Australian Government
Australian Institute of Health and Welfare
GEN AGED CARE DATA

2023 Aged Care Provider Workforce Survey

Report

2024

Australian Institute of Health and Welfare

The Australian Institute of Health and Welfare is an independent statutory Australian Government agency producing authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to better health and wellbeing for all Australians.

Suggested citation

Australian Institute of Health and Welfare (2024) *2023 Aged Care Provider Workforce Survey: Report*, AIHW, Australian Government.

Any enquiries about or comments on this publication should be directed to:
Australian Institute of Health and Welfare
GPO Box 570
Canberra ACT 2601
Tel: (02) 6244 1000
Email: GEN@aihw.gov.au

Published by the Australian Institute of Health and Welfare.

Please note that there is the potential for minor revisions of data in this report. Please check the online version at <gen-agedcaredata.gov.au> for any amendments.

Contents

1. Summary

1.1 Introduction

This report presents the key findings from the 2023 Aged Care Provider Workforce Survey (the Survey) commissioned by the Australian Government Department of Health and Aged Care (the Department). The Survey provides information on the size, composition and characteristics of the aged care workforce in residential and in-home care settings.

The 2023 Survey captures information across 5 service care types; residential aged care services (RACS), the Home Care Packages Program (HCPP), the Commonwealth Home Support Programme (CHSP), and for the first time, the Multi-Purpose Services (MPS) Program and the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program.

1.2 Methods

The Department engaged the Social Research Centre at the Australian National University to manage the fieldwork for the 2023 data collection. Unlike the 2020 Aged Care Workforce Census, the 2023 data collection was conducted using a survey design, with data collected at the service rather than the provider level.[1] Services were asked to provide information relevant to the first fortnightly pay period in March 2023. Following the collation of survey responses, the Australian Institute of Health and Welfare (AIHW) conducted data cleaning and data quality assurance procedures, weighting and validation of survey responses, creation of final datasets, data analysis, and creation of online content and reports.

1.2.1 Sampling frame and response rates

The sampling frame comprised 8,088 service level records drawn from the National Approved Provider System database. These records were categorised into strata defined by the following frame information: provider type (residential aged care, in-home care) × service care type (RACS, HCPP, CHSP, MPS and NATSIFAC) × remoteness (the Modified Monash Model defines whether a location is classified as a metropolitan area, regional centre, rural (large, medium, small), remote or very remote) × service size (very small, small, medium and large based on the count of operational places (RACS) or client count (HCPP, CHSP).

Of the 3,000 services who were invited to participate, submissions from 1,401 services were provided giving an overall response rate of 47%. Across service care types, the final data set comprised submissions from:

- 56% of RACS (598 of 1,065 services invited)
- 46% of HCPP services (360 of 778 services invited)
- 34% of CHSP services (321 of 941 services invited)
- 54% of MPS Program services (93 of 173 services invited)
- 67% of NATSIFAC Program services (29 of 43 services invited).

[1] An aged care provider (or organisation) manages an aged care service. A single provider can have multiple different services delivering the same or different service care types.

1.2.2 Weighting methods

All results presented in this report are based on weighted, adjusted responses. Weighting is a statistical technique used to adjust survey results to accurately represent the target population. The process involves assigning different weights to different survey responses based on certain characteristics e.g.service care type, to ensure that the weighted sample accurately reflects the larger population.

Responses to the 2023 Survey were weighted using the following strata: jurisdiction (state/territory) × provider type × service care type × remoteness × service size. If jurisdiction had been included in the initial sampling frame this would have enabled a representative sample of services by provider type, service care type, remoteness, size and jurisdiction. However, as services were not selected to take part in the survey based on jurisdiction, this was achieved by benchmarking to data from the National Aged Care Data Clearinghouse.

1.2.3 Remoteness classification

Services were categorised by remoteness area using the Modified Monash (MM) Model 2019 classifications. The model defines whether a location is classified as a metropolitan area, regional centre, rural (large, medium, small), remote or very remote. MM 2019 classifications are based on the Australian Statistical Geography Standard – Remoteness Areas (ASGS-RA) framework.

1.3 Key Findings

1.3.1 Total number of staff

- In 2023, the total estimated number of staff employed across the 5 service care types was 549,000. Of these, 483,000 (88%) staff were directly employed[2] with the remaining 12% being indirectly employed under a variety of agency, contractor or other non-direct employment conditions.
- The total estimated number of direct care workers[3] employed both directly and indirectly employed across the 5 service care types was 414,000, 75% of the workforce overall.
- Direct care workers comprised an estimated 365 (<1%) nurse practitioners, 48,600 (12%) registered nurses, 21,100 (5%) enrolled nurses, 322,000 (78%) personal care workers including assistants in nursing and those undertaking a formal traineeship, and 21,600 (5%) allied health professionals and assistants. Proportions may not add up to 100% due to rounding.
- From 2020 to 2023, the total estimated number of staff and full-time equivalent (FTE) positions involving nursing and personal care staff increased in HCPP and CHSP services and decreased in RACS.
- From 2020 to 2023, the total estimated number of staff in RACS decreased from 277,671 to 273,000. In 2023, 217,000 (79%) staff were employed in direct care roles.

[2] Directly employed refers to the type of employment that is on a full-time/part-time permanent or casual/fixed term basis whereby staff are employed directly by the service provider, rather than indirectly via an agency or contractor.

[3] Direct care workers are a subset of all staff, employed either directly or indirectly, who provide care directly to older persons.

- From 2020 to 2023, FTE positions in RACS involving nursing and personal care staff decreased from 123,400 FTE positions to 111,000 FTE positions. Similarly, the staff to client ratio decreased over time from one FTE nursing/personal care position per 1.5 clients to one FTE nursing/personal care position per 1.7 clients.[4]
- From 2020 to 2023, the total estimated number of staff in HCPP increased from 80,340 to 170,000. In 2023, 128,000 (75%) staff were employed in direct care roles.
- From 2020 to 2023, FTE positions in HCPP involving nursing and personal care staff increased from 24,876 FTE positions to 43,000 FTE positions. However, likely due to the increase in older adults accessing HCPP over time, the staff to client ratio decreased from one FTE nursing/personal care position per 5.7 clients to one FTE nursing/personal care position per 6.0 clients.[4]
- From 2020 to 2023, the total estimated number of staff in CHSP increased from 76,096 to 97,900. In 2023, 63,200 (65%) staff were employed in direct care roles.
- From 2020 to 2023, FTE positions in CHSP involving nursing and personal care staff increased from 19,060 FTE positions to 22,500 FTE positions. Similarly, the staff to client ratio increased over time from one FTE nursing/personal care position per 44 clients to one FTE nursing/personal care position per 36 clients.[4]
- Across the MPS Program, the total estimated number of staff employed in 2023 was 6,300. Of these, 4,500 (72%) staff were employed in direct care roles. Across the program, 4,300 nursing and personal care staff comprised 2,100 FTE positions.[5]
- Across the NATSIFAC Program, the total estimated number of staff employed in 2023 was 1,500. Of these, 980 (65%) staff were employed in direct care roles. Across the program, 960 nursing and personal care staff comprised 285 FTE positions.[5]

1.3.2 Direct care workers by employment type

- Across all 5 service care types, 242,000 (58%) of the direct care workforce comprising nursing staff, personal care workers, and allied health professionals and assistants were directly employed in permanent positions with 206,000 of these being part-time.
- For nursing staff across all service care types, 15% were employed in permanent full-time positions, 53% were employed in permanent part-time positions, 18% were employed in casual/fixed-term positions and 12% were employed via an agency/labour hire. The remaining 1% were employed via subcontractor, independent contractor or other non-direct employment arrangements. Proportions may not add up to 100% due to rounding.
- For personal care workers across all service care types, 6% were employed in permanent full-time positions, 50% were employed in permanent part-time positions, 31% were employed in casual/fixed-term positions and 7% were employed via an agency/labour hire. The remaining 6% were employed via subcontractor, independent contractor or other non-direct employment arrangements.
- The majority of direct care workers were employed in permanent part-time positions. From 2020 to 2023 there was a decrease in the proportion of permanent part-time positions for direct care workers in RACS, HCPP and CHPS and a small increase in the

[4] Client count is from the AIHW National Aged Care Data Clearinghouse (unpublished).

[5] Comparisons have been made between the 2020 and 2023 data collections for RAC, HCPP and CHSP services only as data from the MPS and NATSIFAC Programs were not collected in the 2020 Aged Care Workforce Census.

proportion of permanent full-time positions. Notably there was an increase from 2020 to 2023 in the proportion of direct care workers employed in casual/fixed term positions in HCPP and CHPS.

- From 2020 to 2023, the proportion of permanent part-time positions in RACS decreased from 68% to 56% for nursing staff and from 75% to 64% for personal care workers. In contrast, the proportion of permanent full-time positions in RACS increased from 9% to 13% for nursing staff and from 3% to 7% for personal care workers. The proportion of casual/fixed-term positions in RACS nursing and personal care staff remained relatively stable from 2020 to 2023.
- From 2020 to 2023, the proportion of permanent part-time positions in HCPP decreased from 51% to 42% for nursing staff and from 51% to 37% for personal care workers. In contrast, the proportion of permanent full-time positions in HCPP increased from 18% to 22% for nursing staff and from 3% to 6% for personal care workers. The proportion of casual/fixed-term positions in HCPP increased from 3% to 22% for nursing staff and from 8% to 40% for personal care workers.
- From 2020 to 2023, the proportion of permanent part-time positions in CHSP decreased from 65% to 54% for nursing staff and from 71% to 34% for personal care workers. In contrast, the proportion of permanent full-time positions in CHSP increased from 16% to 24% for nursing staff and from 2% to 6% for personal care workers. The proportion of casual/fixed-term positions in CHSP increased from 1% to 19% for nursing staff and from 4% to 52% for personal care workers.
- In 2023, the proportion of permanent part-time positions in MPS was 43% for nursing staff and 52% for personal care workers, the proportion of permanent full-time positions was 20% for nursing staff and 11% for personal care workers, and the proportion of casual/fixed-term positions was 8% for nursing staff and 17% for personal care workers.
- In 2023, the proportion of permanent part-time positions in NATSIFAC was 21% for nursing staff and 48% for personal care workers, the proportion of permanent full-time positions was 22% for nursing staff and 13% for personal care workers, and the proportion of casual/fixed-term positions was 22% for nursing staff and 30% for personal care workers.

1.3.3 Directly employed nursing and personal care staff by age and gender

- Across all service care types, 43% of directly employed nursing and personal care staff were aged 45 years and older 85% were women.
- Overall, 43% of nurse practitioners, 31% of registered nurses, 46% of enrolled nurses, 44% of personal care workers (including assistants in nursing) and 63% of personal care workers (formal traineeship) were aged 45 years and older. These proportions were calculated using valid responses only and exclude ‘unknown’ responses.
- The majority of directly employed nursing and personal care staff were women, with 86% of this workforce identifying as women, 14% identifying as men and <1% specifying ‘other’. These proportions were calculated using valid responses only and exclude ‘unknown’ responses. Proportions may not add up to 100% due to rounding.

1.3.4 Directly employed nursing and personal care staff by background

- Across all service care types, the majority of directly employed nursing and personal care staff were Australian/New Zealand citizens or Australian permanent residents.
- Across all service care types, 4,100 (1.2%) directly employed nursing and personal care staff were reported as being Aboriginal and Torres Strait Islander people. Of the staff who were reported as being Aboriginal and Torres Strait Islander people, 3,800 (91%) were employed as personal care workers, 310 (9%) of whom were undertaking a formal traineeship. Given the high proportion of 'unknown' responses on this question (60%), these results should be interpreted with caution.
- For NATSIFAC services, 160 (19%) directly employed nursing and personal care staff were reported as being Aboriginal and Torres Strait Islander people. Of the staff reported as being Aboriginal and Torres Strait Islander people, 150 (95%) were employed as personal care workers, 47 (31%) of whom were undertaking a formal traineeship. Given the high proportion of 'unknown' responses on this question (68%), these results should be interpreted with caution.
- Across all service care types, 17% of directly employed nursing and personal care staff were temporary residents while 83% were Australian/New Zealand citizens or Australian permanent residents. The majority (83%) of temporary residents were employed as personal care workers. These proportions were calculated using valid responses only. Given the high proportion of 'unknown' responses on this question (34%), these results should be interpreted with caution.

1.3.5 Total number of staff by geographic remoteness

- Of the 549,000 total estimated number of staff, both directly and indirectly employed across all 5 service care types:
    - 385,000 (70%) worked in *Metropolitan areas* (MM1)
    - 45,600 (8%) worked in *Regional centres* (MM2)
    - 108,000 (20%) worked in *Small, Medium, and Large rural towns* (MM3-MM5)
    - 10,500 (2%) worked in *Remote and Very remote communities* (MM6-MM7).
  - Overall, the proportion of direct care workers decreased with increasing geographic remoteness with 77% of all staff providing direct care in *Metropolitan areas* (MM1) and 55% of all staff providing direct care in *Very remote communities* (MM7).
  - The employment type of the direct care workforce also varied by geographic remoteness with the proportion of permanent full-time staff increasing from 15% in *Metropolitan areas* (MM1) to 31% in *Very remote communities* (MM7). Conversely, the proportion of permanent part-time and casual staff tended to decrease with increasing remoteness. Of note, the proportion of sub-contractors increased from 2% in *Metropolitan areas* (MM1) to 20% in *Very remote communities* (MM7).
  - Overall, the proportion of FTE positions involving nursing and personal care staff was broadly in line with or higher than the proportion of the older population in all remoteness areas except for *Small rural towns* (MM5) where the proportion of FTE positions was 3 percentage points lower than the proportion of the older population.

2. National aged care workforce

2.1 Introduction

This report presents the key findings from the 2023 Aged Care Provider Workforce Survey (the Survey) commissioned by the Australian Government Department of Health and Aged Care (the Department). The Survey provides information on the size, composition and characteristics of the aged care workforce in residential and in-home care settings. The 2023 Survey follows 5 previous reports examining the aged care workforce published in 2003[6], 2007[7], 2012[8], 2016[9] and 2020[10].

The 2023 Survey captures information across 5 service care types; residential aged care services (RACS), the Home Care Packages Program (HCPP), the Commonwealth Home Support Programme (CHSP) and for the first time, the Multi-Purpose Services (MPS) Program and the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program. Services were asked to provide information relevant to the first fortnightly pay period in March 2023. The 2023 Survey questionnaire can be found here.

The Social Research Centre at the Australian National University was engaged by the Department to conduct the 2023 data collection. Following collation of survey responses, data quality assurance processes, weighting and validation of survey responses were conducted by the Australian Institute of Health and Welfare (AIHW). Unlike the 2020 Aged Care Workforce Census, the 2023 data collection was conducted using a survey rather than a census design, with data collected at the service rather than at the provider level. This survey approach followed extensive consultation and aimed to reduce the burden on the sector and improve the response rate, relative to the 2020 data collection. Further information about the methods and limitations are detailed in the Appendices for this report.

Since the last report published in 2020, the aged care sector has been impacted by various policy, economic and environmental changes. These include:

- **Reforms in response to the Royal Commission into Aged Care Quality and Safety.** In particular, care minutes were funded from October 2022 and became mandatory from 1 October 2023. This required RACS to meet mandatory care minutes set at a sector average of 200 care minutes per resident per day, including 40 minutes by a registered nurse. From 1 July 2023, mainstream RACS were also required to have a registered nurse on-site and on duty 24-hours a day, 7-days a week, unless granted a 12-month exemption.

---

[6] Richardson S and Martin B (2004) *The Care of Older Australians, a Picture of the Residential Aged Care Workforce,* National Institute of Labour Studies, Flinders University, accessed 30 March 2024.

[7] Martin B and King D (2008) *Who Cares for Older Australians? A Picture of the Residential and Community Based Aged Care Workforce, 2007*, Commonwealth of Australia, accessed 30 March 2024.

[8] King D, Mavromaras K, He B, Healy J, Macaitis K, Moskos M, Smith L and Wei Z (2012) *The Aged Care Workforce, 2012*, Australian Government Department of Health and Ageing, Australian Government, accessed 30 March 2024.

[9] Mavromaras K, Knight G, Isherwood L, Crettenden A, Flavel J, Karme T, Moskos M, Smith L, Walton H and Wei, W (2017) *The Aged Care Workforce, 2016*, accessed 30 March 2024.

[10] Australian Government Department of Health (2021) *2020 Aged Care Workforce Census Report*, Australian Government, accessed 30 March 2024.

- **Investment in the aged care workforce**. The Australian Government has invested $15.1 billion in the sector in response to the Fair Work Commission's decisions to increase aged care award wages from 30 June 2023 and 1 January 2025. The Government has also invested in a number of new programs to build, train and support the aged care workforce, including the Home Care Workforce Support Program and Aged Care Transition to Practice Program.
- **Code of Conduct for Aged Care.** A new code of conduct for aged care providers and their workforce was introduced in December 2022. Providers are required to support, equip and prepare aged care workers and volunteers to comply with the code which sets out how providers, governing persons and the workforce are expected to behave and treat people receiving aged care.
- **Impact of COVID-19**. COVID-19 outbreaks continue to disproportionately affect clients and staff in the aged care sector. On 12 December 2022, the Australian Government launched the National COVID-19 Health Management Plan (National Plan). The National Plan and accompanying National Statement of Expectations on COVID-19 Management in Aged Care Settings were developed to ensure the health and aged care systems have the capacity to respond as the pandemic continues to evolve. In February 2024, the Australian Government introduced the Aged Care Outbreak Management Support Supplement in recognition of the ongoing costs to aged care providers to safely manage COVID-19 outbreaks.
- **Aged Care Bill 2024.** The Australian Government introduced the Aged Care Bill 2024 to Parliament on 12 September 2024. The Act sets new obligations for providers and workers to ensure delivery of safe, quality aged care services and expands the powers of the regulators. Some of the key changes include expanded whistleblower protections for aged care workers and revised worker screening arrangements. In addition, the Act includes a Statement of Principles which encourages support workers to be empowered to continuously learn, improve and deliver top-quality care as well as be involved in governance and accountability processes.

2.2 Overview of the report

This section provides a comprehensive overview of the key findings from the 2023 Survey, with subsequent chapters describing the aged care workforce in more detail by geographic remoteness areas and for each of the 5 service care types. The survey methods including changes from the 2020 Aged Care Workforce Census, data collection, response rates, weighting methods and limitations are described in the Appendices.

This report is accompanied by a Summary Report which provides a summary of the key findings, a detailed set of workforce data tables and a Data Quality Statement which provides a detailed overview of the weighting methods, data quality assurance procedures and limitations of the survey data.

2.2.1 Caveats to the findings

In interpreting this report, the following caveats should be considered:

- Comparisons have been made between the 2020 and 2023 data collections for RACS, HCPP and CHSP only as information from the MPS Program and the NATSIFAC Program were not collected in the 2020 Aged Care Workforce Census.

- Differences in scope, coverage, methodology, workforce definitions and questions asked should be considered when comparing the findings of each aged care workforce data collection over time.
- Headcounts presented are weighted estimates. Weighting is a statistical technique used to adjust survey results to represent the target population. For further information regarding weighting and variance estimation, see the Appendices for this report.
- Headcounts for 2023 may not add up to total headcounts due to rounding. For unrounded headcounts, see the workforce data tables.
- Similarly, proportions may not add up to 100% due to rounding. For unrounded proportions, see the workforce data tables.
- Where 'unknown' responses would be expected not to lead to bias (e.g. demographics), 'Unknown' responses have been excluded and the proportions calculated including valid responses only.
- Numbers in this report relate to headcounts rather than full-time equivalent (FTE), except where FTE is specified.
- Some employees may have several part-time positions which when combined were equivalent to or greater than one FTE.
- FTE allied health positions were not able to be calculated and compared across time as hours worked by allied health staff were not collected in the 2023 Survey.

2.2.2 Job roles and employment types

The aged care workforce comprises a range of job roles including nursing staff, personal care workers, allied health professionals, ancillary care, management and administration positions and other roles not otherwise specified.

