in the 2020 Aged Care Workforce Census were aggregated by state. Proportions taken from total providers within each state. Providers may be double-counted across states if they operate in Aged Care Planning Regions in multiple states. The 'Unknown' category includes providers that did not respond to this question in the census. The number of total providers does not add to 1,308 due to rounding.

3.4 Impact of COVID-19 on staffing levels

Providers were asked whether they experienced an increase, decrease or no change in their direct care staffing and volunteer levels due to the COVID-19 pandemic. Most providers (60 per cent) reported no change in their total care workforce, 18 per cent reported a decrease, while 21 per cent reported an increase. The most significant staffing impacts were in PCWs (with 21 per cent of providers reporting a decrease) and volunteers (with 33 per cent of providers reporting a decrease).

4. Commonwealth Home Support Programme

4.1 Introduction

The Census was sent to 630 CHSP providers nationally, who were asked to complete a separate response for each of the aged care planning regions they operated in. This represents a total of 1,340 Census requests, of which 505 (38 per cent) responded. Responses were weighted to estimate results for the whole CHSP service care type. In this section, CHSP providers are counted separately for each aged care planning region as described in Section 1.2.

Accurate comparisons of the 2020 Census findings with Aged Care Workforce Census data from previous years is not possible as the 2020 Census treated HCPP and CHSP as separate service care types as opposed to the 2016 Census which treated and reported on them as one care type. Additionally, providers who offer services under both HCPP and CHSP were asked to complete a separate response for each service care type.

Key Findings

- 76,096 staff in CHSP in 2020²¹.
- 59,029 were direct care staff.
- Direct care staff comprise 12 per cent nurses, 80 per cent PCWs and 8 per cent allied health professionals.
- Almost three quarters of direct care jobs were permanent positions, and the majority of these (92 per cent) were part-time.
- 2,889 staff worked in ancillary roles such as cooks, cleaners, and gardeners.
- 30 per cent of direct care workers were under the age of 40.
- 71 per cent of PCWs in CHSP hold a Certificate III or higher in a relevant direct care field.
- IPC is the most commonly reported specialist skill among direct care workers.
- Over 60 per cent of all CHSP providers provide services under either the NDIS, DVA or both.
- 57 per cent of providers reported a decrease in volunteer levels due to COVID-19.
- 28 per cent of providers reported a decrease in PCWs due to COVID-19.

²¹ Based on administration, direct care and ancillary roles

Table 4.1: CHSP – Job roles by employment type

| | Permanent Full-Time | Permanent Part-Time | Casual/ Contractor Full-Time | Casual/ Contractor Part-Time | Agency or subcontractor staff Full-Time* | Agency or subcontractor staff Part-Time* | Total headcount | Total FTE** |
|------------------------------|---|------------------------|------------------------------------|------------------------------------|--|--|----------------------|----------------|
| Nurses | Nurse Practitioner | 90 (49%) | 82 (44%) | 0 (0%) | 0 (0%) | 12 (7%) | 184 (100%) | 131 |
| | Registered Nurse | 865 (17%) | 3,233 (65%) | 88 (2%) | 738 (15%) | 68 (1%) | 5,008 (100%) | 2,298 |
| | Enrolled Nurse | 177 (10%) | 1,174 (69%) | 15 (1%) | 303 (18%) | 31 (2%) | 1,699 (100%) | 813 |
| | Total | 1,132 (16%) | 4,488 (65%) | 103 (1%) | 1,041 (15%) | 111 (2%) | 6,891 (100%) | 3,242 |
| PCWs | PCW | 1,050 (2%) | 32,639 (71%) | 2,075 (5%) | 9,259 (20%) | 774 (2%) | 45,861 (100%) | 15,501 |
| | PCW (formal traineeship) | 41 (3%) | 692 (55%) | 28 (2%) | 405 (32%) | 51 (4%) | 1,267 (100%) | 317 |
| | Total | 1,092 (2%) | 33,332 (71%) | 2,103 (4%) | 9,664 (21%) | 824 (2%) | 47,128 (100%) | 15,818 |
| | Occupational Therapist | 470 (37%) | 608 (48%) | 4 (0%) | 73 (6%) | 97 (8%) | 1,265 (100%) | 641 |
| Allied Health | Physiotherapist | 202 (22%) | 484 (54%) | 9 (1%) | 62 (7%) | 11 (1%) | 903 (100%) | 319 |
| | Dietitian | 45 (16%) | 155 (57%) | 9 (3%) | 13 (5%) | 51 (19%) | 274 (100%) | 71 |
| | Exercise Physiologist | 112 (47%) | 75 (31%) | 5 (2%) | 7 (3%) | 42 (18%) | 241 (100%) | 123 |
| | Speech Therapist | 29 (25%) | 67 (59%) | 4 (4%) | 6 (6%) | 7 (6%) | 113 (100%) | 36 |
| | Divisional Therapist | 20 (22%) | 44 (49%) | 5 (5%) | 14 (15%) | 7 (8%) | 89 (100%) | 41 |
| | Aboriginal/Torres Strait Islander Health Worker/ Practitioner | 4 (18%) | 10 (43%) | 0 (0%) | 2 (7%) | 7 (32%) | 23 (100%) | 7 |
| | Podiatrist | 123 (25%) | 206 (41%) | 6 (1%) | 25 (5%) | 135 (27%) | 497 (100%) | 135 |
| | Psychologist | 24 (34%) | 31 (44%) | 0 (0%) | 12 (17%) | 4 (6%) | 71 (100%) | 21 |
| | Pharmacist | 0 (0%) | 0 (0%) | 2 (25%) | 0 (0%) | 7 (75%) | 10 (100%) | - |
| | Social Worker | 146 (47%) | 137 (44%) | 18 (6%) | 7 (2%) | 2 (1%) | 311 (100%) | 163 |
| CHSP DIRECT CARE GRAND TOTAL | Allied Health – other | 141 (28%) | 260 (51%) | 33 (7%) | 47 (9%) | 26 (5%) | 509 (100%) | 276 |
| | Allied Health Assistant | 122 (17%) | 507 (72%) | 2 (0%) | 72 (10%) | 0 (0%) | 705 (100%) | 249 |
| | Total | 1,437 (29%) | 2,584 (52%) | 99 (2%) | 341 (7%) | 523 (10%) | 5,011 (100%) | 2,083 |
| | | 3,661 (6%) | 40,404 (68%) | 2,304 (4%) | 11,045 (19%) | 156 (0%) | 59,029 (100%) | 21,141 |

Source: 2020 Aged Care Workforce Census figures for hours worked by occupation type were converted to FTE using ABS standard 35 hour weeks. *Not paid directly by the provider. **Refer to Appendix 2 for further information about FTE.

4.2 Workforce characteristics

4.2.1 Size of the workforce

The total number of staff in the CHSP service care type in 2020 was 76,096 (based on permanent, casual/contractor and agency/sub-contractor workers across all roles). Of this total, 59,029 (or 78 per cent) were direct care staff. Of the remaining staff, 2,889 worked in ancillary roles such as cooks, cleaners, and gardeners and 14,132 worked in administration and managerial roles, including care managers and 46 worked in pastoral care and educational roles.

Providers were asked to report the hours worked by employees and, where this was not possible, to report on the number of sessions worked. Based on hours worked only, the number of direct care FTEs working in the service care type was 21,141. However, FTE could not be calculated for approximately four per cent of workers as either the provider did not respond to this question, or only details of sessions were provided. Sessions could not be converted to FTE as session times vary considerably both in terms of time spent with the client and travel time. The true FTE count is therefore higher than shown in Table 4.2.

For CHSP, the direct care FTE distribution across jurisdictions is more closely aligned to the total aged population distribution than for HCPP. However, as Table 4.2 shows, there are differences for some jurisdictions including:

- New South Wales, which has 26 per cent of national direct care FTEs, while having 33 per cent of the aged population, and
- Western Australia, which has 18 per cent of national direct care FTEs and 10 per cent of the national aged population.

Table 4.2: CHSP - Direct care FTE positions compared to population aged 70+ by state

| | Direct Care (FTE) | Aged population ('000s) |
|--------------|----------------------|-------------------------|
| State | NSW | 5,501 (26%) |
| | VIC | 5,997 (28%) |
| | QLD | 4,461 (21%) |
| | WA | 3,834 (18%) |
| | SA | 502 (2%) |
| | TAS | 349 (2%) |
| | ACT | 247 (1%) |
| | NT | 249 (1%) |
| Total | 21,141 (100%) | 3,024 (100%) |

Source: 2020 Aged Care Workforce Census figures for hours worked by staff were converted to FTE using ABS standard 35 hour weeks. Aged population as per Report on Government Services 14A (2020), the total of persons aged 70+ and Aboriginal and/or Torres Strait Islander persons aged 50-69.
See Appendix 1: Job groups

The FTE count would be higher if sessions could be included. As outlined in Table 4.3, providers reported that direct care staff provided a total of 33,533 sessions not accounted for in the FTE figures above. The majority of these are due to nurse and PCW sessions in Victoria.