The direct care workforce includes nurse practitioners, registered nurses, enrolled nurses, personal care workers including assistants in nursing and those undertaking a formal traineeship, and allied health professionals and assistants. Where the direct care workforce is examined in this report, the focus is on nursing and personal care staff. For further information regarding allied health professionals and assistants, please see the workforce data tables.

The aged care workforce additionally includes ancillary care staff involving cleaning, laundry, driving, kitchen, gardening and maintenance positions; management and administration staff including clinical care managers and other management and administrative positions; and other roles including Aboriginal and Torres Strait Islander health practitioners, diversional therapists, oral health professionals and pastoral/spiritual care workers.

Employment types include permanent full-time/part-time employees, casual/fixed term contract employees, agency/labour hire staff, sub-contractors, independent contractors, and other or unknown employment arrangements.

Directly employed refers to the type of employment that is on a full-time/part-time permanent or casual/fixed term basis whereby staff are employed directly by the service provider, as opposed to an agency or contractor.

2.3 Overview of the national aged care workforce

2.3.1 Total number of staff across the 5 service care types

- In 2023, the total estimated number of 549,000 staff comprised permanent, casual/fixed-term, agency/labour hire, sub-contractor and independent contractor jobs across direct care, ancillary care, management and administration, and roles not otherwise specified.
- Of the total number of 549,000 staff, an estimated 483,000 (88%) staff were directly employed with the remaining 12% being indirectly employed under a variety of agency, contractor or other non-direct employment conditions.
- The total estimated number of direct care workers employed both directly and indirectly across the 5 service care types was 414,000, 75% of the workforce overall. Direct care workers comprised an estimated 365 (<1%) nurse practitioners, 48,600 (12%) registered nurses, 21,100 (5%) enrolled nurses, 322,000 (78%) personal care workers including assistants in nursing and those undertaking a formal traineeship, and 21,600 (5%) allied health professionals and assistants. Proportions may not add up to 100% due to rounding.
- The estimated number of direct care, administrative, ancillary care and other staff for each service care type and total services are shown in Table 2.1.

Table 2.1: Estimated number of direct care, administration, ancillary care and other staff in 2023, by service care type

	Residential aged care	Home Care Packages Program	Commonwealth Home Support Programme	Multi-Purpose Services	NATSIFAC[a]	Total
 **Direct care[b]**	217,000	128,000	63,200	4,500	980	414,000
 **Administration, ancillary care or other[c]**	56,800	41,400	34,700	1,700	570	135,000
 **Total**	273,000	170,000	97,900	6,300	1,500	549,000

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

[a]National Aboriginal and Torres Strait Islander Flexible Aged Care Program

[b]Direct care staff include nurse practitioners, registered nurses, enrolled nurses, personal care workers including assistants in nursing and those undertaking a formal traineeship, and allied health professionals and assistants.

[c]Administration staff include clinical care managers, and workers in other management and administrative roles. Ancillary care staff include staff who provide services such as cleaning, kitchen, gardening, and maintenance. Other staff include Aboriginal and Torres Strait Islander health practitioners, diversional therapists, oral health professionals, pastoral/spiritual care workers and other roles not defined.

Notes:

1). Weighted estimates may overstate the size of the workforce where staff work for multiple providers or across different service care types.

2). Counts are estimated from weighted survey data. Counts may not add up to totals due to rounding.

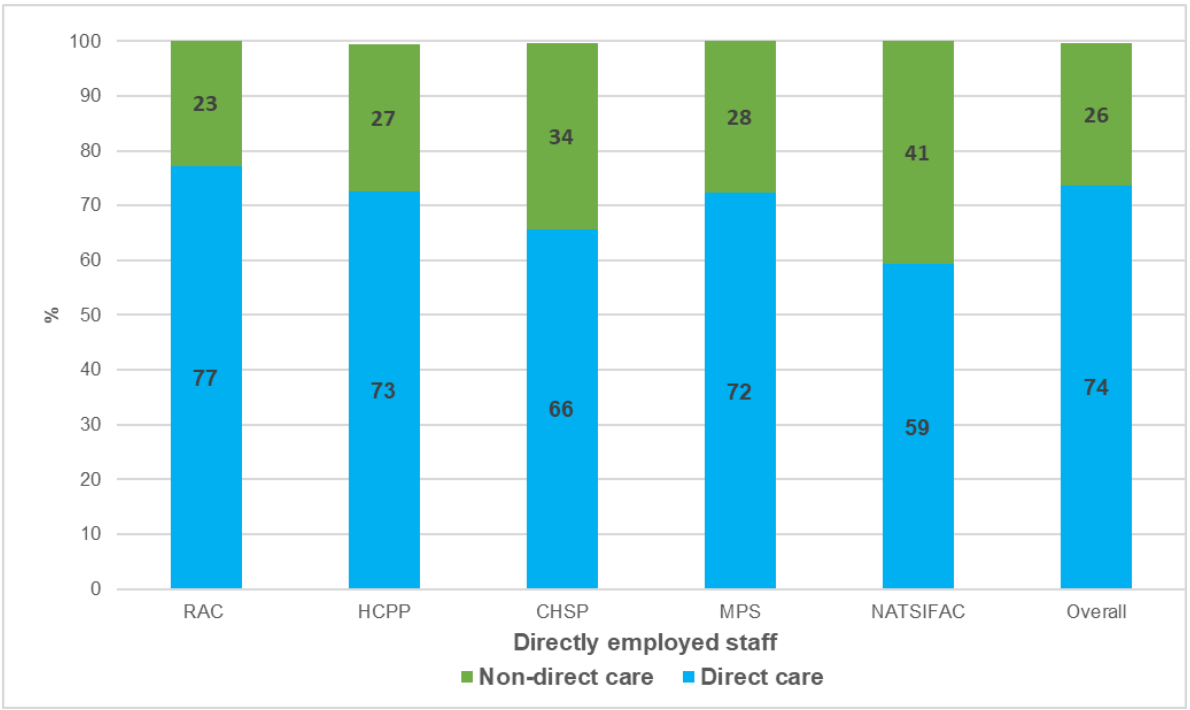
3). Proportions may not add up to 100% due to rounding.

- Of 414,000 direct care staff:
  - 356,000 (86%) were directly employed

- 242,000 (58%) were employed in permanent positions [36,000 (15%) full-time, 206,000 (85%) part-time]
- 114,000 (28%) were employed in casual/fixed term positions
- 58,000 (14%) were employed via an agency/labour hire, subcontractor, independent contractor or other non-direct employment arrangements
- Across all employment types, 70,100 (17%) were nursing staff, 322,000 (78%) were personal care workers and 21,600 (5%) were allied health professionals.

- The proportion of directly employed staff who were direct care staff in each service care type and overall are shown in Figure 2.1.

Figure 2.1: Proportion of directly employed staff who were direct care staff, by service care type and overall

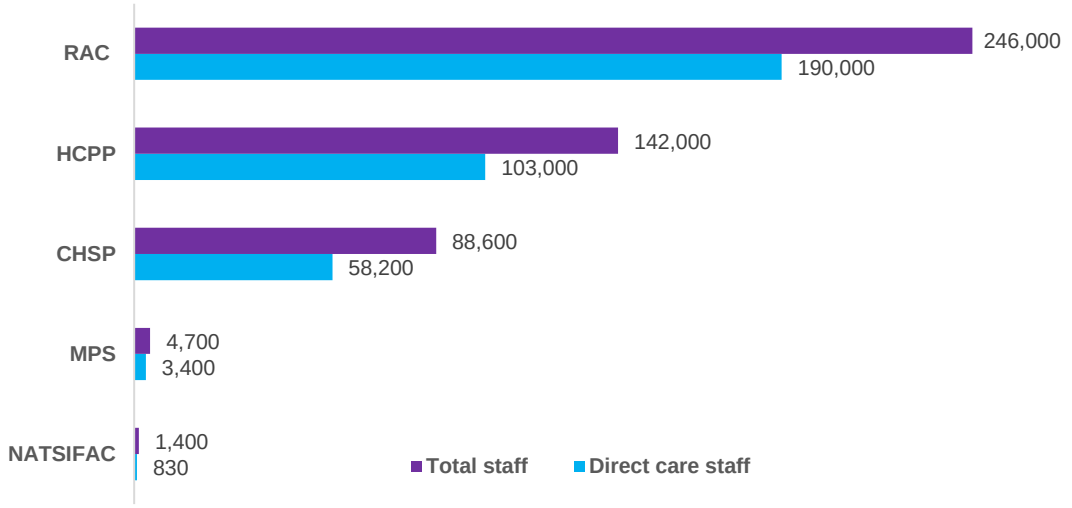


Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- Of the 135,000 staff employed in other areas of the aged care workforce:
  - 24,300 (18%) were employed in ancillary care, 58,300 (43%) were in management and administrative roles (including clinical care managers), and 52,600 (39%) were employed in roles not otherwise specified
  - 127,000 (94%) were directly employed
  - 8,600 (6%) were employed via an agency/labour hire, subcontractor, independent contractor or other non-direct employment arrangements.

- The total estimated number of staff and estimated number of direct care staff who are directly employed in each service care type are shown in Figure 2.2.

Figure 2.2: Total estimated number of staff and estimated number of direct care staff who were directly employed in 2023, by service care type



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

2.3.2 Number and proportion of total direct care FTE positions compared with the older population

- The number and proportion of total direct care FTE positions compared with the number and proportion of the older population in each state and territory are shown in Table 2.2. The older population comprises Aboriginal and Torres Strait Islander people aged 50–64 years and all people aged 65 years and older.
- Compared with the proportion of the total older population, the proportion of total direct care FTE positions was 3 percentage points lower in NSW, one percentage point higher in VIC, one percentage point lower in QLD and 2 percentage points higher in SA. The proportion of total direct care FTE positions was the same as the proportion of the total older population in WA, TAS, NT and the ACT.
- The availability of direct care workers in Australia varied by state and territory with the number of direct care FTE positions per 1,000 older population ranging from 33 in the ACT to 70 in the NT.

Table 2.2: Number and proportion of direct care FTE positions in 2023 compared with the older population, by state and territory

State and territory	Direct care (FTE)[a]		Older population ('000s)[b]		Direct care FTE per 1,000 older population
NSW	54,200	30%	1,470.3	33%	37
VIC	46,200	26%	1,119.1	25%	41
QLD	34,200	19%	905.3	20%	38
SA	17,100	10%	357.4	8%	48
WA	17,100	10%	440.7	10%	39
TAS	5,700	3%	120.1	3%	48
NT	2,300	1%	32.1	1%	70
ACT	2,100	1%	62.1	1%	33
Australia	**178,800**	**100%**	**4,507.1**	**100%**	**40**

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

(a) Direct care positions include nursing and personal care staff only and exclude allied health professionals and assistants.

(b) Older population refers to Aboriginal and Torres Strait Islander people aged 50–64 years and all persons aged 65 years and older, per Report on Government Services 14A (2022).

Note: Counts may not add up to totals due to rounding.

Note. Proportions may not add up to 100% due to rounding.

FTE; full-time equivalent

2.3.3 Nursing and personal care by employment types

- For nursing staff across all service care types, 53% were employed in permanent part-time positions, 15% were employed in permanent full-time positions and 18% were employed in casual/fixed-term positions. The remaining 14% were employed via an agency/labour hire, subcontractor, independent contractor or other non-direct employment arrangements.
- For personal care workers across all service care types, 50% were employed in permanent part-time positions, 6% were employed in permanent full-time positions and 31% were employed in casual/fixed-term positions. The remaining 13% were employed via an agency/labour hire, subcontractor, independent contractor or other non-direct employment arrangements.

2.3.4 Nursing and personal care staff by age and gender

- Across all service care types, 43% of directly employed nursing and personal care staff were aged 45 years and older. Overall, 43% of nurse practitioners, 31% of registered nurses, 46% of enrolled nurses, 44% of personal care workers (including assistants in nursing) and 63% of personal care workers (formal traineeship) were aged 45 years and older. These proportions were calculated using valid responses only and exclude ‘unknown’ responses.
- The majority of directly employed nursing and personal care staff were women, with 86% of this workforce identifying as women, 14% identifying as men and <1% specifying ‘other’. These proportions were calculated using valid responses only and exclude ‘unknown’ responses. Proportions may not add up to 100% due to rounding.

2.3.5 Nursing and personal care staff by background

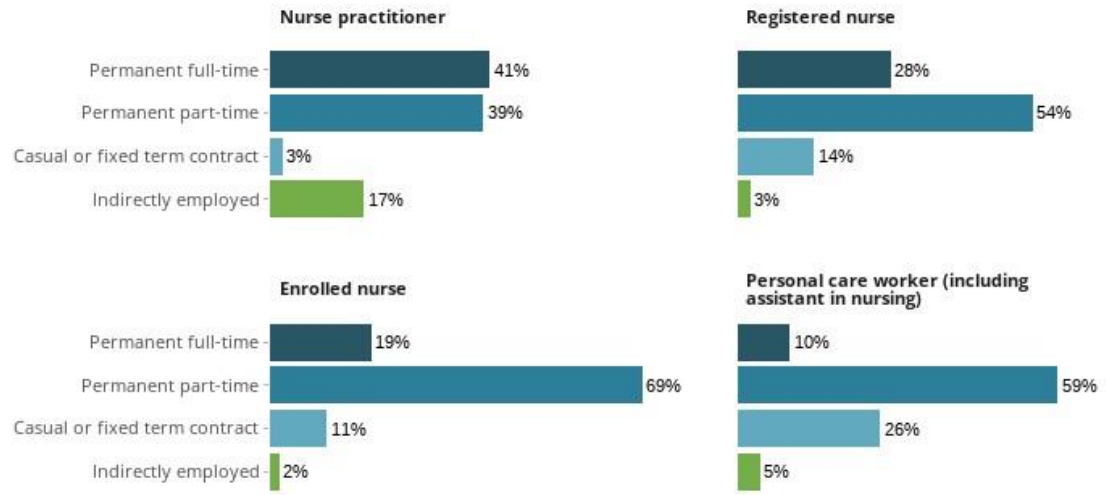
- Across all service care types, 4,100 (1.2%) directly employed nursing and personal care staff were reported as being Aboriginal and Torres Strait Islander people. Of the staff who were reported as being Aboriginal and Torres Strait Islander people, 3,800 (91%) were personal care workers, 310 (9%) of whom were undertaking a formal traineeship. Given the high proportion of 'unknown' responses to this question (60%), these results should be interpreted with caution.
- Across all service care types, 17% of directly employed nursing and personal care staff were temporary residents while 83% were Australian/New Zealand citizens or Australian permanent residents. The majority (83%) of temporary residents were employed as personal care workers. These proportions were calculated using valid responses only. Given the high proportion of 'unknown' responses on this question (34%), these results should be interpreted with caution.

2.3.6 Hours worked

Services were asked to report the total number of hours worked by nurses and personal care workers in each employment category during the two-week reporting period.[11] Information was also sought regarding the proportion of leave taken by direct care workers that was due to COVID-19.

- The proportion of hours worked by nurse practitioners, registered nurses, enrolled nurses and personal care workers (including assistants in nursing) in all 5 service care types across employment categories, during the two-week reporting period are shown in Figure 2.3.

Figure 2.3: Proportion of hours worked by nursing and personal care staff in all service care types across employment categories, during the two-week reporting period in March 2023



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

[11] Full-time equates to 35 hours or more per week and part-time equates to less than 35 hours per week. When considering the two-week reporting period, full-time equates to 70 hours or more a fortnight and part-time equates to less than 70 hours per fortnight.

- Overall, the majority of hours worked by nurses and personal care staff during the two-week reporting period were delivered by permanent part-time staff.
- For nurse practitioners across all service care types, 41% of total hours worked during the two-week reporting period were delivered by full-time employees, 39% by part-time employees, 3% by casual or fixed term contract employees and 17% by sub or independent contractors. Overall, nurse practitioners worked an average of 37.5 hours during the two-week reporting period.
- For registered nurses across all service care types, 28% of total hours worked during the two-week reporting period were delivered by full-time employees, 54% by part-time employees, 14% by casual or fixed term contract employees, and 3% by indirectly employed staff. Proportions may not add up to 100% due to rounding. Overall, registered nurses worked an average of 46 hours during the two-week reporting period.
- For enrolled nurses across all service care types, 19% of total hours worked during the two-week reporting period were delivered by full-time employees, 68% by part-time employees, 11% by casual or fixed term contract employees and 2% by indirectly employed staff. Overall, enrolled nurses worked an average of 45 hours during the two-week reporting period.
- For personal care workers (including assistants in nursing) across all service care types, 10% of total hours worked during the two-week reporting period were delivered by full-time employees, 59% by part-time employees, 26% by casual or fixed term contract employees and 5% by indirectly employed staff. Overall, personal care workers worked an average of 39 hours during the two-week reporting period.
- Overall, 7% of unplanned leave taken by direct care workers during the two-week reporting period was due to COVID-19. This included illness, self-isolation or caring for others with COVID-19. Among nursing and personal care staff, personal care workers (formal traineeship) took the highest proportion (10%) of unplanned leave due to COVID-19.

2.3.7 Qualifications

Services were asked to report the highest levels of education completed by personal care workers, the number of personal care workers who were currently studying and the level of education they will hold at the completion of their course, and the number of infection prevention and control (IPC) nurses.

An IPC nurse is the lead person for infection prevention and control at an aged care service. They must have completed an identified infection prevention and control course and have met other requirements.

- Across all 5 service care types, 48% of directly employed personal care workers held a Certificate III or higher in an area related to their aged care work. Given the high proportion of ‘unknown’ responses to this question (47% overall), these results should be interpreted with caution.
- Of the 30% of personal care workers who were reported as studying during the two-week reporting period, around 40% will hold a Certificate III or higher at the completion of their course.
- At March 2023, 10% of directly employed nursing staff were IPC nurses. By nursing role, 42 (31%) nurse practitioners, 3,900 (9%) registered nurses and 1,800 (10%) enrolled nurses were IPC nurses.

2.3.8 Training

Services were asked about the topics of training they offered directly employed nursing and personal care staff in the previous 12 months, and how many of these staff had completed each training program.

- Across all service care types, the main training programs that were delivered to nursing and personal care staff in the previous 12 months related to IPC, COVID-19, elder abuse, workplace health and safety, and code of conduct.
- Overall, the main training programs that were completed by nursing and personal care staff related to IPC, COVID-19, code of conduct, workplace health and safety, and elder abuse, with over 40% of staff completing these programs in the previous 12 months.
- IPC was the most common area of training delivered by services and completed by staff. Overall, 49% of all services provided IPC training and 49% of all nursing and personal care staff completed IPC training in the previous 12 months.
- Overall, 8% of services reported offering no training to nursing and personal care staff.

Services were asked whether there were any students outside of those employed by the organisation attending clinical placements at that service in order to complete the practical component of their education course. Note that a service may have multiple students attending clinical placements for different qualifications, and be counted for each relevant response.

- Overall, 27% of services indicated that they had at least one student from outside the organisation attending clinical placements. Where this information was reported, these clinical placements involved study towards a Certificate III qualification (12% of services), Certificate IV qualification (5% of services), undergraduate or postgraduate qualification (7% of services) or other/unknown study type (2% of services).

Services were asked if paid study leave had been provided to any workers in the previous 12 months. Note that a service may provide paid study leave to multiple workers for study toward different qualifications, and be counted for each relevant response.

- Overall, 20% of services indicated that they had provided paid study leave to at least one worker in the previous 12 months. Where this information was reported, paid leave was provided in order to complete study towards a Certificate III qualification (7% of services), Certificate IV qualification (3% of services), undergraduate or postgraduate qualification (5% of services) or other unspecified study type (5% of services).

2.3.9 Employment conditions

Services were asked which modern awards their workers were employed under and if workers were covered by an enterprise agreement (EA) or enterprise bargaining agreement (EBA). A modern award is a document which sets out the minimum terms and conditions of employment on top of the National Employment Standards.[12]

- Overall, 76% of services reported that they employed at least one member of staff under at least one recognised modern award.
- Across service care types, 24% of services employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Social and

[12] Fair Work Ombudsman, https://www.fairwork.gov.au/sites/default/files/migration/723/Modern-awards.pdf, accessed March 2024.

Community Services stream (Schedule B), 23% employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Home care stream (Schedule E), 22% employed workers under the Nurses Award 2020 and 17% employed workers under the Aged Care Award 2010.

- Overall, 34% of services reported providing EA/EBA coverage for personal care workers, 31% provided EA/EBA coverage for registered nurses, 23% provided EA/EBA coverage for enrolled nurses and 15% provided EA/EBA coverage for clinical care managers. Less than 10% of services provided EA/EBA coverage for nurse practitioners, allied health assistants, ancillary care workers, and personal care workers (formal traineeship). No other worker categories, including allied health professionals, were included in this survey question.

2.3.10 Recruitment, turnover and vacancies

Services were asked to provide information regarding the recruitment and visa status of new directly employed nursing and personal care staff who commenced in the 12 months from 1 March 2022.

- Overall, an estimated 115,000 new nursing and personal care staff commenced in the 12 months since March 2022. Of these new employees, <1% were nurse practitioners, 11% were registered nurses, 4% were enrolled nurses and 85% were personal care workers.
- Services reported that 18% of new nursing and personal care staff recruited in the 12 months since March 2022 were temporary visa holders while the visa status of 23% of new staff was unknown. The remaining 59% of new staff were Australian/New Zealand citizens or Australian permanent residents.

Services were asked to report the number of directly employed enrolled and registered nurses who were graduate nurses i.e. in their first year of practice.

- Across all 5 service care types, 12% of enrolled nurses and 7% of registered nurses were in their first year of practice.

Services were asked to provide information regarding turnover rates and number of vacancies in the 12 months from 1 March 2022. Turnover rate was calculated as the percentage of employees who left since 1 March 2022 using staffing numbers 12 months ago as the denominator.

- Overall, an estimated 83,500 (27%) directly employed nursing and personal care staff left their employment in the 12 months since March 2022. The turnover rate was highest in nurse practitioners (68%) followed by personal care workers (formal traineeship) (32%). Importantly, it is unknown whether these employees left the workforce, gained employment at another service or moved from a traineeship to a substantive personal care worker position in the same organisation.
- At March 2023, there were an estimated 42,400 vacancies in directly employed nursing and personal care positions across all service care types. The highest proportion of vacancies was for personal care workers (including assistants in nursing) (76%) followed by registered nurses (12%), reflecting the relative sizes of the 2 staff categories.

Services were asked to describe the main challenges in recruiting employees, which job roles took the longest time to fill, and the most useful options to attract and retain registered nurses.

- The main challenges in recruiting employees were reported to be the lack of applicants, competition for staff with other providers or industries, and applicants not having suitable qualifications or skills.

- Overall, vacancies for nurse practitioners took the longest time to fill followed by registered nurses and enrolled nurses.
- The most useful options to attract and retain registered nurses were reported to be renumeration and working conditions, financial incentives and continued availability of appropriate professional development.

2.3.11 Volunteers

Services were asked about the number of volunteers and volunteer coordinators providing support to the sector, the number of hours that they worked and the types of support that they provided.

- Overall, 39% of services indicated that they had volunteers providing assistance during the two-week reporting period.
- During the two-week reporting period, an estimated 79,000 volunteers provided approximately 314,000 hours of support to aged care services.
- Across all 5 service care types, volunteers primarily provided support to participate in social activities and planned group activities, as well as providing companionship and friendship.
- Of the services that engaged volunteers, 68% indicated that they had a volunteer coordinator. These coordinators provided an average of 24 hours per fortnight to support volunteers across the 5 service care types.

2.3.12 Other programs and settings

Services were asked whether they provided services under the National Disability Insurance Scheme (NDIS), the Department of Veterans' Affairs (DVA) or both.

- Overall, an estimated 22% of services provided services to the NDIS, 7% provided services to the DVA and 11% provided services to both.

Services were asked how many directly employed nursing and personal care staff also worked in other settings during the two-week reporting period. Other settings include other in-home services, RACS, and services provided under the NDIS or the DVA operated by the same provider. Note that a worker may work in multiple settings and be counted for each relevant setting.

- Overall, an estimated 35% of nursing and personal care staff also worked in other settings operated by the same provider including in-home care (14%), residential aged care (4%), the NDIS (12%) or the DVA (5%). No information was collected on the proportion of staff who worked for other providers.

3 Geographic remoteness of the aged care workforce

3.1 Introduction

The availability of aged care services in Australia varies with increasing geographic remoteness, as does the composition of the aged care workforce. While a third of older persons (aged 65 years and older) live outside of a major city, most aged care services are located in metropolitan areas. There are specific challenges associated with sustaining an aged care workforce that meets the needs of older people in more rural and remote locations. These include attracting and retaining appropriately skilled aged care staff, a lack of training and professional development opportunities, low remuneration rates, high workloads, and social factors such as housing availability and employment and education opportunities for family members.[13]

The geographic remoteness of services that participated in the 2023 Survey was categorised using the Modified Monash Model (MMM). This model measures geographic remoteness and population size according to the following seven Modified Monash (MM) classifications:

- MM1: *Metropolitan areas*
- MM2: *Regional centres*
- MM3: *Large rural towns*
- MM4: *Medium rural towns*
- MM5: *Small rural towns*
- MM6: *Remote communities*
- MM7: *Very remote communities.*

The proportion of the older population[14] by MM classification across Australia in 2022 was:

- 65% in *Metropolitan areas* (MM1)
- 10% in *Regional centres* (MM2)
- 8% in *Large rural towns* (MM3)
- 5% in *Medium rural towns* (MM4)
- 10% in *Small rural towns* (MM5)
- 1% in *Remote communities* (MM6)
- <1% in *Very remote communities* (MM7).

Weighted survey estimates were analysed by MM classification to provide an overview of the geographic distribution of the aged care workforce both overall and for the 5 service care types. Note that disaggregated estimates are subject to a higher level of sampling error and any additional disaggregation (e.g. by occupation) further reduces their reliability. Given this,

[13] National Rural Health Alliance (2022) *Aged Care Access in Rural Australia*, Fact Sheet. Viewed November 2024, <nrha-aged-care-factsheet-dec2022.pdf>

[14] The older population refers all persons aged 65 years and older, per population data in the AIHW Reference Database (2022). Remoteness data based on the MMM for Aboriginal and Torres Strait Islander people aged 50–64 years are currently not available. Proportions may not add up to 100% due to rounding.

caution should be taken when interpreting the findings presented in this chapter. In particular, estimates for *Remote and Very remote communities* (MM6-MM7) where the total number of staff comprise only 2% of the total workforce and estimates for the NATSIFAC program which employs less than 1% of the total workforce should be interpreted with caution.

Direct care staff include nursing staff, personal care workers, and allied health professionals and assistants unless stated otherwise.

3.1.1 Total number of staff

- The estimated number and proportion of direct care, management and administrative, ancillary care and other staff employed across all 5 service care types by geographic remoteness are shown in Table 3.1. Proportions are additionally displayed in Figure 3.1.

Table 3.1: Estimated number and proportion of direct care, management and administrative, ancillary care and other staff employed across all 5 service care types in 2023, by remoteness area

Remoteness area[(a)]	Direct care staff[(b)]	Management and administration[(c)]	Ancillary care[(d)]	Other	Total
Metropolitan areas (MM1)	297,000 (77%)	37,900 (10%)	15,900 (4%)	34,300 (9%)	**385,000 (100%)**
Regional centres (MM2)	31,500 (69%)	4,900 (11%)	2,700 (6%)	6,500 (14%)	**45,600 (100%)**
Large rural towns (MM3)	30,600 (74%)	5,900 (14%)	1,400 (3%)	3,300 (8%)	**41,300 (100%)**
Medium rural towns (MM4)	22,600 (71%)	3,300 (10%)	1,700 (5%)	4,100 (13%)	**31,600 (100%)**
Small rural towns (MM5)	25,900 (74%)	4,600 (13%)	1,900 (6%)	2,600 (7%)	**35,000 (100%)**
Remote communities (MM6)	3,100 (63%)	990 (20%)	480 (10%)	355 (7%)	**4,900 (100%)**
Very remote communities (MM7)	3,100 (55%)	660 (12%)	305 (5%)	1,500 (28%)	**5,600 (100%)**
Australia	414,000 (75%)	58,300 (11%)	24,300 (4%)	52,600 (10%)	**549,000 (100%)**

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

(a) Remoteness areas are based on the 2019 Modified Monash (MM) Model classifications. MM classifications are derived from the Australian Statistical Geography Standard – Remoteness Areas framework (ABS 2023).

(b) Direct care staff include nurse practitioners, registered nurses, enrolled nurses, personal care workers including assistants in nursing and those undertaking a formal traineeship, and allied health professionals and assistants.

(c) Management and administration staff include clinical care managers, and workers in other management and administrative roles.

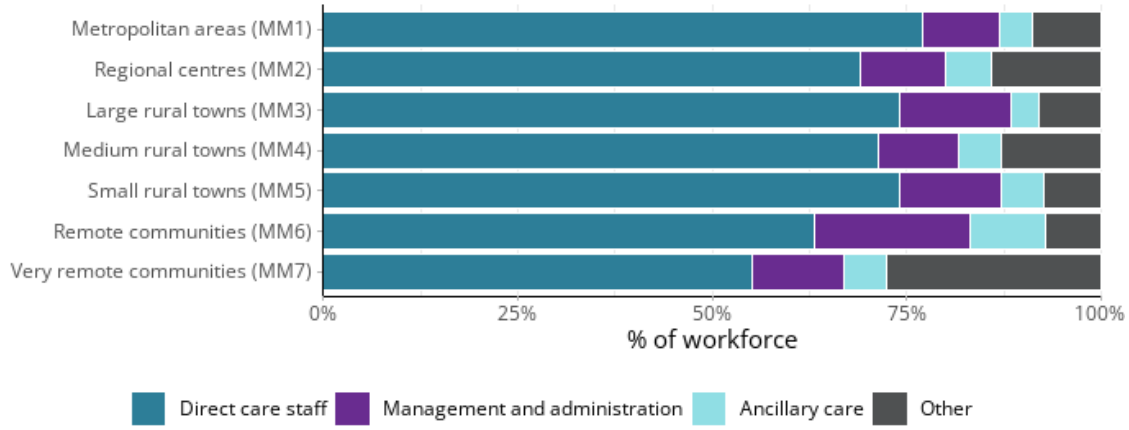
(d) Other category includes Aboriginal and Torres Strait Islander health practitioners, diversional therapists, oral health professionals, pastoral/spiritual care workers and other roles not defined.

Notes:

1. Counts are estimated from weighted survey data. Counts may not add up to totals due to rounding.

2. Weighted estimates may overstate the size of the workforce where staff work for multiple providers or across different service care types.

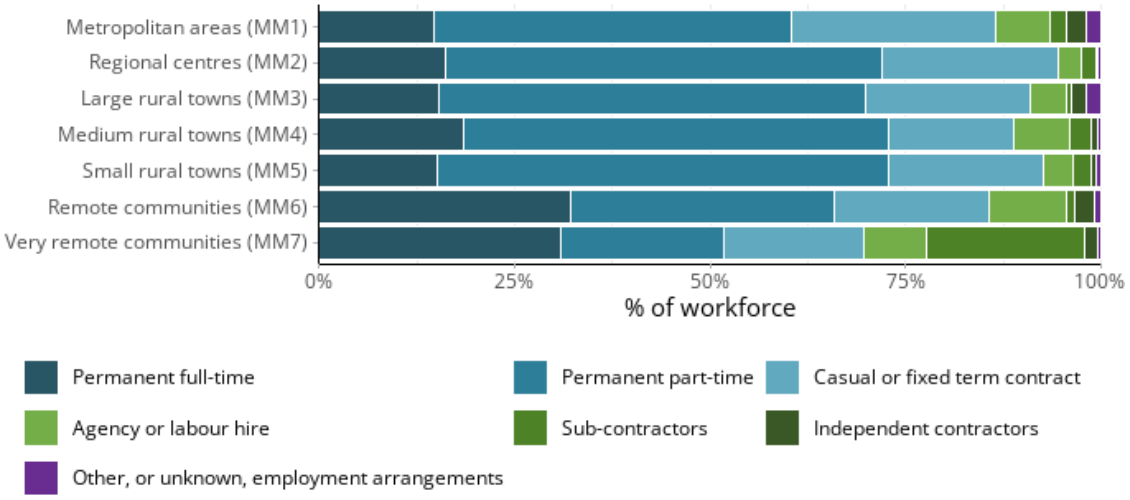
Figure 3.1: Proportion of total staff in the aged care workforce in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The proportion of direct care staff tended to decrease with increasing geographic remoteness ranging from 77% in *Metropolitan areas* (MM1) to 63% in *Remote communities* (MM6) and 55% in *Very remote communities* (MM7). This disparity appears to be driven by the high proportion of 'other' staff (28%) employed in *Very remote communities* (MM7) compared to only 9% of 'other' staff employed in *Metropolitan areas* (MM1). The proportion of management/administration staff and ancillary care workers being similar between the two geographic areas.
- Of the 385,000 aged care staff employed in *Metropolitan areas* (MM1):
  - 297,000 (77%) were direct care staff
  - 37,900 (10%) were management and administration staff
  - 15,900 (4%) were ancillary care workers
  - 34,300 (9%) were employed in other roles.
- In comparison, of the 5,600 staff employed in *Very remote communities* (MM7):
  - 3,100 (55%) were direct care staff
  - 660 (12%) were management and administration staff
  - 305 (5%) were ancillary care workers
  - 1,500 (28%) were employed in other roles.
- The proportions of the aged care workforce by employment type and remoteness area are shown in Figure 3.2. At least 70% of staff in each remoteness area were directly employed as permanent full-time, permanent part-time, casual or fixed term contract staff with the remaining staff being indirectly employed under a variety of agency, contractor or other non-direct employment conditions.
- The proportion of directly employed staff tended to decrease with increasing geographic remoteness ranging from 95% in *Regional centres* (MM2) to 70% in *Very remote communities* (MM7). This disparity appears to be driven by the high proportion of indirectly employed staff (30%) employed in *Very remote communities* (MM7) compared to 14% of staff or lower being indirectly employed in the other geographic areas.
- In contrast, the proportion of directly employed staff who were employed on a permanent full-time basis tended to increase with increasing geographic remoteness ranging from 15% in *Metropolitan areas* (MM1) to 32% in *Remote communities* (MM6) and 31% in *Very remote communities* (MM7).

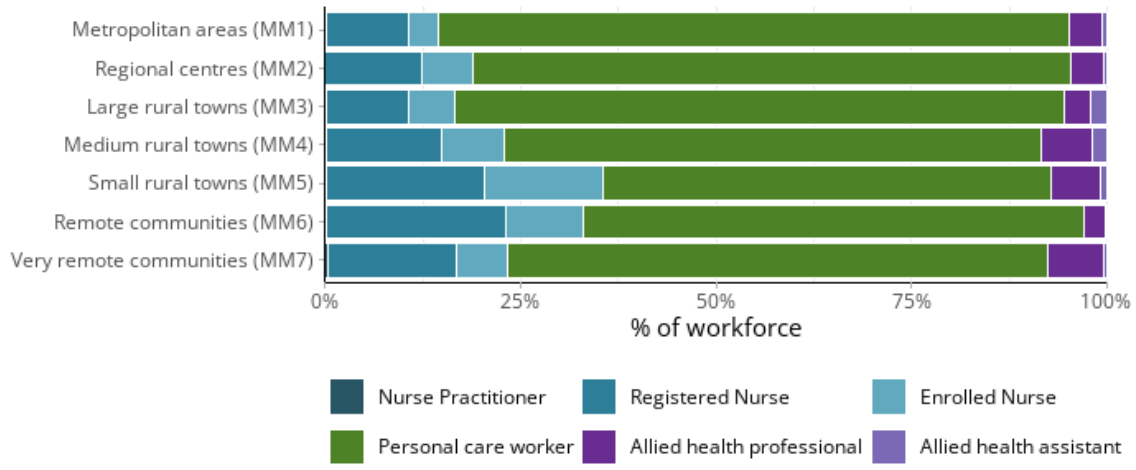
Figure 3.2: Proportion of total staff in the aged care workforce in 2023, by employment type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- Of the 297,000 direct care staff in *Metropolitan areas* (MM1):
  - 250,000 (84%) were directly employed; and
  - 46,400 (16%) were indirectly employed under a variety of agency, contractor or other non-direct employment conditions.
- Of the 3,100 direct care staff in *Very remote communities* (MM7):
  - 2,300 (75%) were directly employed; and
  - 800 (25%) were indirectly employed under a variety of agency, contractor or other non-direct employment conditions.
- The proportion of direct care staff by occupation type in each remoteness area is shown in Figure 3.3. Within the direct care workforce, the proportion of nursing staff tended to increase with increasing remoteness with services in *Metropolitan areas* (MM1) reporting the lowest (14%) proportion of nursing staff while those in *Small rural towns* (MM5) reported the highest proportion (36%) of nursing staff. Nurse practitioners comprised <1% of direct care staff in each geographic area.
- In contrast, the proportion of personal care workers tended to decrease with increasing remoteness with services in *Metropolitan areas* (MM1) reporting the highest (81%) proportion of personal care workers while those in *Small rural towns* (MM5) reported the lowest proportion (57%) of personal care workers.

Figure 3.3: Proportion of direct care staff in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

3.1.2 Number and proportion of total direct care FTE positions across all 5 service care types compared with the older population

- The number and proportion of direct care FTE positions across all 5 service care types compared with the number and proportion of the older population in each remoteness area, as well as the number of direct care FTE positions per 1,000 older population are shown in Table 3.2. The older population comprises all people aged 65 years and older. Remoteness data based on MMM for Aboriginal and Torres Strait Islander people aged 50–64 years are currently not available.
- Compared with the proportion of the older population, the proportion of direct care FTE positions was 3 percentage points higher in *Metropolitan areas* (MM1), one percentage point lower in *Regional centres* (MM2), one percentage point higher in *Large rural towns* (MM3) and 3 percentage points lower in *Small rural towns* (MM5).
- The proportion of direct care FTE positions was the same as the proportion of the older population in *Medium rural towns* (MM4), *Remote communities* (MM6) and *Very remote communities* (MM7).
- The availability of direct care workers ranged from 46 direct care FTE positions per 1,000 older population in *Large rural towns* (MM3) to 29 direct care FTE positions in *Small rural towns* (MM5) and *Remote communities* (MM6).

Table 3.2: Number and proportion of direct care FTE positions across all 5 service care types in 2023 compared with the older population, by remoteness area

Remoteness area[a]	Direct care (FTE)[b]		Older population ('000s)[c]		Direct care FTE per 1,000 older population
Metropolitan areas (MM1)	122,000	68%	2,902.0	65%	42
Regional centres (MM2)	15,300	9%	428.0	10%	36
Large rural towns (MM3)	16,600	9%	356.8	8%	46
Medium rural towns (MM4)	9,600	5%	236.6	5%	41
Small rural towns (MM5)	12,900	7%	446.8	10%	29
Remote communities (MM6)	1,300	1%	43.6	1%	29
Very remote communities (MM7)	850	<1%	21.5	<1%	39
Australia	**179,000**	**100%**	**4,435.3**	**100%**	**40**

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

(a) Remoteness areas are based on the 2019 Modified Monash (MM) Model classifications. MM classifications are derived from the Australian Statistical Geography Standard – Remoteness Areas framework (ABS 2023).

(b) Direct care staff include nurse practitioners, registered nurses, enrolled nurses and personal care workers including assistants in nursing and those undertaking a formal traineeship, and exclude allied health professionals and assistants.

(c) The older population refers all persons aged 65 years and older, per population data in AIHW's Reference Database (2022). Remoteness data based on MMM for Aboriginal and Torres Strait Islander people aged 50–64 years are currently not available.

Notes:

1). Counts may not add up to totals due to rounding.

2). Proportions may not add up to 100% due to rounding.