Table 4.3: CHSP – Additional sessions provided by nurses, PCWs and allied health staff by state

| Nurses and PCWs (Sessions) | | Allied health (Sessions) | |
|----------------------------|--------|--------------------------|-------|
| State | NSW | 7,458 | 2,346 |
| | VIC | 12,881 | 169 |
| | QLD | 5,898 | 4,421 |
| | WA | - | 99 |
| | SA | - | - |
| | TAS | - | - |
| | ACT | 10 | 134 |
| | NT | 118 | - |
| Total | 26,364 | 7,169 | |

Source: 2020 Aged Care Workforce Census. See Appendix 1: Job groups.

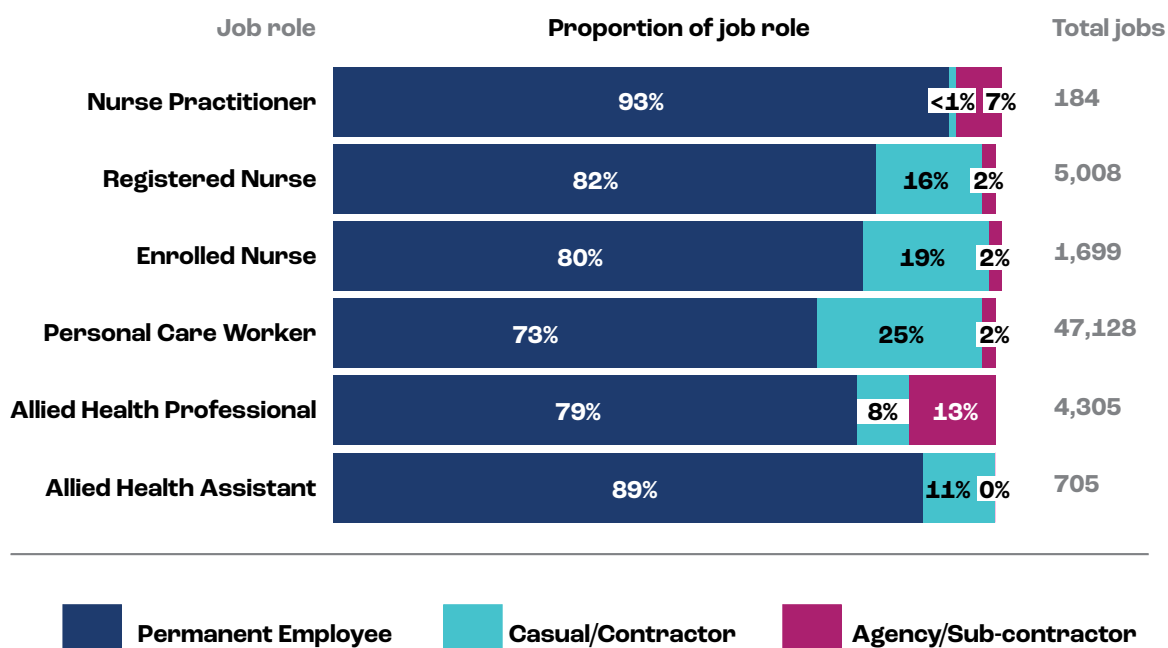
4.2.2 Occupation types

PCWs account for 80 per cent of CHSP total direct care roles in 2020 (Table 4.3). Almost three-quarters of nurse positions are RNs and one-quarter of allied health positions are occupational therapists. Workers may be duplicated in job counts if they work for more than one CHSP provider or service.

4.2.3 Employment types

Three-quarters of direct care roles in 2020 were permanent positions with agency staff/sub-contractors accounting for only three per cent of all CHSP jobs. Figure 4.1 shows the proportion of non-permanent positions varies by job role with the highest proportion among PCWs (27 per cent).

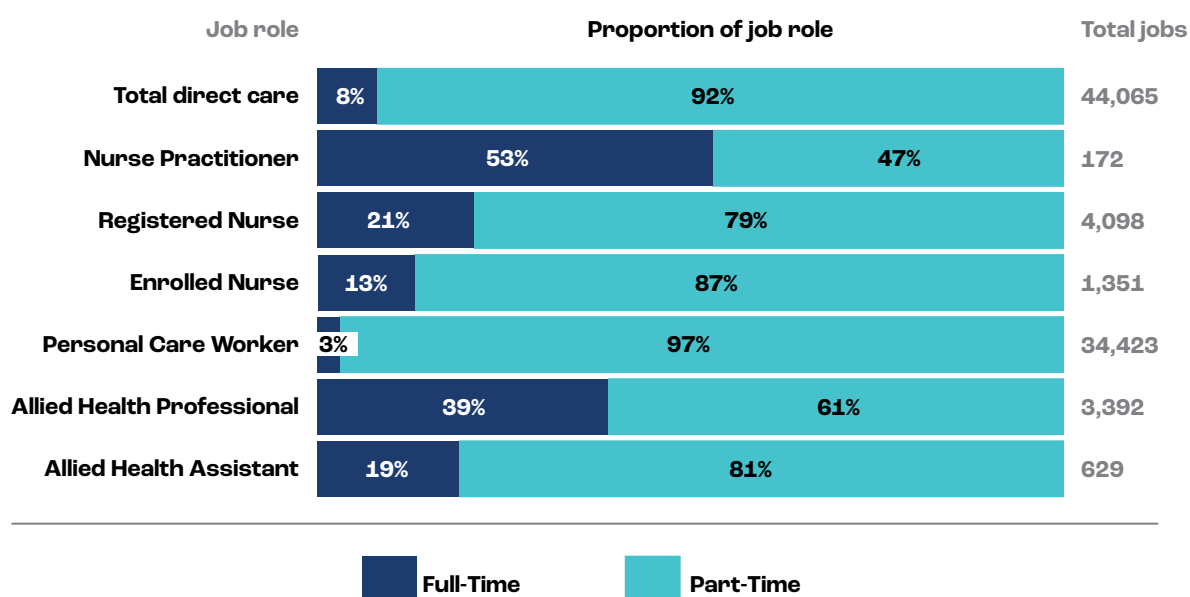
Figure 4.1: CHSP – Proportion of direct care permanent, casual and agency staff by job role



Source: 2020 Aged Care Workforce Census. See Appendix 1: Job groups Personal care workers includes personal care workers (formal traineeship). Some rows may add to 99 or 101 per cent due to rounding.

More than 90 per cent of direct care permanent positions were filled on a part-time basis (Figure 4.2), with PCW roles the most likely to be part-time (97 per cent). Workers may be employed by multiple providers or service care types and work full-time hours but be counted as part-time at each. This is consistent with findings in RAC and HCPP.

Figure 4.2: CHSP – Direct care workforce full time and part time permanent staff

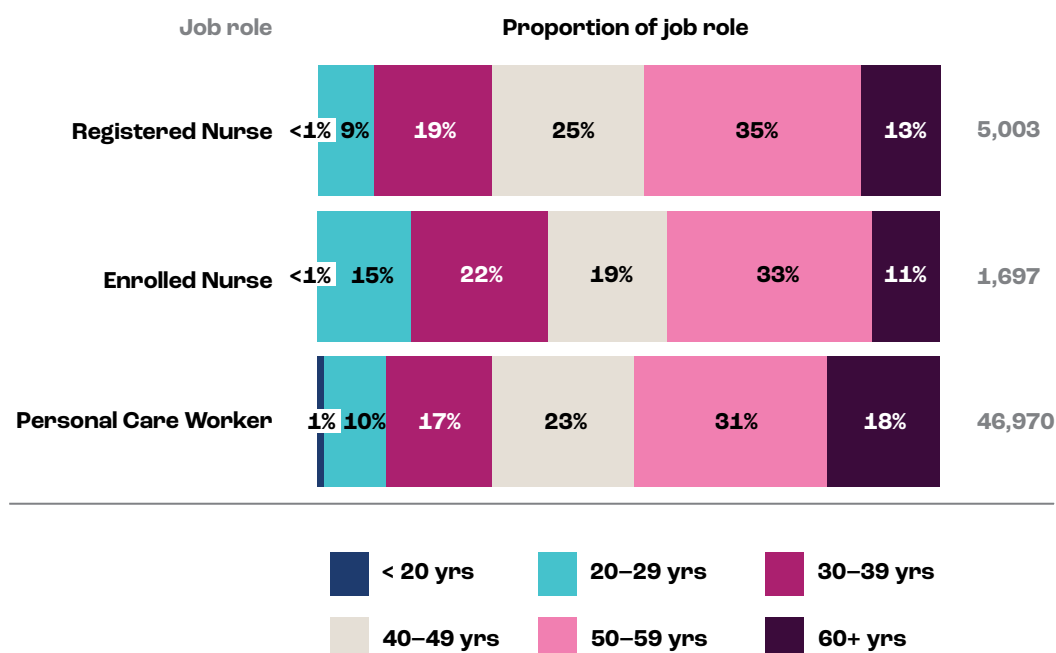


Source: 2020 Aged Care Workforce Census. See Appendix 1: Job groups PCWs includes personal care workers (formal traineeship).

4.2.4 Age and gender distribution

Among RNs, ENs and PCWs in the CHSP workforce, 28 per cent are younger than 40 years old. CHSP has greater proportions of the workforce aged 40 years or older compared to RAC and HCPP.

Figure 4.3: CHSP – Age of RNs, ENs and PCWs



Source: 2020 Aged Care Workforce Census.

In 2016, the median ages of RNs, ENs and PCWs in HCPP and home support were 48, 51 and 52 years respectively. In 2020, the median age for PCWs and ENs in both HCPP and CHSP is younger than in 2016 and lies between 40–49 years as per Figure 4.3 (50 per cent of workers in these job roles are aged 40–49 years or younger). Estimated median ages for Registered Nurses in HCPP and CHSP appear to be in line with 2016 figures²².

In line with previous Census data, most direct care workers in CHSP identify as female. However, allied health professionals are more likely to identify as male than workers in other job roles. PCWs (11 per cent) are slightly more likely to identify as male than RNs (seven per cent).

4.2.5 Aboriginal and/or Torres Strait Islander distribution

At the time of the Census, there were 1,025 CHSP direct care workers who identify as Aboriginal and/or Torres Strait Islander, representing 1.8 per cent of the CHSP total direct care workforce.

²² 2020 RN ages were distributed between the 40–49-year group based on National Registration RN Community health care service settings ages

Table 4.4 shows providers grouped by their proportion of Aboriginal and/or Torres Strait Islander clients, based on the national proportion of Aboriginal and/or Torres Strait Islanders to the national population of Australia (3.3 per cent²³). The majority of Aboriginal and/or Torres Strait Islander direct care workers (84 per cent) worked as PCWs. Just over half of these PCWs (68 per cent) worked for providers with more than a 3.3 per cent Aboriginal and/or Torres Strait Islander client base. For providers with more than 3.3 per cent Aboriginal and/or Torres Strait Islander clients, the proportion of Aboriginal and/or Torres Strait Islander PCWs increased from 0.9 per cent to 4.7 per cent. A similar trend was seen for nurses and allied health workers.

Table 4.4: CHSP – Direct care workforce who identify as Aboriginal and/or Torres Strait Islander working at providers with lower and higher levels of Aboriginal and/or Torres Strait Islander clients

| | | Proportion of Aboriginal and/or Torres Strait Islander clients (provider grouping) | | | |
|---|--|---|----------------------|---------------------|-----------------------|
| | | 0-3.3% | Above 3.3% | Unknown | All facilities |
| Nurses | Aboriginal and/or Torres Strait Islander | 18 (0.3%) | 108 (7.5%) | 0 (0%) | 125 (1.8%) |
| | Total | 5,263 (100%) | 1,428 (100%) | 200 (100%) | 6,891 (100%) |
| PCWs | Aboriginal and/or Torres Strait Islander | 258 (0.9%) | 580 (4.7%) | 20 (0.3%) | 858 (1.8%) |
| | Total | 28,343 (100%) | 12,388 (100%) | 5,945 (100%) | 46,676 (100%) |
| Allied Health | Aboriginal and/or Torres Strait Islander | 15 (0.4%) | 28 (5.8%) | 0 (0%) | 42 (0.9%) |
| | Total | 4,170 (100%) | 474 (100%) | 347 (100%) | 4,991 (100%) |
| Total staff (Aboriginal and/or Torres Strait Islander staff) | | 37,775 (291) | 14,290 (716) | 6,492 (20) | 58,558 (1,025) |
| Providers | | 889 | 268 | 147 | 1,304 |

Source: 2020 Aged Care Workforce Census. Client data as per Dept. of Health provider records as at June 2020 (client data was at the provider level and not the provider aged care planning region level). Proportions taken only for providers that answered this Census question. Numbers may not add up to totals due to rounding. See Appendix 1: Job groups.

²³ Proportion of 3.3 per cent was taken from the national population of Aboriginal and/or Torres Strait Islander population to the Australian population (<https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/latest-release>).

4.2.6 Culturally and linguistically diverse distribution

The number of CHSP direct care workers who identify as being from a CALD background in 2020 is 9,231, representing 16 per cent of the total CHSP direct care workforce.

The higher proportion of CALD clients was based on the national proportion of 29.8 per cent²⁴ of Australians who were born overseas. PCWs account for 90 per cent of all CALD direct care workers with 57 per cent of these, working for providers with a higher CALD client base. The proportion of CALD PCWs working for providers with more than 29.8 per cent of clients from CALD backgrounds increased from 8.1 per cent to 62.2 per cent.

Table 4.5: CHSP – Direct care workforce who identify as CALD working at providers with lower and higher levels of CALD clients

| | | Proportion of CALD clients (provider grouping) | | | |
|---------------------------------|--------------|--|-----------------------|----------------------|-----------------------|
| | | 0-29.8% | Above 29.8% | Unknown | All facilities |
| Nurses | CALD | 152 (4%) | 317 (15%) | 20 (10%) | 489 (8%) |
| | Total | 4,105 (100%) | 2,151 (100%) | 200 (100%) | 6,456 (100%) |
| PCWs | CALD | 2,673 (8%) | 4,776 (62%) | 894 (15%) | 8,342 (18%) |
| | Total | 32,838 (100%) | 7,679 (100%) | 5,930 (100%) | 46,446 (100%) |
| Allied Health | CALD | 189 (5%) | 104 (12%) | 107 (31%) | 400 (8%) |
| | Total | 3,732 (100%) | 847 (100%) | 342 (100%) | 4,921 (100%) |
| Total staff (CALD staff) | | 40,675 (3,014) | 10,677 (5,197) | 6,472 (1,021) | 57,823 (9,231) |
| Providers | | 923 | 233 | 147 | 1303 |

Source: 2020 Aged Care Workforce Census. Client data as per Dept. of Health provider records as at June 2020 (client data was at the provider level and not the provider aged care planning region level). Proportions taken only for providers that answered this Census question. Numbers may not add up to totals due to rounding. See Appendix 1: Job groups.

4.2.7 Qualification levels

Almost three quarters (71 per cent) of PCWs hold a Certificate III or higher in a relevant direct care field, and another two per cent were studying for a Certificate III or higher qualification. PCWs without a response provided were assumed not to hold or be currently studying for a Certificate III in a relevant direct care field.

The most commonly reported qualification among CHSP care managers was business management qualifications. Nearly one quarter of care managers were reported as having qualifications in an area other than those specifically asked in the Census, most commonly Certificate III in Individual Support (Ageing) (83 care managers) and Certificate IV in Aged Care (56 care managers).

²⁴ Proportion of 29.8 per cent was taken from the national proportion of Australians who were born overseas (<https://www.abs.gov.au/statistics/people/population/migration-australia/2019-20>).

Providers were asked whether any of their direct care workers had one or more of 22 formally attained specialised skills. Table 4.6 shows the most commonly reported skill areas for all roles was IPC, consistent with RAC and HCPP. Refer to Appendix 4 for the full list of skills.

Table 4.6: CHSP –Providers with direct care workers with formally obtained specialist skills

| | Nurse Practitioner | Registered Nurse | Enrolled Nurse | Personal Care Worker | Allied Health Professional | Providers with at least one skilled worker |
|---------------------|--------------------|------------------|----------------|----------------------|----------------------------|--|
| IPC | 47 (74%) | 397 (75%) | 175 (62%) | 744 (70%) | 299 (50%) | 902 (70%) |
| Dementia Care | 27 (42%) | 295 (56%) | 143 (51%) | 632 (60%) | 176 (30%) | 790 (61%) |
| Medications | 17 (28%) | 372 (70%) | 184 (65%) | 617 (58%) | 68 (11%) | 801 (62%) |
| Elder Abuse | 47 (74%) | 350 (66%) | 168 (59%) | 594 (56%) | 263 (44%) | 773 (60%) |
| Wound Care* | 20 (32%) | 362 (68%) | 154 (54%) | 172 (16%) | 165 (28%) | 538 (42%) |
| Palliative Care | 9 (15%) | 295 (56%) | 109 (39%) | 286 (27%) | 79 (13%) | 521 (40%) |
| Falls Risk | 18 (29%) | 304 (57%) | 137 (48%) | 434 (41%) | 266 (45%) | 697 (54%) |
| Diversity Awareness | 38 (60%) | 267 (50%) | 127 (45%) | 593 (56%) | 240 (40%) | 739 (57%) |
| None | 15 (23%) | 41 (8%) | 46 (16%) | 124 (12%) | 82 (14%) | N/A |

Source: 2020 Aged Care Workforce Census. The proportions were taken from the number of providers that employed staff in that job role and responded to this question in the Census. The number of providers that responded none were only those who employed staff in that job role. *Wound Care: Wound Assessment/Care, Pressure Injury Risk Assessment & Skin Integrity

Between March and April 2020, the Commonwealth released a range of IPC e-learning modules. These included a foundation IPC control e-learning course tailored for health and community workers, including aged care workers, and nine aged care IPC training modules to provide additional IPC training to aged care providers and workers in all states and territories.