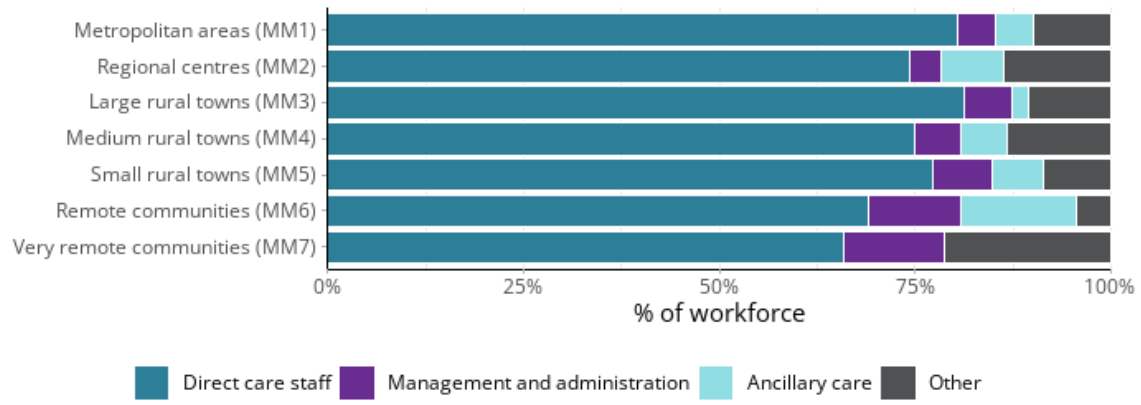
FTE; full-time equivalent

3.2 Geographic remoteness of the residential aged care workforce

3.2.1 Total number of staff

- Of the estimated 273,000 staff employed in RACS in 2023:
  - 187,000 (68%) were in *Metropolitan areas* (MM1)
  - 27,100 (10%) were in *Regional centres* (MM2)
  - 58,200 (21%) were in *Small, Medium, and Large rural towns* (MM3-MM5)
  - 1,200 (<1%) were in *Remote and Very remote communities* (MM6-MM7).
- The proportions of RACS staff by occupation type across each remoteness area are shown in Figure 3.4. The proportion of direct care staff tended to decrease with increasing geographic remoteness with the proportions being highest in *Metropolitan areas* (MM1, 80%) and *Large rural towns* (MM3, 81%) and lowest in *Remote communities* (MM6, 69%) and *Very remote communities* (MM7, 66%). Caution should be used when comparing proportions of direct care staff across areas as 21% of staff in *Very remote communities* (MM7) were categorised as 'other' staff.
- In contrast, the proportion of management and administration staff tended to increase with increasing geographic remoteness ranging from 5% in *Metropolitan areas* (MM1) and 4% in *Regional centres* (MM2) to 12% in *Remote communities* (MM6) and 13% in *Very remote communities* (MM7).

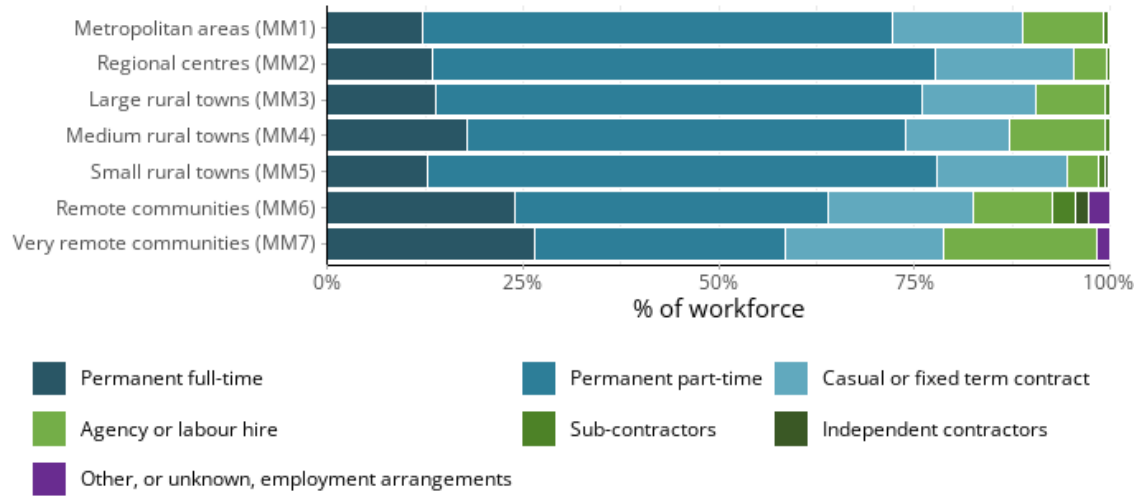
Figure 3.4: Proportion of RACS staff in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The proportions of RACS staff by employment arrangement across each remoteness area are shown in Figure 3.5. The proportion of directly employed staff in RACS tended to decrease with increasing geographic remoteness ranging from 95% in *Regional centres* (MM2) and *Small rural towns* (MM5) to 79% in *Very remote communities* (MM7).
- Correspondingly, the proportion of indirectly employed staff tended to increase with increasing geographic remoteness ranging from 5% in *Regional centres* (MM2) and *Small rural towns* (MM5) to 21% in *Very remote communities* (MM7).
- Of note, the proportion of permanent full-time staff also tended to increase with increasing geographic remoteness ranging from 12% in *Metropolitan areas* (MM1) to 27% in *Very remote communities* (MM7).

Figure 3.5: Proportion of RACS staff in 2023, by employment type and remoteness area

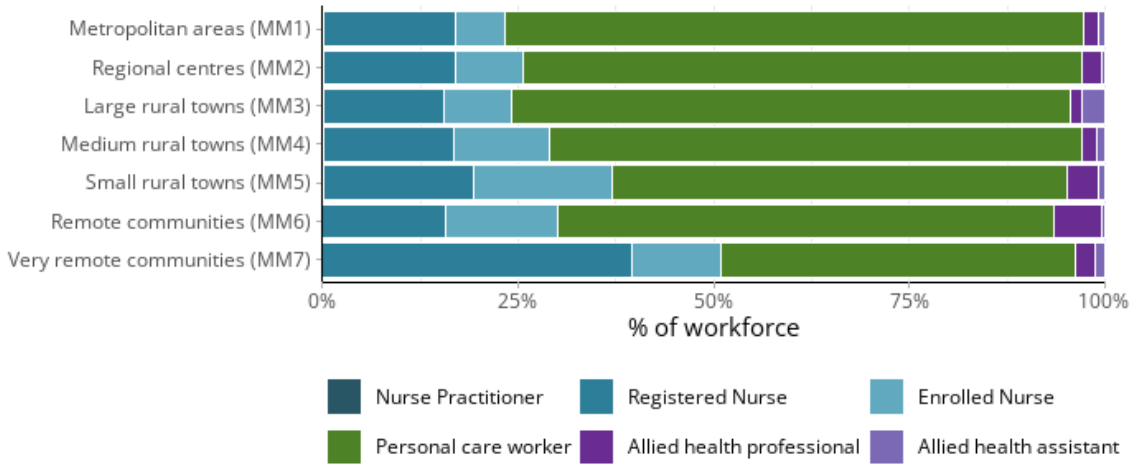


Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The proportions of direct care RACS staff by occupation type across each remoteness area are shown in Figure 3.6. Within the direct care workforce, the proportion of nursing staff in RACS tended to increase with increasing remoteness ranging from 23% in *Metropolitan areas* (MM1) to 51% in *Very remote communities* (MM7). Nurse practitioners comprised <1% of direct care staff in RACS in each geographic area.

- In contrast, the proportion of personal care workers in RACS tended to decrease with increasing remoteness ranging from 74% in *Metropolitan areas* (MM1) to 45% in *Very remote communities* (MM7).

Figure 3.6: Proportion of direct care RACS staff in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

3.2.2 Number and proportion of direct care FTE positions in RACS compared with the older population

- The number and proportion of direct care FTE positions in RACS compared with the number and proportion of the older population in each remoteness area, as well as the number of direct care FTE positions per 1,000 older population are shown in Table 3.3. The older population comprises all people aged 65 years and older.
- Compared with the proportion of the older population, the proportion of direct care FTE positions was 2 percentage points higher in *Metropolitan areas* (MM1), one percentage point lower in *Regional centres* (MM2), one percentage point higher in both *Large and Medium rural towns* (MM3 and MM4) and 3 percentage points lower in *Small rural towns* (MM5). The proportion of direct care FTE positions was similar to the proportion of the older population in *Remote communities* (MM6) and *Very remote communities* (MM7).
- The availability of direct care workers in RACS tended to reduce as remoteness increased with the number of direct care FTE positions per 1,000 older population ranging from 29 per 1,000 in *Large rural towns* (MM3) to 7 per 1,000 in *Remote communities* (MM6) and 3 per 1,000 in *Very remote communities* (MM7). This is likely due to increased service provision from NATSIFAC and MPS in these communities.

Table 3.3: Number and proportion of direct care FTE positions in RACS in 2023 compared with the older population, by remoteness area

Remoteness area[a]	Direct care (FTE)[b]		Older population ('000s)[c]		Direct care FTE per 1,000 older population
Metropolitan areas (MM1)	74,900	68%	2,902.0	65%	26
Regional centres (MM2)	10,500	9%	428.0	10%	25
Large rural towns (MM3)	10,400	9%	356.8	8%	29
Medium rural towns (MM4)	6,500	6%	236.6	5%	27
Small rural towns (MM5)	8,300	7%	446.8	10%	19
Remote communities (MM6)	305	<1%	43.6	1%	7
Very remote communities (MM7)	59	<1%	21.5	<1%	3
Australia	**111,000**	**100%**	**4,435.3**	**100%**	**25**

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

(a) Remoteness areas are based on the 2019 Modified Monash (MM) Model classifications. MM classifications are derived from the Australian Statistical Geography Standard – Remoteness Areas framework (ABS 2023).

(b) Direct care staff include nurse practitioners, registered nurses, enrolled nurses and personal care workers including assistants in nursing and those undertaking a formal traineeship, and exclude allied health professionals and assistants.

(c) The older population refers all persons aged 65 years and older, per population data in AIHW's Reference Database (2022). Remoteness data based on MMM for Aboriginal and Torres Strait Islander people aged 50–64 years are currently not available.

Notes:

1). Counts may not add up to totals due to rounding.

2). Proportions may not add up to 100% due to rounding.

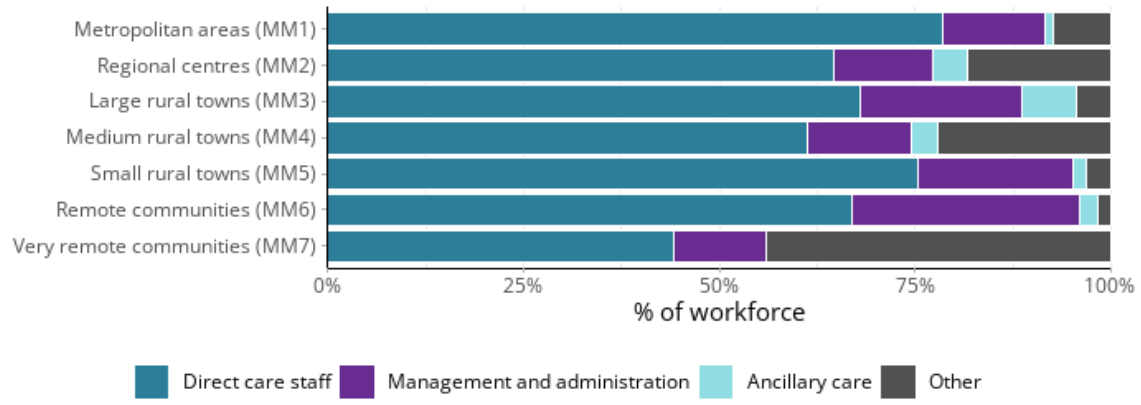
FTE; full-time equivalent

3.3 Geographic remoteness of the Home Care Packages Program workforce

3.3.1 Total number of staff

- Of the estimated 170,000 staff employed in the HCPP in 2023:
    - 131,000 (77%) were in *Metropolitan areas* (MM1)
    - 10,500 (6%) were in *Regional centres* (MM2)
    - 25,100 (15%) were in *Small, Medium, and Large rural towns* (MM3-MM5)
    - 2,700 (2%) were in *Remote and Very remote communities* (MM6-MM7).
- The proportions of HCPP staff by occupation type across each remoteness area are shown in Figure 3.7. Direct care staff comprised more than 60% of the HCPP workforce in all areas except in *Very remote communities* (MM7) where direct care staff comprised 44% of the workforce. Caution should be used when comparing proportions of direct care staff across areas as 44% of staff in *Very remote communities* (MM7) were categorised as ‘other’ staff; predominantly as ‘other roles not defined.’

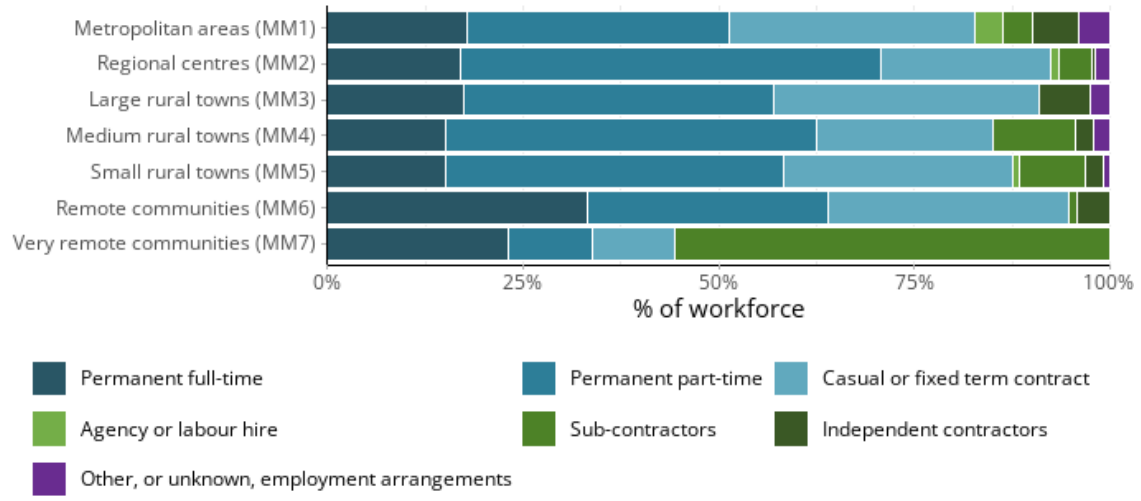
Figure 3.7: Proportion of HCPP staff in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- Estimated proportions of HCPP staff by employment arrangement across each remoteness area are shown in Figure 3.8. Over 80% of HCPP staff were directly employed in each geographic area except for *Very remote communities* (MM7) where only 44% of staff were directly employed with the remaining 56% employed via sub-contractors.

Figure 3.8: Proportion of HCPP staff in 2023, by employment type and remoteness area

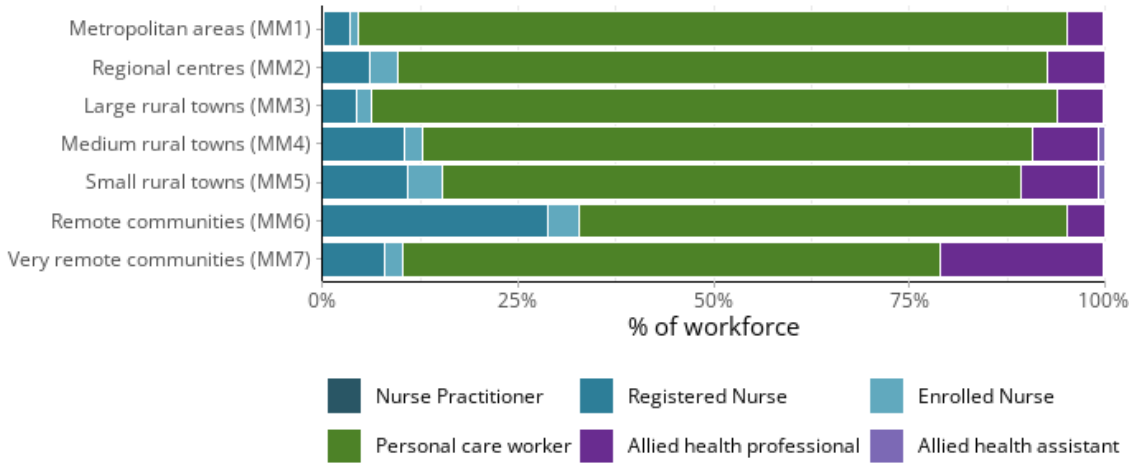


Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The proportions of direct care HCPP staff by occupation type across each remoteness area are shown in Figure 3.9. Similar to RACS, the proportion of nursing staff in HCPP tended to increase with increasing remoteness, with the exception of *Very remote communities* (MM7). Nursing staff increased from 5% of the direct care workforce in *Metropolitan areas* (MM1) to 33% in *Remote communities* (MM6) with 10% in *Very remote communities* (MM7).
- Overall, 75% of nursing staff in HCPP were registered nurses. This proportion ranged from 62% in *Regional centres* (MM2) to 87% in *Remote communities* (MM6). Nurse practitioners comprised <1% of direct care staff in HCPP in each geographic area.
- Similar to RACS, the proportion of personal care workers in HCPP tended to decrease with increasing remoteness ranging from 91% in *Metropolitan areas* (MM1) to 62% in *Remote communities* (MM6) and 69% in *Very remote communities* (MM7).

- Of note, the proportion of allied health workers tended to increase with increasing remoteness ranging from 5% in *Metropolitan areas* (MM1) to 21% in *Very remote communities* (MM7).

Figure 3.9: Proportion of direct care HCPP staff in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

3.3.2 Number and proportion of direct care FTE positions in HCPP compared with the older population

- The number and proportion of direct care FTE positions in HCPP compared with the number and proportion of the older population in each remoteness area, as well as the number of direct care FTE positions per 1,000 older population are shown in Table 3.4. The older population comprises all people aged 65 years and older.
- Compared with the proportion of the older population, the proportion of direct care FTE positions was 11 percentage points higher in *Metropolitan areas* (MM1), 3 percentage points lower in *Regional centres* (MM2), one percentage point lower in *Medium rural towns* (MM4), 6 percentage points lower in *Small rural towns* (MM5) and slightly lower in Remote communities (MM6). The proportion of direct care FTE positions was the same as the proportion of the older population in *Large rural towns* (MM3) and *Very remote communities* (MM7).
- The availability of direct care workers in HCPP varied by remoteness area with the number of direct care FTE positions per 1,000 population being highest in *Very remote communities* (MM7) with 16 FTE positions per 1,000 and lowest in *Small rural towns* (MM5) with 3 FTE positions. The higher rates of direct care workers in HCPP in *Very remote communities* (MM7) may reflect the increased availability of HCPP compared to RACS in these communities.

Table 3.4: Number and proportion of direct care FTE positions in the HCPP in 2023 compared with the older population, by remoteness area

Remoteness area[a]	Direct care (FTE)[b]		Older population ('000s)[c]		Direct care FTE per 1,000 older population
Metropolitan areas (MM1)	32,800	76%	2,902.0	65%	11
Regional centres (MM2)	2,900	7%	428.0	10%	7
Large rural towns (MM3)	3,500	8%	356.8	8%	10
Medium rural towns (MM4)	1,600	4%	236.6	5%	7
Small rural towns (MM5)	1,600	4%	446.8	10%	3
Remote communities (MM6)	265	<1%	43.6	1%	6
Very remote communities (MM7)	340	<1%	21.5	<1%	16
Australia	**43,000**	**100%**	**4,435.3**	**100%**	**10**

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

(a) Remoteness areas are based on the 2019 Modified Monash (MM) Model classifications. MM classifications are derived from the Australian Statistical Geography Standard – Remoteness Areas framework (ABS 2023).

(b) Direct care staff include nurse practitioners, registered nurses, enrolled nurses and personal care workers including assistants in nursing and those undertaking a formal traineeship, and exclude allied health professionals and assistants.

(c) The older population refers all persons aged 65 years and older, per population data in AIHW's Reference Database (2022). Remoteness data based on MMM for Aboriginal and Torres Strait Islander people aged 50–64 years are currently not available.