Consistent with RAC data, the most commonly reported specialist skill and training was in IPC. However the proportion of direct care CHSP workers reporting this specialist skill was not as high as for RAC, where training was targeted and supported through the introduction of IPC Lead roles.

Providers were also asked about the types of training (or continuous professional development) they offered to their nurses and PCWs in 2020, and how many of their workers had completed each type of training. As Table 4.7 shows, IPC was the most commonly offered type of training. Four per cent of providers reported offering no training to direct care workers.

Table 4.7: CHSP –Training providers offered to nurses and in the last 12 months

| | Number of providers (Proportion) | Number of workers (average number of training places per worker) | | |
|---|-------------------------------------|---|---------------------|----------------------|
| | | Registered Nurse | Enrolled Nurse | Personal Care Worker |
| IPC | 929 (80%) | 4,320 (0.86) | 1,372 (0.81) | 38,570 (0.82) |
| Dementia Care | 644 (55%) | 693 (0.14) | 248 (0.15) | 15,338 (0.33) |
| Medications | 690 (59%) | 1,714 (0.34) | 564 (0.33) | 25,134 (0.53) |
| Elder Abuse | 657 (56%) | 2,502 (0.5) | 747 (0.44) | 22,663 (0.48) |
| Wound Care* | 336 (29%) | 2,005 (0.4) | 806 (0.47) | 4,960 (0.11) |
| Palliative Care | 231 (20%) | 1,048 (0.21) | 213 (0.13) | 2,456 (0.05) |
| Falls Risk | 395 (34%) | 1,320 (0.26) | 547 (0.32) | 10,550 (0.22) |
| Diversity Awareness | 472 (40%) | 450 (0.09) | 170 (0.1) | 12,481 (0.26) |
| None | 49 (4%) | N/A | N/A | N/A |
| Total providers and staff in each role | 1,168 (100%) | 5,008 (100%) | 1,699 (100%) | 47,128 (100%) |

Source: 2020 Aged Care Workforce Census. The provider proportions were taken from the 1,168 providers that responded to this question of the census and employed one of these job roles. The number of training places per worker was calculated with the headcount of each job role that responded to this question in the census. *Wound Care: Wound Assessment/Care, Pressure Injury Risk Assessment & Skin Integrity

4.3 Commonwealth Home Support Programme providers

4.3.1 Direct care position vacancies

There was an estimated total of 6,117 vacancies in direct care roles at the time of the Census. As Table 4.8 shows, providers were most likely to have PCW vacancies. Over half of providers reported at least one PCW position vacant, and the average number of positions vacant across these providers was 8.

Table 4.8: CHSP – Proportion of providers with vacant direct care positions and average number of vacancies by role type

| Job role | Proportion of providers with vacancies | Average number of vacancies at providers* | Total vacancies | Vacancies as a proportion of jobs |
|----------------------------|--|---|-----------------|-----------------------------------|
| Nurse Practitioner | 1% | 2 | 20 | 12% |
| Registered Nurse | 8% | 3 | 282 | 6% |
| Enrolled Nurse | 2% | 6 | 154 | 9% |
| Personal Care Worker | 53% | 8 | 5,307 | 11% |
| Allied Health Professional | 11% | 2 | 327 | 9% |
| Allied Health Assistant | 2% | 1 | 27 | 4% |

Source: 2020 Aged Care Workforce Census. Proportion based on 1,334 providers that responded to this question in the Census. The proportion of jobs was calculated from the total job count for providers that responded to this question. *Average vacancies is for providers reporting at least one vacancy. Both full-time and part-time permanent and casual vacancies are included.

Providers reported 26 per cent of all direct care workers they employed as at November 2019 had left their employment as at November 2020. These workers may have taken up employment with another aged care provider as opposed to leaving the aged care sector or workforce altogether.

As Table 4.9 shows, the rate of attrition of RNs and ENs was lower than that of other roles. PCW attrition was lower for CHSP than for HCPP but similar to that of RAC.

Table 4.9: CHSP – Direct care workforce attrition by role type over Nov 2019 to Nov 2020

| Role type | Employees who left between Nov 2019 and Nov 2020 | Proportion of Nov 2019 employees |
|----------------------------|--|----------------------------------|
| Nurse Practitioner | 53 | 27% |
| Registered Nurse | 718 | 17% |
| Enrolled Nurse | 284 | 15% |
| Personal Care Worker | 12,833 | 27% |
| Allied Health Professional | 907 | 26% |
| Allied Health Assistant | 184 | 30% |
| Total | 14,980 | 26% |

Source: 2020 Aged Care Workforce Census total employees who left within the last 12 months. Attrition rate is calculated as the proportion of employees who left within the last 12 months to total employees as at November 2019 by job role.

4.3.2 Volunteer support

In November 2020, 10,155²⁵ volunteers provided support within CHSP.

A significant number of providers reported that COVID-19 had decreased their number of volunteers.

Volunteers were most likely to assist with social activities, transport and planned activities support.

4.3.3 Providers offering services under the National Disability Insurance Scheme and Department of Veterans' Affairs

Providers were asked whether they offered services under the NDIS and DVA. Around 63 per cent of providers reported offering services under either the NDIS, DVA, or both. Nationally, 37 per cent reported offering only CHSP services.

²⁵ Reported working in a volunteer role in the last fortnight of November 2020.

Table 4.10: CHSP – CHSP providers offering services under NDIS and/or DVA by state

| | NSW | VIC | QLD | WA | SA | TAS | ACT | NT | NAT |
|--------------|--------------|--------------|--------------|-------------|-------------|-------------|-------------|-------------|--------------|
| NDIS and DVA | 97 (30%) | 104 (34%) | 113 (36%) | 15 (10%) | 5 (4%) | 19 (34%) | 2 (12%) | 2 (8%) | 357 (27%) |
| NDIS only | 82 (25%) | 37 (12%) | 92 (29%) | 51 (36%) | 12 (9%) | 7 (13%) | 11 (54%) | 20 (62%) | 312 (27%) |
| DVA only | 35 (11%) | 39 (13%) | 21 (7%) | 37 (26%) | 36 (26%) | 2 (4%) | 0 (0%) | 2 (8%) | 172 (13%) |
| Neither | 110 (34%) | 127 (42%) | 93 (29%) | 40 (28%) | 81 (58%) | 26 (48%) | 7 (35%) | 7 (23%) | 491 (37%) |
| Unknown | 0 (0%) | 0 (0%) | 0 (0%) | 0 (0%) | 5 (4%) | 0 (0%) | 0 (0%) | 0 (0%) | 5 (0%) |
| Total | 324 | 306 | 319 | 143 | 138 | 55 | 21 | 32 | 1,340 |

Source: 2020 Aged Care Workforce Census. Providers may be double-counted across states if they operate in Aged Care Planning Regions which cover multiple states. The total number of providers do not add to 1,340 due to rounding.

4.4 Impact of COVID-19 on staffing levels

Providers were asked to report whether they experienced an increase, decrease or no change in their direct care staffing and volunteer levels due to the COVID-19 pandemic. Sixty-five per cent of providers reported no change in their total care workforce, 20 per cent reported a decrease, while 15 per cent reported an increase. The most significant staffing impacts were in volunteers (with 57 per cent of providers reporting a decrease) and PCWs (with 28 per cent of providers reporting a decrease).

Appendices

Appendix 1: Job groups

| Job Group | Job Role |
|----------------|--|
| Nurses | Nurse Practitioner |
| | Registered Nurse |
| | Enrolled Nurse |
| PCWs | Personal Care Worker |
| | Personal Care Worker (formal traineeship) |
| Allied health | Occupational Therapist |
| | Physiotherapist |
| | Dietitian |
| | Exercise Physiologist |
| | Speech Therapist |
| | Diversional Therapist |
| | Aboriginal and Torres Strait Islander Health Worker/Practitioner |
| | Podiatrist |
| | Psychologist |
| | Pharmacist |
| | Social Worker |
| | Allied Health - Other |
| | Allied Health Assistant |
| Administration | Management |
| | Administration |
| | Quality and Education Coordinator (Residential Care only) |
| | Care Manager (Home Care only) |
| Other | Pastoral / Spiritual care worker |
| | Ancillary Care |

Appendix 2: Technical Compendium

Between collection and analysis, the 2020 Aged Care Workforce Census data underwent cleaning and transformation processes. Changes between the raw and cleaned data include:

- The addition of weights – this ensures that final responses are representative of the whole population rather than of providers that responded to the survey.
- The creation of derived variables such as FTE.
- Identification and correction of data that is not logical

More information about the process of weighting the data is available in Appendix 5.

FTE was 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.

In the RAC questionnaire, providers were asked to provide the number of hours worked by permanent and casual/contractor staff only. However, some providers responded on behalf of their agency/sub-contractor staff as well despite the question wording. Additionally, many providers who had staff in particular job roles did not provide the corresponding hours for those staff. Due to difficulties in separating which hours corresponded to agency/sub-contractor staff, FTE figures have been derived using all hours reported regardless of the employment types of those staff. This has the effect of FTE being potentially over-reported if considered on a permanent and casual/contractor only basis, or potentially under-reported if considered to include agency/sub-contractor staff as well.

Corrections needed to be made to some responses to ensure that the relationship between count of jobs and FTE were reasonable. There were two main causes of this problem of mismatch between headcount for job role and FTE.

1. Headcount for a job role was zero, but the FTE was a greater than zero
2. The FTE as a proportion of headcount was excessively high

In cases where there was no headcount and a positive FTE, corrections were made on a case by case basis. As summarised in Table A.2.1, the most common correction made was the reallocation of responses between job roles. This indicates that a relatively common response error was mistakenly entering worker headcount or worker hours in the wrong row, leading to a mismatch in responses for headcount and hours worked by job role.

Table A.2.1: Data corrections – Category one corrections

| Correction | Number of corrections |
|---|-----------------------|
| Reallocation between job roles | 32 |
| Reallocating headcount based on job role position in Census | |
| Correct hours to zero | 18 |
| Response for hours worked was deemed incorrect, and corrected to zero | |
| Assign headcount from other questions | 8 |
| Other questions, e.g., worker age, were used to assign new headcount values | |
| Custom correction | 44* |
| Total | 102 |

Source: Corrections were made at the provider job role level. *All 44 corrections were from a single provider who did not enter agency staff in headcount figures but did provide hours worked.

In cases where the FTE was excessively high, (e.g., a provider reporting 29 RNs and 1,015 RN FTE as in one response) a scaling methodology was applied to cap FTE based on selected FTE to headcount ratios by service care type and direct care job role. .

The FTE caps were based on outlier percentile analysis by service care type and job role. The table below summarises the caps applied. For nurses working in RAC, it was found that the working hours were higher for facilities in regional and remote areas and hence a higher cap has been set for these job roles.

Table A.2.2: Data corrections – Category two FTE to headcount ratio caps

| | Job role | RAC Major Cities | RAC Regional/Remote | HCPP | CHSP |
|--|---|---------------------|------------------------|------|------|
| | | | | | |
| | Nurse | 1.4 | 1.5 | 1.2 | 1.2 |
| | Personal Care Worker | 1.4 | 1.4 | 1.2 | 1.2 |
| | Allied Health Assistant | 1.2 | 1.2 | 1.2 | 1.2 |
| | Allied Health - Other | 1.3 | 1.3 | 1.1 | 1.1 |
| | Aboriginal and/or Torres Strait Islander Health Worker/Practitioner | 1.0 | 1.0 | 1.0 | 1.0 |
| | Dietitian | 1.0 | 1.0 | 1.0 | 1.0 |
| | Diversional Therapist | 1.3 | 1.3 | 1.2 | 1.2 |
| | Exercise Physiologist | 1.2 | 1.2 | 1.2 | 1.2 |
| | Occupational Therapist | 1.2 | 1.2 | 1.2 | 1.2 |
| | Pharmacist | 1.0 | 1.0 | 1.0 | NA |
| | Physiotherapist | 1.3 | 1.3 | 1.2 | 1.2 |
| | Podiatrist | 1.0 | 1.0 | 1.0 | 1.0 |
| | Psychologist | 1.1 | 1.1 | 1.1 | 1.1 |
| | Speech Therapist | 1.0 | 1.0 | 1.0 | 1.0 |
| | Social Worker | 1.0 | 1.0 | 1.1 | 1.1 |

Source: FTE to headcount ratio caps set using outlier percentile analysis. NA indicates there were no hours worked reported for that job role and hence no cap has been applied. The ABS definition of a 35-hour workweek was assumed to convert hours worked to FTE.

Applying these caps to FTE following the mismatch corrections reduced outlier FTE for all three service care types. Table E.3 summarises the FTE differences between changes. The largest difference from data corrections was for HCPP, where outlier providers reported unreasonable FTE to headcount proportions of up to 9973 per cent.

Table A.2.3: Data corrections – Category two FTE

| | Service care type | | |
|-------------------------|-------------------|--------|--------|
| | RAC | HCPP | CHSP |
| Pre-scaling correction | 134,370 | 32,868 | 21,373 |
| Post-scaling correction | 129,151 | 25,308 | 21,141 |
| Difference | -4% | -23% | -1% |

Appendix 3: 2016 and 2020 Census and Survey participants

The 2016 survey was sent to 2,952 residential services (RAC facilities, National Aboriginal and Torres Strait Islander Flexible Aged Care and Transition Care Program with residential places) and 5,442 home care/home support services (Home Care Packages Program, the new Commonwealth Home Support Programme, HACC in Victoria and Western Australia, Multi-Purpose Services, National Aboriginal and Torres Strait Islander Flexible Aged care and Transition Care Program with home care/home support places). The 2016 survey was also sent to workers as well as providers. The total number of workers selected to receive a survey was 17,717 for the Residential Worker Survey and 27,206 for the Home Care and Home Support Worker Survey.

The 2020 Census only requested responses directly from providers, not individual workers. National Aboriginal and Torres Strait Islander Flexible Aged Care and Transition Care Program were not included in the RAC survey.

As responses were submitted by providers not workers, workers will be duplicated within service care type results if they work at more than one service and could also be duplicated across service care types.

Appendix 4: All training and skills

Table A.4.1: RAC – Number of facilities that report having direct care workers with formally obtained specialist skills in all areas

| | Nurse Practitioner | Registered Nurse | Enrolled Nurse | Personal Care worker | Allied Health Professional | Facilities with at least one skilled worker |
|---|--------------------|------------------|----------------|----------------------|----------------------------|---|
| ICT/IT | 56 (39%) | 1,112 (47%) | 626 (37%) | 984 (42%) | 614 (34%) | 1,199 (50%) |
| Dementia Care | 92 (64%) | 1,927 (82%) | 1,248 (75%) | 1,740 (75%) | 887 (49%) | 2,011 (85%) |
| Behaviour Support | 93 (65%) | 1,750 (74%) | 1,098 (66%) | 1,511 (65%) | 755 (42%) | 1,833 (77%) |
| Palliative Care | 73 (51%) | 1,806 (77%) | 1,061 (63%) | 1,333 (58%) | 524 (29%) | 1,866 (79%) |
| Medications | 94 (66%) | 1,929 (82%) | 1,228 (73%) | 1,362 (59%) | 391 (22%) | 2,037 (86%) |
| Mental Health | 75 (52%) | 1,276 (54%) | 661 (40%) | 833 (36%) | 492 (27%) | 1,412 (59%) |
| Clinical skills for high and complex care needs | 63 (44%) | 1,704 (72%) | 749 (45%) | 329 (14%) | 410 (23%) | 1,750 (74%) |
| Assessment of the Older Person | 70 (49%) | 1653 (70%) | 790 (47%) | 533 (23%) | 625 (35%) | 1,734 (73%) |
| IPC | 116 (81%) | 2,037 (86%) | 1,275 (76%) | 1684 (73%) | 949 (53%) | 2,089 (88%) |
| Parkinson's Care | 35 (25%) | 1,152 (49%) | 569 (34%) | 749 (32%) | 483 (27%) | 1,242 (52%) |
| Elder Abuse | 78 (55%) | 1,898 (81%) | 1,194 (71%) | 1,706 (74%) | 931 (52%) | 1,954 (82%) |
| Falls Risk | 112 (78%) | 1,793 (76%) | 1,120 (67%) | 1,532 (66%) | 973 (54%) | 1,874 (79%) |
| Nutrition and Hydration | 91 (64%) | 1,733 (74%) | 1,054 (63%) | 1,408 (61%) | 696 (39%) | 1,822 (77%) |
| Oral Hygiene | 47 (33%) | 1,451 (62%) | 886 (53%) | 1,290 (56%) | 390 (22%) | 1,581 (67%) |
| Hearing Impairment | 39 (27%) | 1,242 (53%) | 731 (44%) | 1,097 (47%) | 453 (25%) | 1,380 (58%) |
| Diabetes | 55 (39%) | 1,609 (68%) | 901 (54%) | 981 (42%) | 527 (29%) | 1,697 (71%) |
| Wound Care* | 82 (57%) | 1,882 (80%) | 1,101 (66%) | 968 (42%) | 562 (31%) | 1,930 (81%) |
| Cultural Safety | 49 (34%) | 1,379 (59%) | 847 (51%) | 1,223 (53%) | 769 (43%) | 1,503 (63%) |
| Diversity Awareness | 49 (34%) | 1,442 (61%) | 863 (52%) | 1,314 (57%) | 761 (42%) | 1,529 (64%) |
| Leadership | 71 (50%) | 1,571 (67%) | 573 (34%) | 469 (20%) | 400 (22%) | 1,634 (69%) |
| Resilience | 32 (23%) | 934 (40%) | 464 (28%) | 685 (30%) | 440 (24%) | 1,010 (42%) |
| Other | 6 (4%) | 265 (11%) | 140 (8%) | 262 (11%) | 113 (6%) | 329 (14%) |
| None | 11 (8%) | 170 (7%) | 177 (11%) | 251 (11%) | 457 (25%) | N/A |