Notes:

1). Counts may not add up to totals due to rounding.

2). Proportions may not add up to 100% due to rounding.

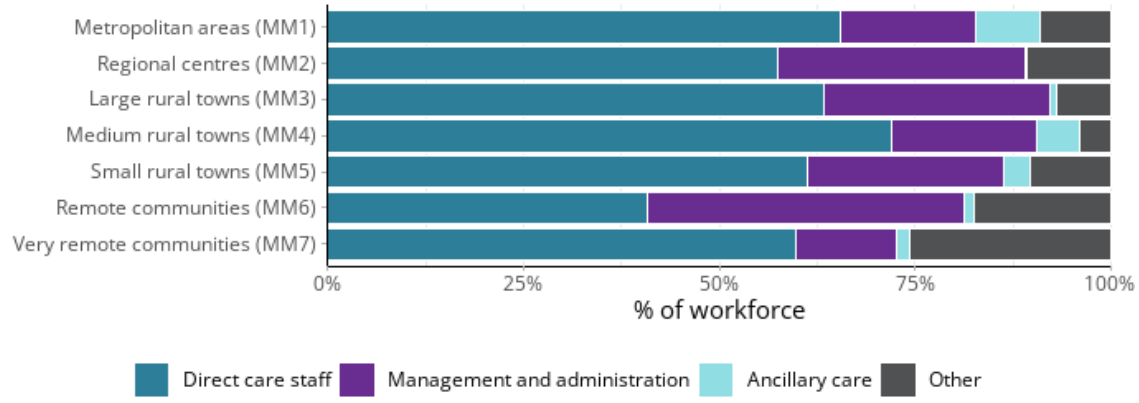
FTE; full-time equivalent

3.4 Geographic remoteness of the Commonwealth Home Support Programme workforce

3.4.1 Total number of staff

- Of the estimated 97,900 staff employed across the CHSP in 2023:
    - 66,100 (68%) were in *Metropolitan areas* (MM1)
    - 8,000 (8%) were in *Regional centres* (MM2)
    - 20,800 (21%) were in *Small, Medium, and Large rural towns* (MM3-MM5)
    - 3,000 (3%) were in *Remote and Very remote communities* (MM6-MM7).
- The proportions of CHSP staff by occupation type across each remoteness area are shown in Figure 3.10. Direct care staff comprised more than 57% of the CHSP workforce in all areas except in *Remote communities* (MM6) where direct care staff comprised 41% of the workforce. Caution should be used when comparing proportions of direct care staff across areas as 40% of staff in *Remote communities* (MM6) were employed in management and administration and 26% of staff in *Very remote communities* (MM7) were categorised as ‘other’ staff.

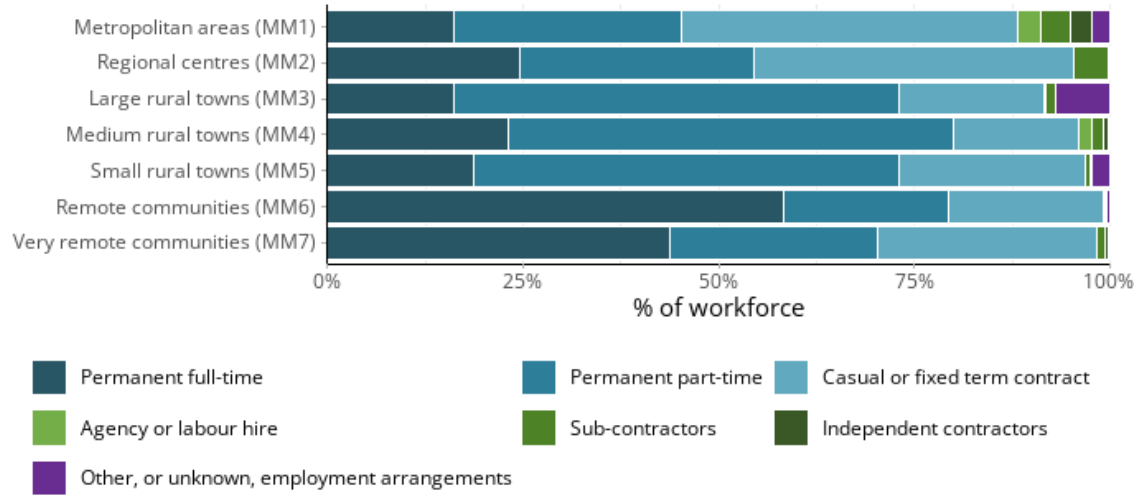
Figure 3.10: Proportion of CHSP staff in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The proportions of CHSP staff by employment arrangement across each remoteness area are shown in Figure 3.11. High proportions of directly employed staff were reported across all remoteness areas ranging from 88% in *Metropolitan areas* (MM1) to 99% in *Remote communities* (MM6) and 98% in *Very remote communities* (MM7). Conversely, the proportion of indirectly employed staff tended to decrease with increasing geographic remoteness ranging from 12% in *Metropolitan areas* (MM1) to 1% in *Remote communities* (MM6) and 2% in *Very remote communities* (MM7).

Figure 3.11: Proportion of CHSP staff in 2023, by employment type and remoteness area



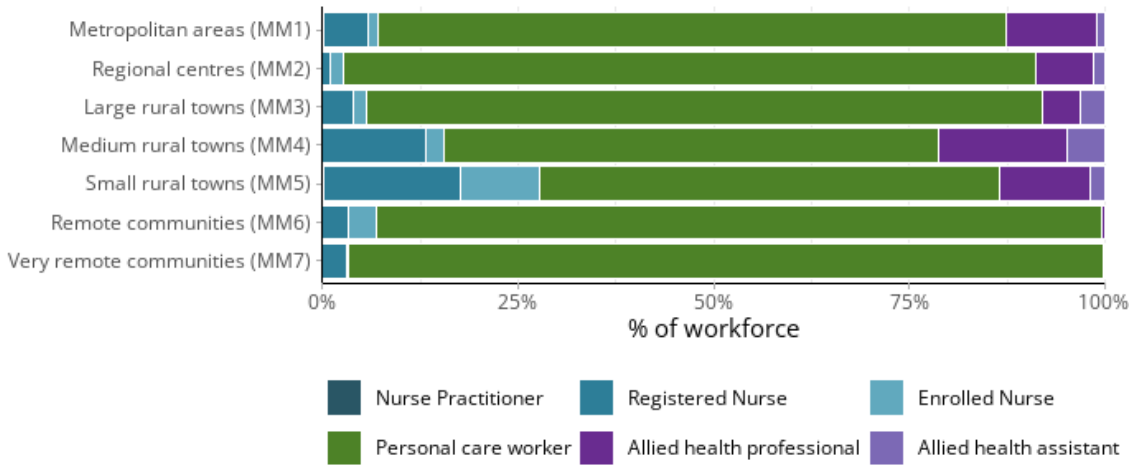
Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- Similar to RACS, the proportion of permanent full-time staff also tended to increase with increasing geographic remoteness ranging from 16% in *Metropolitan areas* (MM1) to 58% in *Remote communities* (MM6) and 44% in *Very remote communities* (MM7).
- The proportions of direct care CHSP staff by occupation type across each remoteness area are shown in Figure 3.12. Within the direct care workforce, the proportions of nursing staff were highest in *Small rural towns* (MM5, 28%) and *Medium rural towns* (MM4, 16%). Nurse practitioners comprised <1% of direct care staff in CHSP in each geographic area.
- The highest proportions of allied health workers were also reported in *Medium rural towns* (MM4, 21%) and *Small rural towns* (MM5, 14%). In contrast, allied health workers

comprised <1% of direct care workers in both *Remote communities* (MM6) and *Very remote communities* (MM7).

- Personal care workers comprised the majority of direct care staff in remote areas with 93% in *Remote communities* (MM6) and 97% in *Very remote communities* (MM7).

Figure 3.12: Proportion of direct care CHSP staff in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

3.4.2 Number and proportion of direct care FTE positions in CHSP compared with the older population

- The number and proportion of direct care FTE positions in CHSP compared with the number and proportion of the older population in each remoteness area, as well as the number of direct care FTE positions per 1,000 older population are shown in Table 3.5. The older population comprises all people aged 65 years and older.
- Compared with the proportion of the older population, the proportion of direct care FTE positions was one percentage points lower in *Metropolitan areas* (MM1), 2 percentage points lower in *Regional centres* (MM2), 4 percentage points higher in *Large rural towns* (MM3), 2 percentage points higher in *Medium rural towns* (MM3) and 3 percentage points lower in *Small rural towns* (MM5). The proportion of direct care FTE positions was the same as the proportion of the older population in *Remote communities* (MM6) and *Very remote communities* (MM7).
- The availability of direct care workers in CHSP ranged from 4 direct care FTE positions per 1,000 older population in *Regional centres* (MM2) and *Small rural towns* (MM5) to 7 direct care FTE positions in *Large rural towns* (MM3) and *Very remote communities* (MM7).

Table 3.5: Number and proportion of direct care FTE positions in the CHSP in 2023 compared with the older population, by remoteness area

Remoteness area[a]	Direct care (FTE)[b]		Older population ('000s)[c]		Direct care FTE per 1,000 older population
Metropolitan areas (MM1)	14,500	64%	2,902.0	65%	5
Regional centres (MM2)	1,900	8%	428.0	10%	4
Large rural towns (MM3)	2,700	12%	356.8	8%	7
Medium rural towns (MM4)	1,500	7%	236.6	5%	6
Small rural towns (MM5)	1,600	7%	446.8	10%	4
Remote communities (MM6)	235	1%	43.6	1%	5
Very remote communities (MM7)	145	<1%	21.5	<1%	7
Australia	**22,500**	**100%**	**4,435.3**	**100.0%**	**5**

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

(a) Remoteness areas are based on the 2019 Modified Monash (MM) classifications.

(b) Direct care staff include nurse practitioners, registered nurses, enrolled nurses and personal care workers including assistants in nursing and those undertaking a formal traineeship, and exclude allied health professionals and assistants.

(c) The older population refers all persons aged 65 years and older, per population data in AIHW's Reference Database (2022). Remoteness data based on MMM for Aboriginal and Torres Strait Islander people aged 50–64 years are currently not available.

Notes:

1). Counts may not add up to totals due to rounding.

2). Proportions may not add up to 100% due to rounding.

FTE; full-time equivalent

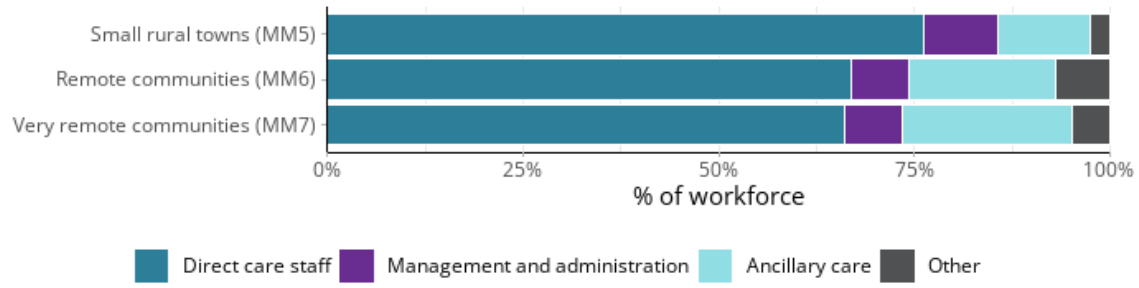
3.5 Geographic remoteness of the Multi-Purpose Services Program workforce

3.5.1 Total number of staff

The MPS Program provides aged care services within rural and remote communities across Australia, with services in 2023 located in *Small rural towns* (MM5), *Remote communities* (MM6) and *Very remote communities* (MM7).

- Of the estimated 6,300 staff employed across the MPS Program in 2023:
  - 3,700 (59%) were in *Small rural towns* (MM5)
  - 1,400 (23%) were in *Remote communities* (MM6)
  - 1,200 (19%) were in *Very remote communities* (MM7).
- The proportions of MPS staff by occupation type across each remoteness area are shown in Figure 3.13. The proportion of direct care staff decreased with increasing remoteness from 76% in *Small rural towns* (MM5) to 67% in *Remote communities* (MM6) and 66% in *Very remote communities* (MM7).
- Conversely, the proportion of ancillary care staff increased with increasing geographic remoteness from 12% in *Small rural towns* (MM5) to 19% in *Remote communities* (MM6) and 22% in *Very remote communities* (MM7).

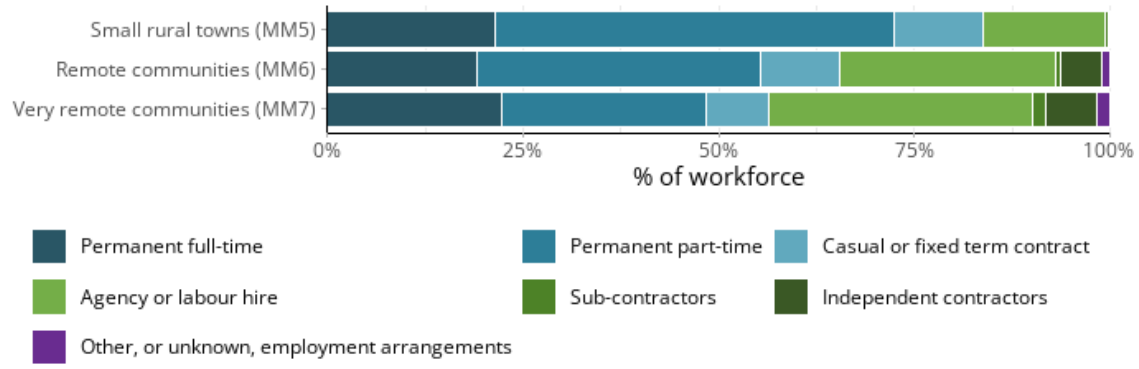
Figure 3.13: Proportion of MPS staff in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The proportions of MPS staff by employment arrangement across each remoteness area are shown in Figure 3.14. The proportion of directly employed staff also decreased with increasing remoteness while the proportion of indirectly employed staff increased with increasing remoteness.
- The proportion of directly employed staff decreased from 84% in *Small rural towns* (MM5) to 66% in *Remote communities* (MM6) and 56%in *Very remote communities* (MM7).
- The proportion of indirectly employed staff increased from 16% in *Small rural towns* (MM5) to 34% in *Remote communities* (MM6) and 44% in *Very remote communities* (MM7), the majority of staff being agency or labour hire.

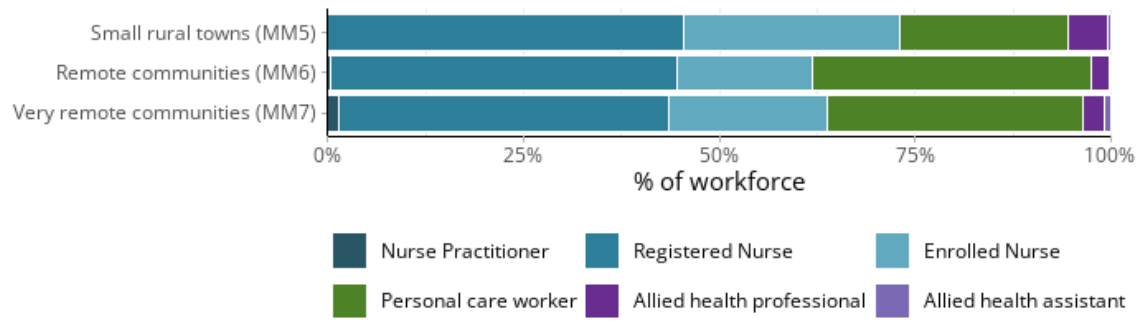
Figure 3.14: Proportion of MPS staff in 2023, by employment type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The proportions of direct care MPS staff by occupation type across each remoteness area are shown in Figure 3.15. Compared to the direct care workforce in other service care types, MPS services reported higher proportions of nursing staff and lower proportions of personal care workers.
- Within the direct care workforce, the proportion of nursing staff in MPS tended to decrease with increasing remoteness ranging from 73% in *Small rural towns* (MM5) to 62% in *Remote communities* (MM6) and 64%in *Very remote communities* (MM7). Nurse practitioners comprised <1.5% of direct care staff in MPS in each geographic area.
- In contrast, the proportion of personal care workers in MPS tended to increase with increasing remoteness ranging from 21% in *Small rural towns* (MM5) to 36% in *Remote communities* (MM6) and 33%in *Very remote communities* (MM7).

Figure 3.15: Proportion of direct care MPS staff in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

3.5.2 Number and proportion of total direct care FTE positions in the MPS compared with the older population

- The number and proportion of direct care FTE positions in MPS compared with the number and proportion of the older population in each remoteness area, as well as the number of direct care FTE positions per 1,000 older population where MPS services were located in 2023 are shown in Table 3.6. The older population comprises all people aged 65 years and older.
- Compared with the proportion of the older population, the proportion of direct care FTE positions was 14 percentage points lower in *Small rural towns* (MM5) and 7 percentage points higher in both *Remote communities* (MM6) and *Very remote communities* (MM7).
- The availability of direct care workers in MPS increased as geographic remoteness increased with the number of direct care FTE positions per 1,000 older population ranging from 3 in *Small rural towns* (MM5) to 11 in *Very remote communities* (MM7).

Table 3.6: Number and proportion of direct care FTE positions in the MPS program in 2023 compared with the older population, by remoteness area

Remoteness area[a]	Direct care (FTE)[b]		Older population ('000s)[c]		Direct care FTE per 1,000 older population
Small rural towns (MM5)	1,500	73%	446.8	87%	3
Remote communities (MM6)	325	16%	43.6	9%	7
Very remote communities (MM7)	230	11%	21.5	4%	11
Australia	**2,100**	**100%**	**511.9**	**100%**	**0**

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

(a) Remoteness areas are based on the 2019 Modified Monash (MM) Model classifications. MM classifications are derived from the Australian Statistical Geography Standard – Remoteness Areas framework (ABS 2023).

(b) Direct care staff include nurse practitioners, registered nurses, enrolled nurses and personal care workers including assistants in nursing and those undertaking a formal traineeship, and exclude allied health professionals and assistants.

(c) The older population refers all persons aged 65 years and older, per population data in AIHW's Reference Database (2022). Remoteness data based on MMM for Aboriginal and Torres Strait Islander people aged 50–64 years are currently not available.

Notes:

1). Counts may not add up to totals due to rounding.

2). Proportions are based on unrounded estimates.

FTE; full-time equivalent.

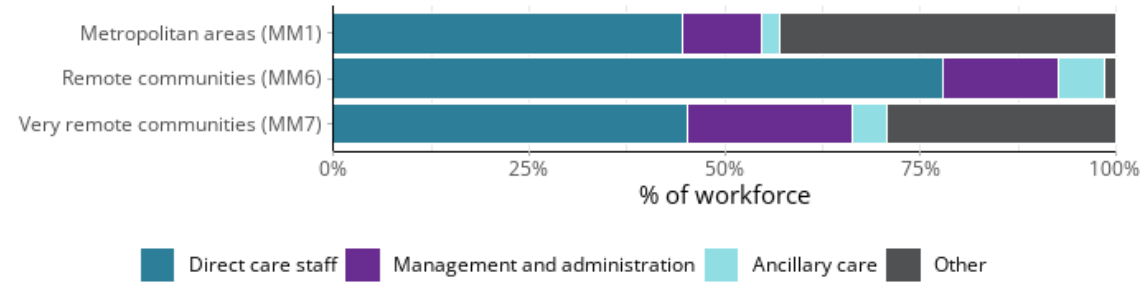
3.6 Geographic remoteness of the National Aboriginal and Torres Strait Islander Program workforce

3.6.1 Total number of staff

In 2023, services funded under the NATSIFAC Program were predominantly located in *Remote and Very remote communities* (MM6-MM7). There were also several services located in *Metropolitan areas* (MM1), and *Small, Medium, and Large rural towns* (MM3-MM5).