Source: Facilities were asked if staff in each job role held skills in 22 areas that enable them to provide specialised care supports. Note: The percentage represents the proportion of facilities that indicated having staff in that job role and completed this question of the Census and the percentage for all job roles is the proportion of facilities that indicated having one of these job roles and completed this question of the Census. *Wound Care: Wound Assessment/Care, Pressure Injury Risk Assessment & Skin Integrity

Table A.4.2: RAC – All areas of training delivered to nurses and PCWs through continuous professional development in the last 12 months

| | Number of facilities (proportion) | Number of workers (number of training places per worker) | | |
|---|-----------------------------------|--|----------------------|-----------------------|
| | | Registered Nurse | Enrolled Nurse | Personal Care Worker |
| ICT/IT | 1,238 (49%) | 11,727 (0.38) | 5,057 (0.33) | 49,907 (0.36) |
| Dementia Care | 2,094 (82%) | 14,289 (0.46) | 6,790 (0.44) | 64,641 (0.47) |
| Behaviour Support | 1,646 (65%) | 10,169 (0.33) | 5,274 (0.34) | 41,297 (0.3) |
| Palliative Care | 1,623 (64%) | 10,323 (0.34) | 4,534 (0.3) | 28,415 (0.21) |
| Medications | 2,094 (82%) | 17,898 (0.58) | 8719 (0.57) | 34,709 (0.25) |
| Trauma informed care | 330 (13%) | 1,709 (0.06) | 618 (0.04) | 2,820 (0.02) |
| Mental Health | 946 (37%) | 5,032 (0.16) | 2,169 (0.14) | 16,678 (0.12) |
| Clinical skills for high/complex care needs in older people | 1,322 (52%) | 11,890 (0.39) | 4,535 (0.3) | 21,500 (0.16) |
| IPC | 2,291 (90%) | 49,176 (1.6) | 26,743 (1.74) | 189,501 (1.37) |
| Healthy Ageing | 624 (25%) | 3,348 (0.11) | 1,451 (0.09) | 14,388 (0.1) |
| Parkinson's Care | 652 (26%) | 2,814 (0.09) | 988 (0.06) | 8,828 (0.06) |
| Elder Abuse | 2,222 (88%) | 19,923 (0.65) | 11,693 (0.76) | 96,942 (0.7) |
| Falls Risk | 1,634 (64%) | 11,825 (0.38) | 5,754 (0.38) | 46,486 (0.34) |
| Nutrition and Hydration | 1,500 (59%) | 10,573 (0.34) | 4,739 (0.31) | 44,798 (0.32) |
| Oral Hygiene | 1,191 (47%) | 6,804 (0.22) | 2,832 (0.18) | 30,188 (0.22) |
| Hearing Impairment | 749 (29%) | 3,817 (0.12) | 1,402 (0.09) | 13,287 (0.1) |
| Diabetes | 1,079 (42%) | 6,036 (0.2) | 3,037 (0.2) | 10,902 (0.08) |
| Wound Care | 1,801 (71%) | 14,023 (0.46) | 6,310 (0.41) | 33,488 (0.24) |
| Cultural Safety | 1,538 (61%) | 19,751 (0.64) | 7,630 (0.5) | 66,427 (0.48) |
| Diversity Awareness | 1,582 (62%) | 13,203 (0.43) | 6,089 (0.4) | 58,625 (0.42) |
| Leadership | 998 (39%) | 4,349 (0.14) | 1,170 (0.08) | 4,922 (0.04) |
| Resilience | 651 (26%) | 2,443 (0.08) | 967 (0.06) | 8,084 (0.06) |
| Other | 993 (39%) | 36,570 (1.19) | 20,125 (1.31) | 161,335 (1.17) |
| None | 134 (5%) | N/A | N/A | N/A |
| Total facilities and staff in each role | 2,554 (100%) | 30,733 (100%) | 15,338 (100%) | 138,304 (100%) |

Table A.4.3: HCPP – Number of providers that report having direct care workers with formally obtained specialist skills in all areas

| | Nurse Practitioner | Registered Nurse | Enrolled Nurse | Personal Care Worker | Allied Health Professional | Facilities with at least one skilled worker |
|---|--------------------|------------------|----------------|----------------------|----------------------------|---|
| ICT/IT | 17 (45%) | 217 (33%) | 90 (32%) | 284 (25%) | 166 (39%) | 377 (32%) |
| Dementia Care | 27 (74%) | 460 (69%) | 182 (64%) | 772 (68%) | 161 (38%) | 871 (75%) |
| Behaviour Support | 13 (34%) | 301 (45%) | 119 (42%) | 476 (42%) | 136 (32%) | 602 (52%) |
| Palliative Care | 18 (49%) | 388 (58%) | 128 (45%) | 400 (35%) | 113 (27%) | 620 (53%) |
| Medications | 23 (61%) | 494 (74%) | 199 (70%) | 707 (62%) | 58 (14%) | 862 (74%) |
| Mental Health | 16 (43%) | 266 (40%) | 105 (37%) | 381 (33%) | 110 (26%) | 555 (47%) |
| Clinical skills for high/complex care needs | 16 (44%) | 417 (63%) | 120 (43%) | 186 (16%) | 159 (37%) | 585 (50%) |
| Assessment of the Older Person | 13 (35%) | 437 (66%) | 151 (53%) | 300 (26%) | 194 (45%) | 649 (56%) |
| IPC | 30 (80%) | 511 (77%) | 200 (71%) | 810 (71%) | 238 (56%) | 905 (77%) |
| Parkinson's Care | 7 (19%) | 245 (37%) | 91 (32%) | 252 (22%) | 130 (31%) | 423 (36%) |
| Elder Abuse | 32 (86%) | 434 (65%) | 193 (68%) | 737 (65%) | 189 (44%) | 811 (69%) |
| Falls Risk | 20 (55%) | 411 (62%) | 177 (63%) | 564 (49%) | 207 (48%) | 713 (61%) |
| Nutrition and Hydration | 12 (32%) | 370 (56%) | 150 (53%) | 428 (38%) | 146 (34%) | 618 (53%) |
| Oral Hygiene | 8 (21%) | 302 (45%) | 130 (46%) | 372 (33%) | 55 (13%) | 487 (42%) |
| Hearing Impairment | 4 (9%) | 239 (36%) | 100 (35%) | 270 (24%) | 97 (23%) | 401 (34%) |
| Diabetes | 21 (56%) | 411 (62%) | 158 (56%) | 391 (34%) | 84 (20%) | 649 (56%) |
| Wound Care* | 23 (61%) | 485 (73%) | 182 (64%) | 271 (24%) | 117 (27%) | 664 (57%) |
| Cultural Safety | 18 (49%) | 379 (57%) | 156 (55%) | 564 (50%) | 194 (45%) | 696 (60%) |
| Diversity Awareness | 20 (55%) | 385 (58%) | 174 (61%) | 612 (54%) | 200 (47%) | 717 (61%) |
| Leadership | 19 (52%) | 246 (37%) | 71 (25%) | 187 (16%) | 91 (21%) | 437 (37%) |
| Resilience | 8 (21%) | 216 (32%) | 85 (30%) | 249 (22%) | 109 (25%) | 354 (30%) |
| Other | 2 (6%) | 115 (17%) | 32 (11%) | 200 (18%) | 54 (13%) | 260 (22%) |
| None | 3 (7%) | 45 (7%) | 40 (14%) | 111 (10%) | 93 (22%) | N/A |

Table A.4.4: HCPP – All areas of training delivered to nurses and PCWs through continuous professional development in the last 12 months

| | Number of facilities (proportion) | Number of workers (number of training places per worker) | | |
|---|-----------------------------------|--|-------------------|----------------------|
| | | Registered Nurse | Enrolled Nurse | Personal Care Worker |
| ICT/IT | 235 (19%) | 830 (0.27) | 678 (0.76) | 7,545 (0.13) |
| Dementia Care | 660 (55%) | 927 (0.31) | 373 (0.42) | 15,549 (0.28) |
| Behaviour Support | 407 (34%) | 888 (0.29) | 750 (0.85) | 7,796 (0.14) |
| Palliative Care | 286 (24%) | 571 (0.19) | 122 (0.14) | 3,785 (0.07) |
| Medications | 755 (62%) | 1,461 (0.48) | 549 (0.62) | 24,315 (0.43) |
| Trauma informed care | 56 (5%) | 48 (0.02) | 27 (0.03) | 664 (0.01) |
| Mental Health | 304 (25%) | 307 (0.1) | 160 (0.18) | 5,125 (0.09) |
| Clinical skills for high/complex care needs in older people | 316 (26%) | 686 (0.23) | 177 (0.2) | 4,564 (0.08) |
| IPC | 965 (80%) | 5,715 (1.89) | 4,736 (5.34) | 44,247 (0.79) |
| Healthy Ageing | 185 (15%) | 302 (0.1) | 111 (0.12) | 4,388 (0.08) |
| Parkinson's Care | 99 (8%) | 104 (0.03) | 45 (0.05) | 1,704 (0.03) |
| Elder Abuse | 711 (59%) | 1,595 (0.53) | 1,005 (1.13) | 22,457 (0.4) |
| Falls Risk | 456 (38%) | 972 (0.32) | 424 (0.48) | 13,009 (0.23) |
| Nutrition and Hydration | 353 (29%) | 495 (0.16) | 248 (0.28) | 6,249 (0.11) |
| Oral Hygiene | 165 (14%) | 136 (0.04) | 67 (0.08) | 3,324 (0.06) |
| Hearing Impairment | 105 (9%) | 61 (0.02) | 29 (0.03) | 1,382 (0.02) |
| Diabetes | 299 (25%) | 387 (0.13) | 137 (0.15) | 5,910 (0.11) |
| Wound Care | 406 (34%) | 1,160 (0.38) | 354 (0.4) | 5,753 (0.1) |
| Cultural Safety | 516 (43%) | 1,396 (0.46) | 732 (0.83) | 13,615 (0.24) |
| Diversity Awareness | 521 (43%) | 753 (0.25) | 300 (0.34) | 14,113 (0.25) |
| Leadership | 150 (12%) | 169 (0.06) | 91 (0.1) | 792 (0.01) |
| Resilience | 123 (10%) | 118 (0.04) | 47 (0.05) | 2,720 (0.05) |
| Other | 409 (34%) | 7,852 (2.6) | 7,555 (8.52) | 22,178 (0.4) |
| None | 80 (7%) | N/A | N/A | N/A |
| Total facilities and staff in each role | 1,209 (100%) | 3,022 (100%) | 887 (100%) | 56,071 (100%) |

Table A.4.5: CHSP – Number of providers that report having direct care workers with formally obtained specialist skills in all areas

| | Nurse Practitioner | Registered Nurse | Enrolled Nurse | Personal Care Worker | Allied Health Professional | Facilities with at least one skilled worker |
|---|--------------------|------------------|----------------|----------------------|----------------------------|---|
| ICT/IT | 42 (66%) | 173 (33%) | 82 (29%) | 315 (30%) | 176 (30%) | 388 (30%) |
| Dementia Care | 27 (42%) | 295 (56%) | 143 (51%) | 632 (60%) | 176 (30%) | 790 (61%) |
| Behaviour Support | 5 (8%) | 141 (27%) | 74 (26%) | 349 (33%) | 108 (18%) | 466 (36%) |
| Palliative Care | 9 (15%) | 295 (56%) | 109 (39%) | 286 (27%) | 79 (13%) | 521 (40%) |
| Medications | 17 (28%) | 372 (70%) | 184 (65%) | 617 (58%) | 68 (11%) | 801 (62%) |
| Mental Health | 0 (0%) | 115 (22%) | 56 (20%) | 260 (25%) | 121 (20%) | 397 (31%) |
| Clinical skills for high/complex care needs | 12 (19%) | 288 (54%) | 100 (35%) | 151 (14%) | 210 (35%) | 473 (37%) |
| Assessment of the Older Person | 16 (25%) | 321 (60%) | 129 (46%) | 212 (20%) | 236 (40%) | 571 (44%) |
| IPC | 47 (74%) | 397 (75%) | 175 (62%) | 744 (70%) | 299 (50%) | 902 (70%) |
| Parkinson's Care | 12 (19%) | 128 (24%) | 54 (19%) | 153 (14%) | 127 (21%) | 312 (24%) |
| Elder Abuse | 47 (74%) | 350 (66%) | 168 (59%) | 594 (56%) | 263 (44%) | 773 (60%) |
| Falls Risk | 18 (29%) | 304 (57%) | 137 (48%) | 434 (41%) | 266 (45%) | 697 (54%) |
| Nutrition and Hydration | 17 (26%) | 246 (46%) | 122 (43%) | 346 (33%) | 150 (25%) | 564 (44%) |
| Oral Hygiene | 12 (19%) | 197 (37%) | 96 (34%) | 174 (16%) | 42 (7%) | 340 (26%) |
| Hearing Impairment | 14 (23%) | 128 (24%) | 63 (22%) | 163 (15%) | 59 (10%) | 279 (22%) |
| Diabetes | 23 (36%) | 298 (56%) | 124 (44%) | 289 (27%) | 110 (19%) | 580 (45%) |
| Wound Care* | 20 (32%) | 362 (68%) | 154 (54%) | 172 (16%) | 165 (28%) | 538 (42%) |
| Cultural Safety | 12 (19%) | 265 (50%) | 135 (48%) | 515 (49%) | 221 (37%) | 666 (52%) |
| Diversity Awareness | 38 (60%) | 267 (50%) | 127 (45%) | 593 (56%) | 240 (40%) | 739 (57%) |
| Leadership | 37 (59%) | 153 (29%) | 45 (16%) | 151 (14%) | 139 (23%) | 386 (30%) |
| Resilience | 14 (23%) | 136 (26%) | 63 (22%) | 249 (24%) | 126 (21%) | 351 (27%) |
| Other | 2 (3%) | 113 (21%) | 19 (7%) | 197 (19%) | 131 (22%) | 353 (27%) |
| None | 15 (23%) | 41 (8%) | 46 (16%) | 124 (12%) | 82 (14%) | N/A |

Table A.4.6: CHSP – All areas of training delivered to nurses and PCWs through continuous professional development in the last 12 months

| | Number of facilities (proportion) | Number of workers (number of training places per worker) | | |
|--|--------------------------------------|---|---------------------|----------------------|
| | | Registered Nurse | Enrolled Nurse | Personal Care Worker |
| ICT/IT | 273 (23%) | 1,634 (0.33) | 675 (0.4) | 10,741 (0.23) |
| Dementia Care | 644 (55%) | 693 (0.14) | 248 (0.15) | 15,338 (0.33) |
| Behaviour Support | 297 (25%) | 205 (0.04) | 132 (0.08) | 5,983 (0.13) |
| Palliative Care | 231 (20%) | 1,048 (0.21) | 213 (0.13) | 2,456 (0.05) |
| Medications | 690 (59%) | 1,714 (0.34) | 564 (0.33) | 25,134 (0.53) |
| Trauma informed care | 62 (5%) | 37 (0.01) | 20 (0.01) | 775 (0.02) |
| Mental Health | 273 (23%) | 125 (0.03) | 48 (0.03) | 4,548 (0.1) |
| Clinical skills for high/ complex care needs in older people | 249 (21%) | 942 (0.19) | 127 (0.07) | 2,415 (0.05) |
| IPC | 929 (80%) | 4,320 (0.86) | 1,372 (0.81) | 38,570 (0.82) |
| Healthy Ageing | 147 (13%) | 111 (0.02) | 31 (0.02) | 2,792 (0.06) |
| Parkinson's Care | 41 (4%) | 40 (0.01) | 12 (0.01) | 680 (0.01) |
| Elder Abuse | 657 (56%) | 2,502 (0.5) | 747 (0.44) | 22,663 (0.48) |
| Falls Risk | 395 (34%) | 1,320 (0.26) | 547 (0.32) | 10,550 (0.22) |
| Nutrition and Hydration | 266 (23%) | 280 (0.06) | 95 (0.06) | 4,261 (0.09) |
| Oral Hygiene | 126 (11%) | 54 (0.01) | 15 (0.01) | 2,000 (0.04) |
| Hearing Impairment | 73 (6%) | 29 (0.01) | 10 (0.01) | 788 (0.02) |
| Diabetes | 246 (21%) | 392 (0.08) | 187 (0.11) | 3,865 (0.08) |
| Wound Care | 336 (29%) | 2,005 (0.4) | 806 (0.47) | 4,960 (0.11) |
| Cultural Safety | 481 (41%) | 1,317 (0.26) | 251 (0.15) | 11,245 (0.24) |
| Diversity Awareness | 472 (40%) | 450 (0.09) | 170 (0.1) | 12,481 (0.26) |
| Leadership | 126 (11%) | 800 (0.16) | 95 (0.06) | 402 (0.01) |
| Resilience | 175 (15%) | 142 (0.03) | 67 (0.04) | 3,516 (0.07) |
| Other | 342 (29%) | 837 (0.17) | 82 (0.05) | 11,207 (0.24) |
| None | 49 (4%) | N/A | N/A | N/A |
| Total facilities and staff in each role | 1,168 (100%) | 5,008 (100%) | 1,667 (100%) | 47,128 (100%) |