- Of the estimated 1,500 staff employed across the NATSIFAC Program in 2023:
  - 420 (27%) were in *Metropolitan areas* (MM1)
  - 91 (6%) were in *Small, Medium, and Large rural towns* (MM3-MM5)
  - 720 (46%) were in *Remote communities* (MM6)
  - 320 (21%) were in *Very remote communities* (MM7).
- Due to the small number of NATSIFAC services in rural locations (1 service in each MM3, MM4 and MM5 area) and the low survey completion rate from these 3 services, data from NATSIFAC services in *Small, Medium, and Large rural towns* (MM3-MM5) were deemed unreliable and excluded from further reporting by remoteness.
- The proportions of NATSIFAC staff by occupation type across each remoteness area are displayed in Figure 3.16. Staff providing direct care comprised 45% of the NATSIFAC workforce in *Metropolitan areas* (MM1) and *Very remote communities* (MM7) and 78% of the workforce in *Remote communities* (MM6). Caution should be taken when comparing proportions of direct care staff across areas as 43% of staff in *Metropolitan areas* (MM1), 29% in *Very remote communities* (MM7) and 1% in *Remote communities* (MM6) were categorised as 'other' staff.
- Other staff include Aboriginal and Torres Strait Islander health practitioners, diversional therapists, oral health professionals, pastoral/spiritual care workers and other roles not defined. Staff employed in 'other roles not defined' accounted for almost all 'other' staff in *Metropolitan areas* (MM1, 98%) and *Very remote communities* (MM7, 99%)

Figure 3.16: Proportion of NATSIFAC staff in 2023, by occupation type and remoteness area



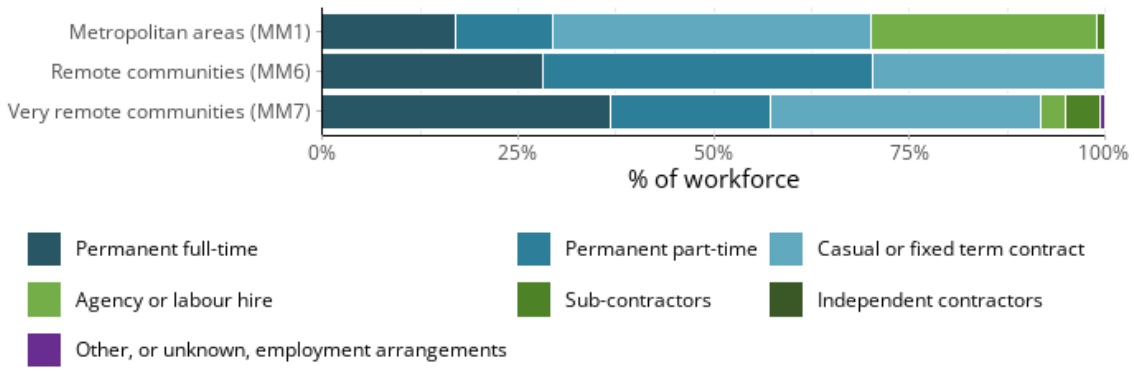
Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The proportions of NATSIFAC staff by employment arrangement across each remoteness area are shown in Figure 3.17. NATSIFAC services in *Metropolitan areas* (MM1) reported a lower proportion of directly employed staff (70%) and higher proportion of agency or labour hire staff (29%) compared with all other service care types (except

MPS which had no services in *Metropolitan areas* (MM1)). In contrast, all staff employed in NATSIFAC services across *Remote communities* (MM6) were directly employed.

- The proportion of permanent full-time staff increased with increasing geographic remoteness ranging from 17% in *Metropolitan areas* (MM1) to 28% in *Remote communities* (MM6) and 37% in *Very remote communities* (MM7).

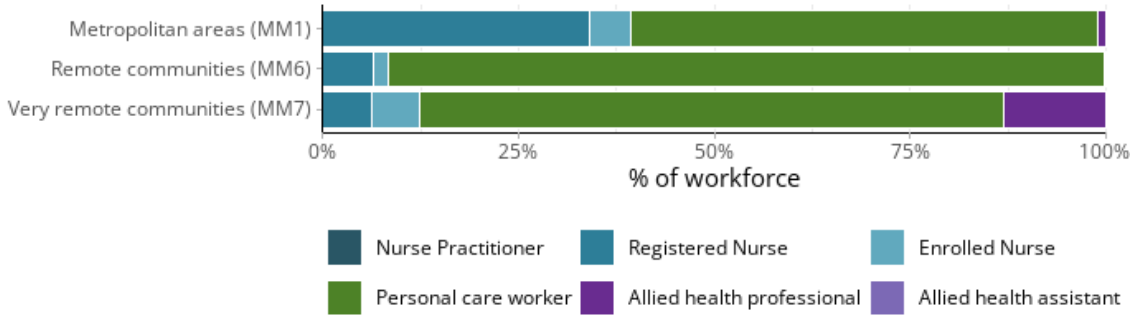
Figure 3.17: Proportion of NATSIFAC staff in 2023, by employment type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The proportions of direct care NATSIFAC staff by occupation type across each remoteness area are shown in Figure 3.18. Within the direct care workforce, the proportion of nursing staff in *Metropolitan areas* (MM1, 39%) was more than three times higher than that in *Remote communities* (MM6, 8%) and *Very remote communities* (MM7, 12%).
- Allied health workers comprised 13% of the direct care workforce in *Very remote communities* (MM7) but only 1% in *Metropolitan areas* (MM1) and <1% in *Remote communities* (MM6).

Figure 3.18: Proportion of direct care NATSIFAC staff in 2023, by occupation type and remoteness area



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

3.6.2 Number and proportion of direct care FTE positions in the National Aboriginal and Torres Strait Islander Program workforce compared with the older population

- The proportion of direct care FTE positions are not able to be compared to the proportion of the older population as remoteness information based on the MMM for Aboriginal and Torres Strait Islander people by age group are currently not available.

4. Residential Aged Care

In Australia, residential aged care is provided in aged care homes on a permanent or respite (short-term) basis. It is for people who need more care than can be provided in their own homes. Services include personal care, accommodation, laundry and meals, nursing and some allied health services.

4.1 Total number of staff

The total estimated number of staff in RACS decreased from 277,671 in 2020 to 273,000 in 2023. Of these 273,000:

- 246,000 (90%) staff were directly employed, 6% lower than in 2020 (96%), with the remaining 10% of staff being indirectly employed under a variety of agency, contractor or other non-direct employment conditions.
- 217,000 (79%) staff were employed in direct care roles. For staff providing direct care, 190,000 (88%) were directly employed.
- Across all employment types, direct care workers comprised an estimated 200 nurse practitioners, 36,900 registered nurses, 17,000 enrolled nurses, 156,000 personal care workers and 6,400 allied health professionals and assistants.
- From 2020 to 2023, FTE positions involving nursing and personal care staff decreased from 123,400 FTE positions to 111,000 FTE positions.
- There was a corresponding increase in workload over time for nursing and personal care staff with the staff to client ratio decreasing from one FTE nursing/personal care position per 1.5 clients in 2020 to one FTE nursing/personal care position per 1.7 clients in 2023.[15]
- This decrease in FTE nursing and personal care staff positions over time is likely explained by the decrease in permanent part-time staff from an estimated:
  - 21,210 registered nurses in 2020 to 18,800 registered nurses in 2023,
  - 12,175 enrolled nurses in 2020 to 11,200 enrolled nurses in 2023 and
  - 110,502 personal care workers in 2020 to 99,700 personal care workers in 2023.
- While FTE nursing and personal care staff positions decreased over this period, the total estimated number of nursing and personal care staff increased by 8% from 195,000 in 2020 to 210,000 in 2023.
- This increase in nursing and personal care staff numbers over time is likely explained by an increase in agency/subcontractor staff from an estimated:
  - 275 registered nurses in 2020 to 5,400 registered nurses in 2023,
  - 95 enrolled nurses in 2020 to 1,600 enrolled nurses in 2023 and
  - 1,000 personal care workers in 2020 to 17,600 personal care workers in 2023.
- The estimated number of allied health staff decreased by 42% from 11,200 in 2020 to 6,400 in 2023. FTE allied health positions were not able to be calculated and compared across time as hours worked by allied health staff were not collected in the 2023 Survey.

[15] Client count is from the AIHW National Aged Care Data Clearinghouse (unpublished).

- For staff not employed in direct care, the estimated number of ancillary staff across all employment types decreased by 73% from 52,800 in 2020 to 14,000 in 2023, while the estimated number of management/administrative staff across all employment types remained relatively constant with 14,000 staff in 2020 and 14,300 staff in 2023.

4.2 Number and proportion of total direct care FTE positions in RACS compared with the older population

- The number and proportion of total direct care FTE positions in RACS compared with the number and proportion of the older population in each state and territory are shown in Table 4.1. The older population comprises Aboriginal and Torres Strait Islander people aged 50–64 years and all people aged 65 years and older.
- Compared with the proportion of the total older population, the proportion of total direct care FTE positions was 2 percentage points lower in NSW, 2 percentage points higher in VIC, 4 percentage points lower in QLD, 3 percentage points higher in SA, 2 percentage points lower in WA, slightly higher in the NT and one percentage point higher in the ACT. The proportion of total direct care FTE positions was the same as the proportion of the total older population in TAS.
- The availability of direct care workers in RACS varied by state and territory with the number of direct care FTE positions per 1,000 older population ranging from 20 in QLD to 41 in the NT.

Table 4.1: Number and proportion of direct care FTE positions in RACS in 2023 compared with the older population, by state and territory

State and territory	Direct care (FTE)[a]		Older population ('000s)[b]		Direct care FTE per 1,000 older population
NSW	34,600	31%	1,470.3	33%	24
VIC	30,000	27%	1,119.1	25%	27
QLD	17,900	16%	905.3	20%	20
SA	11,900	11%	357.4	8%	33
WA	9,600	8%	440.7	10%	22
TAS	3,700	3%	120.1	3%	31
NT	1,300	1%	32.1	<1%	41
ACT	1,800	2%	62.1	1%	29
Australia	**111,000**	**100%**	**4,507.1**	**100%**	**25**

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

(a) Direct care positions include nursing and personal care workers only and exclude allied health professionals and assistants.

(b) Older population refers to Aboriginal and Torres Strait Islander people aged 50–64 years and all persons aged 65 years and older, per Report on Government Services 14A (2022).

Notes:

1). Counts may not add up to totals due to rounding.

2). Proportions may not add up to 100% due to rounding.

FTE; full-time equivalent

4.3 Direct care workers by employment type

- For nursing staff in RACS, 56% were employed in permanent part-time positions, 13% were employed in permanent full-time positions and 18% were employed in casual/fixed-term positions. The remaining 13% were employed via an agency/labour hire, subcontractor or independent contractor.
- For personal care workers in RACS, 64% were employed in permanent part-time positions, 7% were employed in permanent full-time positions and 18% were employed in casual/fixed-term positions. The remaining 11% were employed via an agency/labour hire, independent contractor or via other non-direct employment arrangements.
- From 2020 to 2023, the proportion of permanent part-time positions in RACS decreased from 68% to 56% for nursing staff and from 75% to 64% for personal care workers. In contrast, the proportion of permanent full-time positions in RACS increased from 9% to 13% for nursing staff and from 3% to 7% for personal care workers. The proportion of casual/fixed-term positions in RACS nursing and personal care staff has remained relatively stable over time.

4.4 Nursing and personal care staff by age and gender

- Across RACS, 33% of directly employed nursing and personal care staff were aged 45 years and older. Overall, 39% of nurse practitioners, 22% of registered nurses, 36% of enrolled nurses, 29% of personal care workers (including assistants in nursing) and 12% of personal care workers (formal traineeship) were aged 45 years and older. These proportions were calculated using valid responses only and exclude ‘unknown’ responses.
- The majority of directly employed nursing and personal care staff were women, with 85% of this workforce identifying as women, 15% identifying as men and <1% specifying ‘other’. These proportions were calculated using valid responses only and exclude ‘unknown’ responses. Proportions may not add up to 100% due to rounding.

4.5 Nursing and personal care staff by background

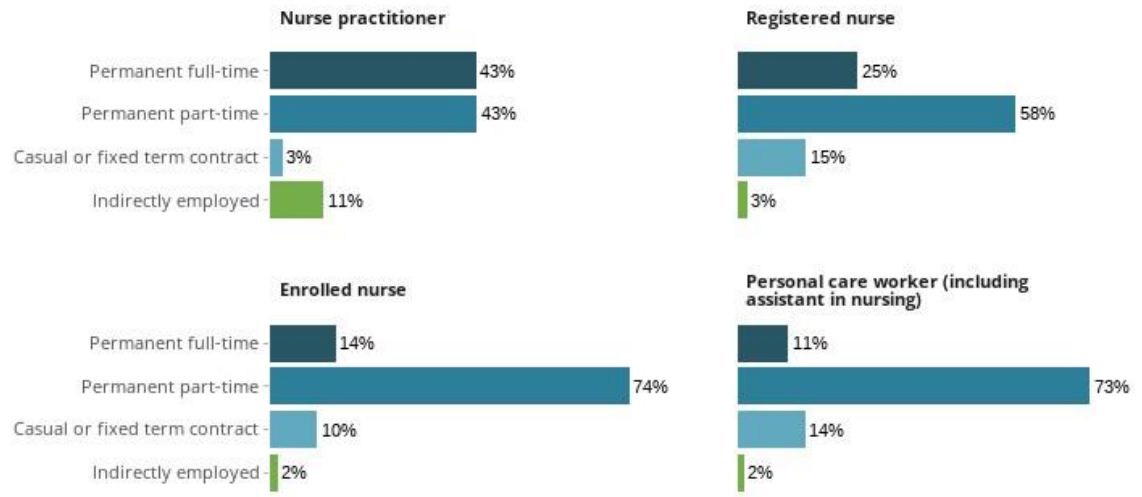
- Across RACS, 1,400 (1%) directly employed nursing and personal care staff were reported as being Aboriginal and Torres Strait Islander people. Of the staff who were reported as being Aboriginal and Torres Strait Islander people, 1,200 (85%) were personal care workers, 29 (2%) of whom were undertaking a formal traineeship. Given the high proportion of ‘unknown’ responses to this question (66%), these results should be interpreted with caution.
- Across RACS, 26% of directly employed nursing and personal care staff were temporary residents while 74% were Australian/New Zealand citizens or Australian permanent residents. The majority (79%) of temporary residents were employed as personal care workers (including assistants in nursing). These proportions were calculated using valid responses only. However, given the high proportion of ‘unknown’ responses on this question (38%), these results should be interpreted with caution.

4.6 Hours worked

RACS were asked to report the total number of hours worked by nursing and personal care staff in each employment category during the two-week reporting period.[16] Information was also sought regarding the proportion of leave taken by nursing and personal care staff that was due to COVID-19.

- The proportion of hours worked by nurse practitioners, registered nurses, enrolled nurses and personal care workers (including assistants in nursing) in RACS across employment categories, during the two-week reporting period are shown in Figure 4.1.

Figure 4.1: Proportion of hours worked by nursing and personal care staff in RACS across employment categories, during the two-week reporting period in March 2023



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The majority of hours worked by nurses and personal care staff in RACS during the two-week reporting period were delivered by permanent part-time staff.
- For nurse practitioners, 43% of total hours worked during the two-week reporting period were delivered by full-time employees, 43% by part-time employees, 3% by casual or fixed term contract employees and 11% by sub or independent contractors. Nurse practitioners worked an average of 45.2 hours during the two-week reporting period.
- For registered nurses, 25% of total hours worked during the two-week reporting period were delivered by full-time employees, 58% by part-time employees, 15% by casual or fixed term contract employees and 3% by indirectly employed staff. Proportions may not add up to 100% due to rounding. Registered nurses worked an average of 47.5 hours during the two-week reporting period.
- For enrolled nurses, 14% of total hours worked during the two-week reporting period were delivered by full-time employees, 74% by part-time employees, 10% by casual or fixed term contract employees and 2% by agency or labour hire staff. Enrolled nurses worked an average of 44.9 hours during the two-week reporting period.

[16] Full-time equates to 35 hours or more per week and part-time equates to less than 35 hours per week. When considering the two-week reporting period, full-time equates to 70 hours or more a fortnight and part-time equates to less than 70 hours per fortnight.

- For personal care workers (including assistants in nursing), 11% of total hours worked during the two-week reporting period were delivered by full-time employees, 73% by part-time employees, 14% by casual or fixed term contract employees and 2% by indirectly employed staff. Personal care workers worked an average of 46.9 hours during the two-week reporting period.
- Personal care workers (including assistants in nursing) employed on a casual/fixed term contract worked an average of 39.9 hours during the two-week reporting period.
- Overall, 4% of unplanned leave taken by nursing and personal care staff during the two-week reporting period was due to COVID-19. This included illness, self-isolation or caring for others with COVID-19. Among nursing and personal care staff, personal care workers took the highest proportion (73%) of unplanned leave due to COVID-19.

4.7 Qualifications

RACS were asked to report the highest levels of education completed by personal care workers, the number of personal care workers who were currently studying and the level of education they will hold at the completion of their course, and the number of infection prevention and control (IPC) nurses.

- Across RACS, 43% of directly employed personal care workers held a Certificate III or higher in an area related to their aged care work. Given the high proportion of 'unknown' responses to this question (54%), these results should be interpreted with caution.
- Of the 17% of personal care workers who were reported as studying during the two-week reporting period, 40% will hold a Certificate III or higher at the completion of their course.
- At March 2023, 8% of directly employed nursing staff were IPC nurses. By nursing role, 42 (33%) nurse practitioners, 2,300 (7%) registered nurses and 1,400 (9%) were IPC nurses.

4.8 Training

RACS were asked about the topics of training that they had offered to directly employed nursing and personal care staff in the previous 12 months to March 2023, and how many of these staff had completed each training program.

- Across RACS, the main training programs that were delivered to nursing and personal care staff in the previous 12 months related to IPC, medication safety, dementia care, workplace health and safety, and elder abuse.
- The main training programs that were completed by nursing and personal care staff related to IPC, elder abuse, workplace health and safety, COVID-19, code of conduct, and nutrition, hydration and food safety. Over 30% of staff completed these programs in the previous 12 months.
- IPC was the most common area of training delivered by RACS and completed by nursing and personal care staff. Overall, 52% of all services provided IPC training and 42% of all nursing and personal care staff completed IPC training in the previous 12 months.
- Overall, 0.5% of RACS reported offering no training to nursing and personal care staff in the previous 12 months.

RACS were asked whether there were any students outside of those employed by the organisation attending clinical placements at that service in order to complete the practical

component of their course. Note that a service may have multiple students attending clinical placements for different qualifications, and be counted for each relevant response.

- Overall, 47% of RACS indicated that they had at least one student from outside the organisation attending clinical placements. Where this information was reported, these clinical placements involved study towards a Certificate III qualification (24% of services), Certificate IV qualification (8% of services), undergraduate or postgraduate qualification (12% of services) or other unspecified study type (3% of services).

RACS were asked if paid study leave had been provided to any workers in the previous 12 months. Note that a service may provide paid study leave to multiple workers for study toward different qualifications, and be counted for each relevant response.

- Overall, 25% of services indicated that they had provided paid study leave to at least one worker in the previous 12 months. Where this information was reported, paid leave was provided in order to complete study towards a Certificate III qualification (4% of services), Certificate IV qualification (5% of services), undergraduate or postgraduate qualification (8% of services) or other unspecified study type (8% of services).

4.9 Employment conditions

RACS were asked which modern awards their workers were employed under and if workers were covered by an enterprise agreement (EA) or enterprise bargaining agreement (EBA). A modern award is a document which sets out the minimum terms and conditions of employment on top of the National Employment Standards.[17]

- Overall, 65% of RACS reported that they employed at least one member of staff under at least one recognised modern award.
- Across RACS, 36% of services employed workers under the Aged Care Award 2010, 34% employed workers under the Nurses Award 2020, 6% employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Home care stream (Schedule E) and 2% employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Social and Community Services stream (Schedule B).
- Overall, 67% of RACS reported providing EA/EBA coverage for personal care workers, 69% provided coverage for registered nurses, 55% provided coverage for enrolled nurses and 39% provided coverage for clinical care managers. Less than 15% of services provided EA/EBA coverage for nurse practitioners, allied health assistants, ancillary care workers, and personal care workers (formal traineeship). No other worker categories, including allied health professionals, were included in this survey question.