Appendix 5: Weighting methodology

1. Introduction

A census approach was adopted for the 2020 Aged Care Workforce Census in which all aged care providers were asked to provide the required information for all facilities and services in the relevant population that they manage. However, there was a degree of non-response and data was not provided for all the facilities and services in the scope of the Census. If there are substantial differences in the demographic variables between the responding and non-responding facilities and services, estimates obtained from the Census may be biased, resulting in possible under or overestimation of the features of the population of aged care providers. Adjustments to reduce the effect of non-response on estimates were made using weights to reduce potential biases. A similar weighting process to that used in 2016 was developed and implemented. Estimates from the 2020 data were produced using these weights.

The 2016 Census was conducted as a complete enumeration of all relevant facilities and services, although due to the level of non-response it was effectively a survey. Estimates were produced using a sample weighting process, which involved weights at the service and employee level. Further details of the weighting used in the 2016 Census can be found in Mavromaras, K, et al. (2017)²⁶. The 2016 Census involved the selection of a sample of employees from the responding facilities. For the 2020 Census all the relevant data was collected from the management of the provider for the facilities and services and there was no sampling of employees and so no weighting at the employee level was needed.

Planning region estimates are a key output from the 2020 Census. Each provider was asked to give data broken down by planning region, so the reporting unit is the provider-region, which is the level at which the weights were calculated. The weight for a cell is the inverse of the response rate. This approach assumes that within a weighting cell the average of any variable or characteristic for responding and non-responding units is the same, except for random variation. Essentially the responding sample in a weighting cell is equivalent to a simple random sample of the units within that cell. This approach adjusts the sample so that each weighting cell contributes to the overall estimate proportionally to its number of population units. Ideally, weighting cells are formed to be homogeneous. To avoid issues with unstable weights that are relatively high or low, weighting cells were generally formed to give approximately 20 units or more and 10 or more respondents.

The use of weights in the calculation of estimates should reduce but may not eliminate biases due to differences between respondents and non-respondents within weighting cells.

Some responding units may not provide all the information requested. For characteristics for which there are some missing values in the responding sample, further adjustments may be required.

Each service care type is considered separately for weighting purposes. As in the 2016 Census weighting cells in 2020 were formed using a remoteness classification and a relevant and available measure of size.

26 Mavromaras, K, et al. (2017). The Aged Care Workforce 2016. <https://gen-agedcaredata.gov.au/Resources/Reports-and-publications/2017/March/The-aged-care-workforce,-2016>

2. Residential Facilities

The population consisted of 2716 units of which 1329 responded giving an overall response rate of 48.8 per cent. Weighting cells were formed according to remoteness classification for the facility and its size. Three size ranges were used based on the number of places: small (0 - 80), medium (81-120) and large (121 and above). These size ranges accounted for approximately the same total number of places. Due to the small number of units, the remote and very remote categories were combined, and no size cells were formed in that category.

The resulting weights are summarised in Table A.5.1

Table A.5.1: Weighting for Residential Facilities

| Weighting Cell | Population Units | Responding Units | Response Rate | Weight |
|--------------------------|------------------|------------------|---------------|------------|
| Very remote & Remote | 42 | 20 | 47.6 | 2.100 |
| Small in major city | 808 | 379 | 46.9 | 2.132 |
| Medium in major city | 523 | 260 | 49.7 | 2.012 |
| Large in major city | 373 | 171 | 45.8 | 2.181 |
| Small in inner regional | 417 | 207 | 49.6 | 2.014 |
| Medium in inner regional | 165 | 87 | 52.7 | 1.897 |
| Large in inner regional | 69 | 42 | 60.9 | 1.643 |
| Small in outer regional | 259 | 132 | 51.0 | 1.962 |
| Medium in outer regional | 43 | 21 | 48.8 | 2.048 |
| Large in outer regional | 17 | 10 | 58.8 | 1.700 |
| Total | 2716 | 1329 | 48.9 | N/A |

3. Home Care Packages Program Providers

The initial population consisted of 1469 units of which 616 responded, which is an overall response rate of 41.9 per cent. The measure of size was the number of clients. In 190 units the size was zero and of these 29 responded, a response rate of only 15.3 per cent. Most of the 161 non-responding units with zero clients would not be operating or in the early stage of operation but registered with the department as an approved provider. These 161 units with zero size were deemed as out of scope and the 29 that responded were each given a weight of 1, implying that they represent themselves.

Of the 1279 units with non-zero size 587 responded giving an overall response rate of 45.9 per cent. Including the 29 zero-size respondents, the overall response rate was 1308 or 47 per cent

Three size ranges were used based on the number of places: small (1 - 100), medium (101 - 200) and large (201 and above). The distribution of the numbers of places was very skewed. While the mean number of places was 103, the maximum was 5654. The size ranges were chosen by putting the top one per cent (i.e. 15) of units aside and then determining ranges with approximately the same total number of places. Due to the small number of units in the remote and very remote categories no size cells were formed in those categories. The small number of units and respondents led to merging medium and large size cells in outer regional and no size cells in very remote and remote areas. The resulting weights are summarised in Table A.5.2.

Table A.5.2: Weighting for Home Care Packages Program Providers

| Weighting Cell | Population Units | Responding Units | Response Rate | Weight |
|----------------------------------|-------------------|------------------|---------------|------------|
| Zero size | 29 ^(a) | 29 | N/A | 1.000 |
| Very remote | 27 | 18 | 66.7 | 1.500 |
| Remote | 34 | 17 | 50.0 | 2.000 |
| Small in major city | 450 | 178 | 39.6 | 2.528 |
| Medium in major city | 143 | 65 | 45.5 | 2.200 |
| Large in major city | 157 | 81 | 51.6 | 1.938 |
| Small in inner regional | 212 | 106 | 50.0 | 2.000 |
| Medium in inner regional | 74 | 41 | 55.4 | 1.805 |
| Large in inner regional | 38 | 20 | 52.6 | 1.901 |
| Small in outer regional | 116 | 50 | 43.1 | 2.320 |
| Medium & large in outer regional | 28 | 11 | 39.3 | 2.545 |
| Total | 1308 | 616 | 47.1 | N/A |

(a) 161 non-responding units with zero size treated as out of scope

4. Commonwealth Home Support Programme.

The population consisted of 1340 units of which 505 responded, an overall response rate of 37.7 per cent.

The size measure, the number of clients, was not available for 342 units, which is 25.5 per cent of the population. The units with no size measures were treated as a separate weighting cell. This cell has a lower response rate with 70 respondents out of 342, a response rate of 20.5 per cent. The contribution of this cell to estimates should be treated with caution given the lower response rate.

For those units for which the size variable is available the distribution of clients is very skewed. While the mean clients are 445, there are ten units with more than 6000 clients.

Three weighting cells by size, as measured by clients, were produced as indicated in the Table 3. The size ranges were determined by putting the top five per cent (i.e. 67) of units aside and dividing the remaining units so that each cell accounts for the same number of clients.

As in the 2016 Census a remoteness indicator was not available and so was not used in the weighting for the CHSP sector.

Table A.5.3: Weighting for CHSP

| Weighting Cell | Population Units | Responding Units | Response Rate | Weight |
|-------------------|------------------|------------------|---------------|------------|
| Small 0-1100 | 813 | 333 | 41.0 | 2.4414 |
| Medium 1101 -2200 | 84 | 51 | 60.7 | 1.6471 |
| Large 2201+ | 101 | 51 | 50.5 | 1.9804 |
| Unknown | 342 | 70 | 20.5 | 4.8857 |
| Total | 1340 | 505 | 37.7 | N/A |