4.10 Recruitment, turnover and vacancies

RACS were asked to provide information regarding the recruitment and visa status of new directly employed nursing and personal care staff who commenced in the 12 months from 1 March 2022.

- Across RACS, an estimated 55,300 new nursing and personal care staff commenced in the 12 months from 1 March 2022. Of these new employees, 1% were nurse

[17] Fair Work Ombudsman, https://www.fairwork.gov.au/sites/default/files/migration/723/Modern-awards.pdf, accessed March 2024.

practitioners, 18% were registered nurses, 6% were enrolled nurses and 76% were personal care workers.

- RACS reported that 24% of new nursing and personal care staff recruited in the 12 months since March 2022 were temporary visa holders while the visa status of 27% of new staff was unknown. The remaining 49% of new staff were Australian/New Zealand citizens or Australian permanent residents.

RACS were asked to report the number of directly employed enrolled and registered nurses who were graduate nurses i.e. in their first year of practice.

- Across RACS, 13% of enrolled nurses and 7% of registered nurses were in their first year of practice.

RACS were asked to provide information regarding turnover rates and number of vacancies in the 12 months from 1 March 2022. Turnover rate was calculated as the percentage of employees who left since 1 March 2022 using staffing numbers 12 months ago as the denominator.

- Across all RACS, an estimated 40,100 (24%) directly employed nursing and personal care staff left their employment in the 12 months from 1 March 2022. The turnover rate was highest in nurse practitioners (68%) followed by personal care workers (formal traineeship) (67%). Importantly, it is unknown whether these employees left the workforce, gained employment at another service or moved from a traineeship to a substantive personal care worker position in the same organisation.
- At March 2023, there were an estimated 15,800 vacancies in directly employed nursing and personal care positions across RACS. The highest proportion of vacancies was for personal care workers (59%) followed by registered nurses (21%) and enrolled nurses (20%), reflecting the relative sizes of the 2 staff categories.

RACS were asked to provide information regarding the main challenges in recruiting employees, which job roles took the longest time to fill, and the most useful options to attract and retain registered nurses.

- The main challenges in recruiting employees were reported to be lack of applicants, competition for staff with other providers or industries, wages and benefits not being attractive and applicants not having the suitable qualifications or skills.
- Vacancies for clinical care managers took the longest time to fill followed by registered nurses and nurse practitioners.
- The most useful options to attract and retain registered nurses were reported to be renumeration and working conditions, financial incentives and continued availability of appropriate professional development.

4.11 Volunteers

RACS were asked about the number of volunteers and volunteer coordinators providing support to the sector, the number of hours that they worked and the types of support that they provided.

- Overall, 46% of RACS indicated that they had volunteers providing assistance during the two-week reporting period.
- During the two-week reporting period, an estimated 9,200 volunteers provided approximately 38,700 hours of support.

- Volunteers primarily provided support to clients to participate in social activities and planned group activities, as well as providing companionship and friendship.
- Of the RACS that engaged volunteers, 58% indicated that they had a volunteer coordinator. These coordinators provided an average of 19 hours per fortnight to support volunteers across RACS.

4.12 Other programs and settings

RACS were asked whether they provided services under the NDIS, the DVA or both.

- Overall, an estimated 20% of RACS provided services to the NDIS, 8% provided services to the DVA and 9% provided services to both.

RACS were asked how many directly employed nursing and personal care staff also worked in other settings during the two-week reporting period. Other settings include other in-home services, RACS, and services provided under the NDIS or the DVA operated by the same provider. Note that a worker may work in multiple settings and be counted for each relevant setting.

- Across RACS, an estimated 12% of nursing and personal care staff also worked in other settings operated by the same provider including in-home care (<1%), residential aged care (7%), the NDIS (4%) or the DVA (1%). Proportions may not add up to 100% due to rounding. No information was collected on the proportion of staff who worked for other providers.

5. Home Care Packages Program

The HCPP provides support to older people with complex care needs to live independently in their own homes.

5.1 Total number of staff

The total estimated number of staff increased in HCPP from 80,340 in 2020 to 170,000 in 2023. Of these 170,000:

- 142,000 staff (84%) were directly employed, with the remaining 16% of staff being indirectly employed under a variety of agency, contractor or other non-direct employment conditions.
- 128,000 (75%) staff were employed in direct care roles. For staff providing direct care, 103,000 (81%) were directly employed.
- Across all employment types, direct care workers comprised an estimated 100 nurse practitioners, 5,500 registered nurses, 1,700 enrolled nurses, 114,000 personal care workers and 7,100 allied health professionals and assistants.
- From 2020 to 2023, FTE positions involving nursing and personal care staff increased from 24,876 FTE positions to 43,000 FTE positions.
- Despite this, there was an increase in workload for nursing and personal care staff with the staff to client ratio decreasing from one FTE nursing/personal care position per 5.7 clients in 2020 to one FTE nursing/personal care position per 6.0 clients in 2023. This was likely due to the increase in older adults accessing HCPP over time.[18]
- From 2020 to 2023, the number of allied health staff increased by 90% from 3,700 to 7,100. FTE allied health positions were not able to be calculated and compared across time as hours worked by allied health staff were not collected in the 2023 Survey.

5.2 Number and proportion of total direct care FTE positions in HCPP compared with the older population

- The number and proportion of total direct care FTE positions in HCPP compared with the number and proportion of the older population in each state and territory are shown in Table 5.1. The older population comprises Aboriginal and Torres Strait Islander people aged 50–64 years and all people aged 65 years and older.
- Compared with the proportion of the total older population, the proportion of total direct care FTE positions was 6 percentage points lower in NSW, 2 percentage points higher in VIC, 3 percentage points higher in QLD and SA, 2 percentage points lower in WA, slightly higher in the NT and slightly lower in the ACT. The proportion of total direct care FTE positions was the same as the proportion of the total older population in TAS.

[18] Client count is from the AIHW National Aged Care Data Clearinghouse (unpublished).

- The availability of direct care workers in HCPP varied by state and territory with the number of direct care FTE positions per 1,000 older population ranging from 4 in the ACT to 18 in the NT.

Table 5.1: Number and proportion of direct care FTE positions in HCPP in 2023 compared with the older population, by state and territory

State and territory	Direct care (FTE)[(a)]		Older population ('000s)[(b)]		Direct care FTE per 1,000 older population
NSW	11,500	27%	1,470.3	33%	8
VIC	11,600	27%	1,119.1	25%	10
QLD	9,900	23%	905.3	20%	11
SA	4,600	11%	357.4	8%	13
WA	3,300	8%	440.7	10%	7
TAS	1,400	3%	120.1	3%	11
NT	600	1%	32.1	<1%	18
ACT	235	<1%	62.1	1%	4
Australia	**43,000**	**100%**	**4,507.1**	**100%**	**10**

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

(a) Direct care positions include nursing and personal care workers only and exclude allied health professionals and assistants.

(b) Older population refers to Aboriginal and Torres Strait Islander people aged 50–64 years and all persons aged 65 years and older, per Report on Government Services 14A (2022).

Notes:

1). Counts may not add up to totals due to rounding.

2). Proportions may not add up to 100% due to rounding.

FTE; full-time equivalent

5.3 Direct care workers by employment type

- For nursing staff in HCPP, 42% were employed in permanent part-time positions, 22% were employed in permanent full-time positions and 22% were employed in casual/fixed-term positions. The remaining 14% were employed via an agency/labour hire, subcontractor, independent contractor or other non-direct employment arrangements.
- For personal care workers in HCPP, 37% were employed in permanent part-time positions, 6% were employed in permanent full-time positions and 40% were employed in casual/fixed-term positions. The remaining 17% were employed via an agency/labour hire, subcontractor, independent contractor or via other non-direct employment arrangements.
- From 2020 to 2023, the proportion of permanent part-time positions in HCPP decreased from 51% to 42% for nursing staff and from 51% to 37% for personal care workers. In contrast, the proportion of permanent full-time positions in HCPP increased from 18% to 22% for nursing staff and from 3% to 6% for personal care workers. The proportion of casual/fixed-term positions in HCPP increased from 3% to 22% for nursing staff and from 8% to 40% for personal care workers.

5.4 Nursing and personal care staff by age and gender

- Across HCPP services, 58% of directly employed nursing and personal care staff were aged 45 years and older. Overall, 46% of registered nurses, 56% of enrolled nurses, 58% of personal care workers (including assistants in nursing) and 66% of personal care workers (formal traineeship) were aged 45 years and older. These proportions were calculated using valid responses only and exclude 'unknown' responses.
- The majority of directly employed nursing and personal care staff were women, with 87% of this workforce identifying as women, 13% identifying as men and <1% specifying 'other'. These proportions were calculated using valid responses only and exclude 'unknown' responses. Proportions may not add up to 100% due to rounding.

5.5 Nursing and personal care staff by background

- Across HCPP services, 870 (1%) directly employed nursing and personal care staff were reported as being Aboriginal and Torres Strait Islander people. Of the staff who were reported as being Aboriginal and Torres Strait Islander people, 850 (98%) were personal care workers, 115 (14%) of whom were undertaking a formal traineeship. Given the high proportion of 'unknown' responses to this question (52%), these results should be interpreted with caution.
- Across HCPP services, 7% of directly employed nursing and personal care staff were temporary residents while 93% were Australian/New Zealand citizens or Australian permanent residents. The majority (95%) of temporary residents were employed as personal care workers. These proportions were calculated using valid responses only and exclude 'unknown' responses. However, given the high proportion of 'unknown' responses on this question (29%), these results should be interpreted with caution.

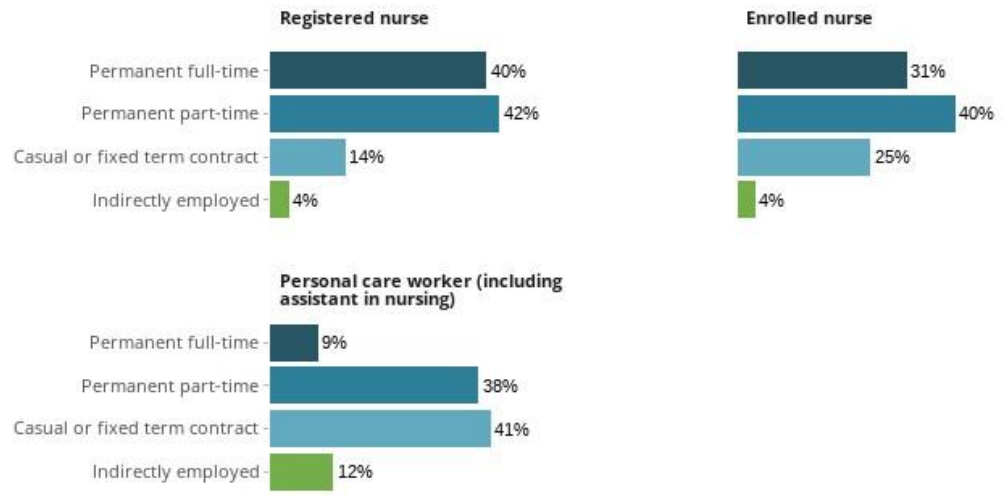
5.6 Hours worked

HCPP services were asked to report the total number of hours worked by nursing and personal care staff in each employment category during the two-week reporting period.[19] Information was also sought regarding the proportion of leave taken by nursing and personal care staff that was due to COVID-19.

- The proportion of hours worked by registered nurses, enrolled nurses and personal care workers (including assistants in nursing) in the HCPP across employment categories, during the two-week reporting period are shown in Figure 5.1. Hours worked by nurse practitioners were not reported by any of the responding HCPP services.

[19] Full-time equates to 35 hours or more per week and part-time equates to less than 35 hours per week. When considering the two-week reporting period, full-time equates to 70 hours or more a fortnight and part-time equates to less than 70 hours per fortnight.

Figure 5.1: Proportion of hours worked by nursing and personal care staff in HCPP across employment categories, during the two-week reporting period in March 2023



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The majority of hours worked by nurses and personal care staff in HCPP were delivered by permanent part-time staff.
- For registered nurses, 40% of total hours worked during the two-week reporting period were worked by full-time employees, 42% by part-time employees, 14% by casual or fixed term contract employees and 4% by indirectly employed staff. Registered nurses worked an average of 40.5 hours during the two-week reporting period.
- For enrolled nurses, 31% of total hours worked during the two-week reporting period were delivered by full-time employees, 40% by part-time employees, 25% by casual or fixed term contract employees and 4% by indirectly employed staff. Enrolled nurses worked an average of 41.2 hours during the two-week reporting period.
- For personal care workers (including assistants in nursing), 9% of total hours worked during the two-week reporting period were delivered by full-time employees, 38% by part-time employees, 41% by casual or fixed term contract employees and 12% by indirectly employed staff. Personal care workers worked an average of 31.3 hours during the two-week reporting period.
- Personal care workers (including assistants in nursing) employed on a casual/fixed term contract worked an average of 29 hours during the two-week reporting period.
- Overall, 17% of unplanned leave taken by nursing and personal care staff during the two-week reporting period was due to COVID-19. This included illness, self-isolation or caring for others with COVID-19. Among nursing and personal care staff, personal care workers took the highest proportion (87%) of unplanned leave due to COVID-19.

5.7 Qualifications

HCPP services were asked to report the highest levels of education completed by personal care workers, the number of personal care workers who were currently studying and the level of education they will hold at the completion of their course, and the number of infection prevention and control (IPC) nurses.

- Across HCPP services, 48% of directly employed personal care workers held a Certificate III or higher in an area related to their aged care work. Given the high proportion of 'unknown' responses to this question (45%), these results should be interpreted with caution.
- Of the 37% of personal care workers who were reported as studying during the two-week reporting period, around 39% will hold a Certificate III or higher at the completion of their course.
- At March 2023, 12% of directly employed HCPP nursing staff were IPC nurses. By nursing role, 600 (13%) registered nurses and 170 (11%) were IPC nurses.

5.8 Training

HCPP services were asked about the topics of training that they had offered to directly employed nursing and personal care staff in the previous 12 months to March 2023, and how many of these staff had completed each training program.

- Across HCPP services, the main training programs that were delivered to nursing and personal care staff in the previous 12 months related to IPC, code of conduct, workforce health and safety, COVID-19 and elder abuse.
- The main training programs that were completed by nursing and personal care staff related to IPC, code of conduct, COVID-19, and workplace health and safety. Over 50% of staff completed these programs in the previous 12 months.
- IPC was the most common area of training delivered by HCPP services and completed by nursing and personal care staff. Overall, 59% of all services provided IPC training and 54% of all nursing and personal care staff completed IPC training in the previous 12 months.
- Overall, 3% of HCPP services reported offering no training to nursing and personal care staff in the previous 12 months.

HCPP services were asked whether there were any students outside of those employed by the organisation attending clinical placements at that service in order to complete the practical component of their course. Note that a service may have multiple students attending clinical placements for different qualifications, and be counted for each relevant response.

- Overall, 18% of HCPP services indicated that they had at least one student from outside the organisation attending clinical placements. Where this information was reported, these clinical placements involved study towards a Certificate III qualification (11% of services), Certificate IV qualification (4% of services), undergraduate or postgraduate qualification (5% of services) or other unspecified study type (2% of services).

HCPP services were asked if paid study leave had been provided to any workers in the previous 12 months. Note that a service may provide paid study leave to multiple workers for study toward different qualifications, and be counted for each relevant response.

- Overall, 15% of HCPP services indicated that they had provided paid study leave to at least one worker in the previous 12 months. Where this information was reported, paid leave was provided in order to complete study towards a Certificate III qualification (12% of services), Certificate IV qualification (4% of services), undergraduate or postgraduate qualification (4% of services) or other unspecified study type (3% of services).

5.9 Employment conditions

HCPP services were asked which modern awards their workers were employed under and if workers were covered by an enterprise agreement (EA) or enterprise bargaining agreement (EBA). A modern award is a document which sets out the minimum terms and conditions of employment on top of the National Employment Standards.[20]

- Overall, 77% of HCPP services reported that they employed at least one member of staff under at least one recognised modern award.
- Across HCPP services, 42% of services employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Home care stream (Schedule E), 24% employed workers under the Nurses Award 2020, 23% employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Social and Community Services stream (Schedule B) and 8% employed workers under the Aged Care Award 2010.
- Overall, 31% of HCPP services reported providing EA/EBA coverage for personal care workers (including assistants in nursing), 25% provided coverage for registered nurses, and 14% provided coverage for enrolled nurses. Less than 8% of services provided EA/EBA coverage for nurse practitioners, allied health assistants, ancillary care workers, personal care workers (formal traineeship) and clinical care managers. No other worker categories, including allied health professionals, were included in this survey question.

5.10 Recruitment, turnover and vacancies

HCPP services were asked to provide information regarding the recruitment and visa status of new directly employed nursing and personal care staff who commenced in the 12 months from 1 March 2022.

- Across HCPP services, an estimated 40,400 new nursing and personal care staff commenced in the 12 months from 1 March 2022. Of these new employees, 5% were registered nurses, 1% were enrolled nurses and 94% were personal care workers.
- HCPP services reported that 12% of new nursing and personal care staff recruited in the 12 months since March 2022 were temporary visa holders while the visa status of 26% of new staff was unknown. The remaining 63% of new staff were Australian/New Zealand citizens or Australian permanent residents. Proportions may not add up to 100% due to rounding.

HCPP services were asked to report the number of directly employed enrolled and registered nurses who were graduate nurses i.e. in their first year of practice.

- Across HCPP services, 6% of enrolled nurses and 4% of registered nurses were in their first year of practice.

HCPP services were asked to provide information regarding turnover rates and number of vacancies in the 12 months from 1 March 2022. Turnover rate was calculated as the percentage of employees who left since 1 March 2022 using staffing numbers 12 months ago as the denominator.

- Across all HCPP services, an estimated 29,000 (33%) directly employed nursing and personal care staff left their employment in the 12 months from 1 March 2022. The

[20] Fair Work Ombudsman, https://www.fairwork.gov.au/sites/default/files/migration/723/Modern-awards.pdf, accessed March 2024.

turnover rate was highest in nurse practitioners (100%, involving 11 nurse practitioners overall) followed by personal care workers (including assistants in nursing) (33%). Importantly, it is unknown whether these employees left the workforce, gained employment at another service or moved from a traineeship to a substantive personal care worker position in the same organisation.

- At March 2023, there were an estimated 14,300 vacancies in directly employed nursing and personal care positions across HCPP services. The highest proportion of vacancies was for personal care workers (including assistants in nursing) at 87%.

HCPP services were asked to provide information regarding the main challenges in recruiting employees, which job roles took the longest time to fill, and the most useful options to attract and retain registered nurses.

- The main challenges in recruiting employees were reported to be lack of applicants, applicants not having the suitable qualifications or skills and competition for staff with other providers or industries.
- Vacancies for enrolled nurses took the longest time to fill followed by nurse practitioners and registered nurses.
- The most useful options to attract and retain registered nurses were reported to be renumeration and working conditions, financial incentives and continued availability of appropriate professional development.

5.11 Volunteers

HCPP services were asked about the number of volunteers and volunteer coordinators providing support to the sector, the number of hours that they worked and the types of support that they provided.

- Overall, 19% of HCPP services indicated that they had volunteers providing assistance during the two-week reporting period.
- An estimated 9,500 volunteers provided approximately 27,200 hours of support during the two-week reporting period.
- Volunteers primarily provided support for clients to participate in social activities and planned group activities, as well as providing transport assistance.
- Of the HCPP services that engaged volunteers, 56% indicated that they had a volunteer coordinator. Volunteer coordinators provided an average of 22 hours per fortnight to support volunteers across HCPP services.

5.12 Other programs and settings

HCPP services were asked whether they provided services under the NDIS, the DVA or both.

- Overall, an estimated 24% of HCPP services provided services to the NDIS, 6% provided services to the DVA and 17% provided services to both.

HCPP services were asked how many directly employed nursing and personal care staff also worked in other settings during the two-week reporting period. Other settings include other in-home services, RACS, and services provided under the NDIS or the DVA operated by the same organisation. Note that a worker may work in multiple settings and be counted for each relevant setting.

- Across HCPP services, an estimated 54% of nursing and personal care staff also worked in other settings operated by the same provider including in-home care (CHSP, 26%), residential aged care (1%), the NDIS (19%) and/or the DVA (8%). No information was collected on the proportion of staff who worked for other providers.

6. Commonwealth Home Support Programme

The CHSP provides entry-level support to assist older people to remain living independently and safely in their home and community.

6.1 Total number of staff

The total estimated number of staff in CHSP increased from 76,096 in 2020 to 97,900 in 2023. Of these 97,900:

- 88,600 staff (91%) were directly employed, with the remaining 9% of staff being indirectly employed under a variety of agency, contractor or other non-direct employment conditions.
- 63,200 (65%) staff were employed in direct care roles. For staff providing direct care, 58,200 (92%) were directly employed.
- Across all employment types, direct care workers comprised an estimated 49 nurse practitioners, 4,100 registered nurses, 1,200 enrolled nurses, 50,000 personal care workers and 7,800 allied health professionals and assistants.
- FTE positions involving nursing and personal care staff increased from 19,060 FTE positions in 2020 to 22,500 FTE positions in 2023.
- There was a corresponding decrease in workload over time for nursing and personal care staff, with the staff to client ratio increasing from one FTE nursing/personal care position per 44 clients in 2020 to one FTE nursing/personal care position per 36 clients in 2023.[21]
- From 2020 to 2023, the number of allied health staff increased by 60% from 4,900 to 7,800. FTE allied health positions were not able to be calculated and compared across time as hours worked by allied health staff were not collected in the 2023 Survey.

6.2 Number and proportion of total direct care FTE positions in CHSP compared with the older population

- The number and proportion of total direct care FTE positions in CHSP compared with the number and proportion of the older population in each state and territory are shown in Table 6.1. The older population comprises Aboriginal and Torres Strait Islander people aged 50–64 years and all people aged 65 years and older. As state and territory were not included in the initial sampling design, nil CHSP services from the ACT were selected and invited to participate.
- Compared with the proportion of the total older population, the proportion of total direct care FTE positions was 2 percentage points lower in NSW, 5 percentage points lower in VIC, 6 percentage points higher in QLD, around 7 percentage points lower in SA and 9

[21] Client count is from the AIHW National Aged Care Data Clearinghouse (unpublished).

percentage points higher in WA. The proportion of total direct care FTE positions was the same as the proportion of the total older population in TAS and the NT.

- The availability of direct care workers in CHSP varied by state and territory with the number of direct care FTE positions per 1,000 older population ranging from 1 in the SA to 9 in the WA.

Table 6.1: Number and proportion of direct care FTE positions in CHSP in 2023 compared with the older population, by state and territory

State and territory	Direct care (FTE)[a]		Older population ('000s)[b]		Direct care FTE per 1,000 older population
NSW	7,100	31%	1,470.3	33%	5
VIC	4,400	20%	1,119.1	25%	4
QLD	5,900	26%	905.3	20%	6
SA	200	<1%	357.4	8%	1
WA	4,200	19%	440.7	10%	9
TAS	630	3%	120.1	3%	5
NT	175	<1%	32.1	<1%	5
ACT[c]	N/A	N/A	62.1	1%	N/A
Australia	**22,500**	**100.0%**	**4,507.1**	**100.0%**	**5**

Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

(a) Direct care positions include nursing and personal care workers only and exclude allied health professionals and assistants.

(b) Older population refers to Aboriginal and Torres Strait Islander people aged 50–64 years and all persons aged 65 years and older, per Report on Government Services 14A (2022).

(c) There were no survey responses from CHSP services in the ACT.

Notes:

1). Counts may not add up to totals due to rounding.

2). Proportions may not add up to 100% due to rounding.

FTE; full-time equivalent

6.3 Direct care workers by employment type

- For nursing staff in CHSP, 24% were employed in permanent full-time positions, 54% were employed in permanent part-time positions and 19% were employed in casual/fixed-term positions. The remaining 3% were employed via an agency/labour hire or subcontractor.
- For personal care workers in CHSP, 6% were employed in permanent full-time positions, 34% were employed in permanent part-time positions, and 52% were employed in casual/fixed-term positions. The remaining 8% were employed via an agency/labour hire, subcontractor, independent contractor or other non-direct employment arrangements.
- From 2020 to 2023, the proportion of permanent part-time positions in CHSP decreased from 65% to 54% for nursing staff and from 71% to 34% for personal care workers. In contrast, the proportion of permanent full-time positions increased from 16% to 24% for nursing staff and from 2% to 6% for personal care workers. The proportion of casual/fixed-term positions increased from 1% to 19% for nursing staff and from 4% to 52% for personal care workers.

6.4 Nursing and personal care staff by age and gender

- In CHSP, 54% of directly employed nursing and personal care staff were aged 45 years and older. Overall, 58% of registered nurses, 48% of enrolled nurses, 52% of personal care workers (including assistants in nursing) and 69% of personal care workers (formal traineeship) were aged 45 years and older. These proportions were calculated using valid responses only and exclude 'unknown' responses.
- The majority of directly employed nursing and personal care staff were women, with 86% of this workforce identifying as women, 14% identifying as men and <1% specifying 'other'. These proportions were calculated using valid responses only and exclude 'unknown' responses. Proportions may not add up to 100% due to rounding.

6.5 Nursing and personal care staff by background

- Across CHSP services, 1,600 (3%) directly employed nursing and personal care staff were reported as being Aboriginal and Torres Strait Islander people. Of the staff who were reported as being Aboriginal and Torres Strait Islander people, 1,500 (95%) were personal care workers, 115 (8%) of whom were undertaking a formal traineeship. Given the high proportion of 'unknown' responses to this question (52%), these results should be interpreted with caution.
- Across CHSP services, 11% of directly employed nursing and personal care staff were temporary residents while 89% were Australian/New Zealand citizens or Australian permanent residents. The majority (97%) of temporary residents were employed as personal care workers. These proportions were calculated using valid responses only and exclude 6% of 'unknown' responses.

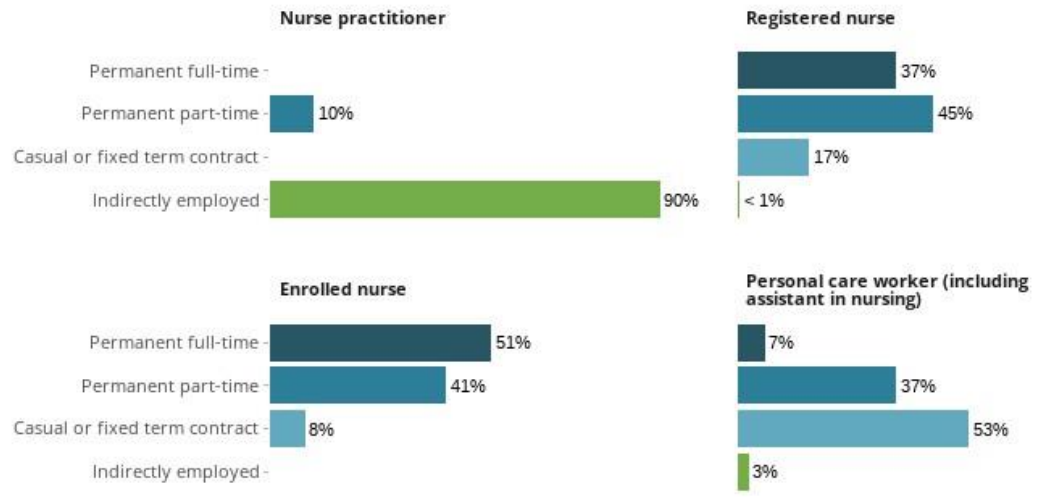
6.6 Hours worked

CHSP services were asked to report the total number of hours worked by nursing and personal care staff in each employment category during the two-week reporting period.[22] Information was also sought regarding the proportion of leave taken by nursing and personal care staff that was due to COVID-19.

- The proportion of hours worked by nurse practitioners, registered nurses, enrolled nurses and personal care workers (including assistants in nursing) in CHSP across employment categories, during the two-week reporting period are shown in Figure 6.1.

[22] Full-time equates to 35 hours or more per week and part-time equates to less than 35 hours per week. When considering the two-week reporting period, full-time equates to 70 hours or more a fortnight and part-time equates to less than 70 hours per fortnight.

Figure 6.1: Proportion of hours worked by nursing and personal care staff in CHSP across employment categories, during the two-week reporting period in March 2023



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The majority of hours worked by nurses and personal care staff in CHSP during the two-week reporting period were delivered by permanent part-time staff.
- For nurse practitioners, 10% of total hours worked during the two-week reporting period were delivered by part-time employees and 90% by subcontractors. Nurse practitioners worked an average of 12.5 hours during the two-week reporting period.
- For registered nurses, 37% of total hours worked during the two-week reporting period were delivered by full-time employees, 45% by part-time employees and 17% by casual or fixed term contract employees and <1% by indirectly employed staff. Proportions may not add up to 100% due to rounding. Overall, registered nurses worked an average of 39.7 hours during the two-week reporting period.
- For enrolled nurses, 51% of total hours worked during the two-week reporting period were delivered by full-time employees, 41% by part-time employees and 8% by casual or fixed term contract employees. Overall, enrolled nurses worked an average of 46.4 hours during the two-week reporting period.
- For personal care workers (including assistants in nursing), 7% of total hours worked during the two-week reporting period were delivered by full-time employees, 37% by part-time employees, 53% by casual or fixed term contract employees and 3% by indirectly employed staff. Overall, personal care workers worked an average of 29.5 hours during the two-week reporting period.
- Personal care workers (including assistants in nursing) employed on a casual/fixed term contract worked an average of 28 hours during the two-week reporting period.
- Overall, 18% of unplanned leave taken by nursing and personal care staff during the two-week reporting period was due to COVID-19. This included illness, self-isolation or caring for others with COVID-19. Among nursing and personal care staff, registered nurses took the highest proportion (62%) of unplanned leave due to COVID-19.

6.7 Qualifications

CHSP services were asked to report the highest levels of education completed by personal care workers, the number of personal care workers who were currently studying and the level of education they will hold at the completion of their course, and the number of infection prevention and control (IPC) nurses.

- Across CHSP, 64% of directly employed personal care workers held a Certificate III or higher in an area related to their aged care work. Given the high proportion of 'unknown' responses to this question (30%), these results should be interpreted with caution.
- Of the 55% of personal care workers who were reported as studying during the two-week reporting period, around 43% will hold a Certificate III or higher at the completion of their course.
- At March 2023, 22% of directly employed CHSP nursing staff were IPC nurses. By nursing role, 930 (23%) registered nurses and 230 (18%) enrolled nurses were IPC nurses.

6.8 Training

CHSP services were asked about the topics of training that they had offered to directly employed nursing and personal care staff in the previous 12 months to March 2023, and how many of these staff had completed each training program.

- Across CHSP services, the main training programs that were delivered to nursing and personal care staff related to COVID-19, workforce health and safety, code of conduct and IPC. Over 40% of services delivered these programs in the previous 12 months.
- The main training programs that were completed by nursing and personal care staff related to code of conduct, COVID-19, IPC and workplace health and safety. Over 58% of staff completed these programs in the previous 12 months.
- COVID-19 related training was the most common area of training delivered by CHSP services and completed by nursing and personal care staff. Overall, 47% of all services provided COVID-19 related training and 68% of all nursing and personal care staff completed this training in the previous 12 months.

CHSP services were asked whether there were any students outside of those employed by the organisation attending clinical placements at that service in order to complete the practical component of their course. Note that a service may have multiple students attending clinical placements for different qualifications, and be counted for each relevant response.

- Overall, 12% of CHSP services indicated that they had at least one student from outside the organisation attending clinical placements. Where this information was reported, these clinical placements involved study towards a Certificate III qualification (5% of services), Certificate IV qualification (2% of services), undergraduate or postgraduate qualification (6% of services) or other unspecified study type (2% of services).

CHSP services were asked if paid study leave had been provided to any workers in the previous 12 months. Note that a service may provide paid study leave to multiple workers for study toward different qualifications, and be counted for each relevant response.

- Overall, 13% of CHSP services indicated that they had provided paid study leave to at least one worker in the previous 12 months. Where this information was reported, paid leave was provided in order to complete study towards a Certificate III qualification (5%

of services), Certificate IV qualification (1% of services), undergraduate or postgraduate qualification (3% of services) or other unspecified study type (4% of services).

6.9 Employment conditions

CHSP services were asked which modern awards their workers were employed under and if workers were covered by an enterprise agreement (EA) or enterprise bargaining agreement (EBA). A modern award is a document which sets out the minimum terms and conditions of employment on top of the National Employment Standards.[23]

- Overall, 84% of CHSP services reported that they employed at least one member of staff under at least one recognised modern award.
- Across CHSP services, 41% of services employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Social and Community Services stream (Schedule B), 24% employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Home care stream (Schedule E), 12% employed workers under the Nurses Award 2020 and 8% employed workers under the Aged Care Award 2010.
- Overall, 13% of CHSP services reported providing EA/EBA coverage for personal care workers (including assistants in nursing), 7% provided coverage for registered nurses and 6% provided coverage for enrolled nurses. Less than 7% of services provided EA/EBA coverage for nurse practitioners, clinical care managers, allied health assistants, ancillary care workers, and personal care workers (formal traineeship). No other worker categories, including allied health professionals, were included in this survey question.

6.10 Recruitment, turnover and vacancies

CHSP services were asked to provide information regarding the recruitment and visa status of new directly employed nursing and personal care staff who commenced in the 12 months from 1 March 2022.

- Across CHSP services, an estimated 18,400 new nursing and personal care staff commenced in the 12 months from 1 March 2022. Of these new employees, 5% were registered nurses and 95% were personal care workers.
- CHSP services reported that 13% of new nursing and personal care staff recruited in the 12 months since March 2022 were temporary visa holders while the visa status of 6% of new staff was unknown. The remaining 82% of new staff were Australian/New Zealand citizens or Australian permanent residents. Proportions may not add up to 100% due to rounding.

CHSP services were asked to report the number of directly employed enrolled and registered nurses who were graduate nurses i.e. in their first year of practice.

- Across CHSP services, 9% of enrolled nurses and 8% of registered nurses were in their first year of practice.

CHSP services were asked to provide information regarding turnover rates and number of vacancies in the 12 months from 1 March 2022. Turnover rate was calculated as the

[23] Fair Work Ombudsman, https://www.fairwork.gov.au/sites/default/files/migration/723/Modern-awards.pdf, accessed March 2024.

percentage of employees who left since 1 March 2022 using staffing numbers 12 months ago as the denominator.

- Across CHSP services, an estimated 14,000 (30%) directly employed nursing and personal care staff left their employment in the 12 months from 1 March 2022. The turnover rate was highest in personal care workers (including assistants in nursing) (33%) followed by personal care workers (formal traineeship) (14%) and registered nurses (13%). Importantly, it is unknown whether these employees left the workforce, gained employment at another service or moved from a traineeship to a substantive personal care worker position in the same organisation.
- At March 2023, there were an estimated 11,780 vacancies in directly employed nursing and personal care positions across CHSP services. The highest proportion of vacancies was for personal care workers (including assistants in nursing) at 87%.

CHSP services were asked to provide information regarding the main challenges in recruiting employees, which job roles took the longest time to fill, and the most useful options to attract and retain registered nurses.

- The main challenges in recruiting employees were reported to be lack of applicants, applicants not having the suitable qualifications or skills and competition for staff with other providers or industries.
- Vacancies for nurse practitioners took the longest time to fill followed by registered nurses.
- The most useful options to attract and retain registered nurses were reported to be renumeration and working conditions, financial incentives and continued availability of appropriate professional development.

6.11 Volunteers

CHSP services were asked about the number of volunteers and volunteer coordinators providing support to the sector, the number of hours that they worked and the types of support that they provided.

- Overall, 48% of CHSP services indicated that they had volunteers providing assistance during the two-week reporting period.
- An estimated 60,300 volunteers provided approximately 248,000 hours of support during the two-week reporting period.
- Volunteers primarily provided support for clients to participate in social activities and planned group activities as well as providing assistance with meal preparation/delivery and transport.
- Of the CHSP services that engaged volunteers, 78% indicated that they had a volunteer coordinator. Volunteer coordinators provided an average of 28 hours per fortnight to support volunteers across CHSP services.

6.12 Other programs and settings

CHSP services were asked whether they provided services under the NDIS, the DVA or both.

- An estimated 38% of all CHSP services reported providing services under either the NDIS, DVA or both.

- Overall, 22% of CHSP services provided services to the NDIS, 6% provided services to the DVA and 10% provided services to both.

CHSP services were asked how many directly employed nursing and personal care staff also worked in other settings during the two-week reporting period. Other settings include other in-home services, RACS, and services provided under the NDIS or the DVA operated by the same provider. Note that a worker may work in multiple settings and be counted for each relevant setting.

- An estimated 80% of nursing and personal care staff also worked in other settings operated by the same provider including in-home care (HCPP, 41%), residential aged care (1%), the NDIS (25%) and/or the DVA (13%). No information was collected on the proportion of staff who worked for other providers.

7. Multi-Purpose Services Program

The MPS Program provides integrated health and aged care services to rural and remote communities, including residential and home care.

7.1 Total number of staff

In 2023, the total estimated number of staff employed across the MPS Program was 6,300. Of these:

- 4,700 (75%) staff were directly employed, with the remaining 25% of staff being indirectly employed under a variety of agency, contractor or other non-direct employment conditions.
- 4,500 (72%) staff were employed in direct care roles. For staff providing direct care, 3,400 (75%) were directly employed.
- Across all employment types, direct care workers comprised an estimated 15 nurse practitioners, 2,000 registered nurses, 1,100 enrolled nurses, 1,200 personal care workers and 205 allied health professionals and assistants.
- Across the program, 4,300 nursing and personal care staff comprised 2,100 FTE positions. FTE allied health positions were not able to be calculated as hours worked by allied health staff were not collected in the 2023 Survey.
- Changes were not able to be compared over time as information regarding the MPS Program was not collected in the 2020 Aged Care Workforce Census.

7.2 Direct care workers by employment type

- For nursing staff in MPS, 20% were employed in permanent full-time positions, 43% were employed in permanent part-time positions, 8% were employed in casual/fixed-term positions and 25% were employed via an agency/labour hire. The remaining 4% were employed via subcontractor, independent contractor or other non-direct employment arrangements.
- For personal care workers in MPS, 11% were employed in permanent full-time positions, 52% were employed in permanent part-time positions, 17% were employed in casual/fixed-term positions and 14% were employed via an agency/labour hire. The remaining 6% were employed via subcontractor, independent contractor or other non-direct employment arrangements.

7.3 Nursing and personal care staff by age and gender

- In MPS, 48% of directly employed nursing and personal care staff were aged 45 years and older. Overall, 42% of registered nurses, 64% of enrolled nurses, 46% of personal care workers (including assistants in nursing) and 24% of personal care workers (formal traineeship) were aged 45 years and older. These proportions were calculated using valid responses only and exclude ‘unknown’ responses.
- The majority of directly employed nursing and personal care staff were women, with 90% of this workforce identifying as women, 10% identifying as men and <1% specifying

'other'. These proportions were calculated using valid responses only and exclude 'unknown' responses. Proportions may not add up to 100% due to rounding.

7.4 Nursing and personal care staff by background

- In MPS, 57 (2%) directly employed nursing and personal care staff were reported as being Aboriginal and Torres Strait Islander people. Of the staff who were reported as being Aboriginal and Torres Strait Islander people, 39 (87%) were personal care workers. Given the high proportion of 'unknown' responses to this question (70%), these results should be interpreted with caution.
- In MPS, 8% of directly employed nursing and personal care staff were temporary residents while 89% were Australian/New Zealand citizens or Australian permanent residents. The majority (97%) of temporary residents were employed as personal care workers. These proportions were calculated using valid responses only and exclude 'unknown' responses. However, given the high proportion of 'unknown' responses on this question (51%), these results should be interpreted with caution.

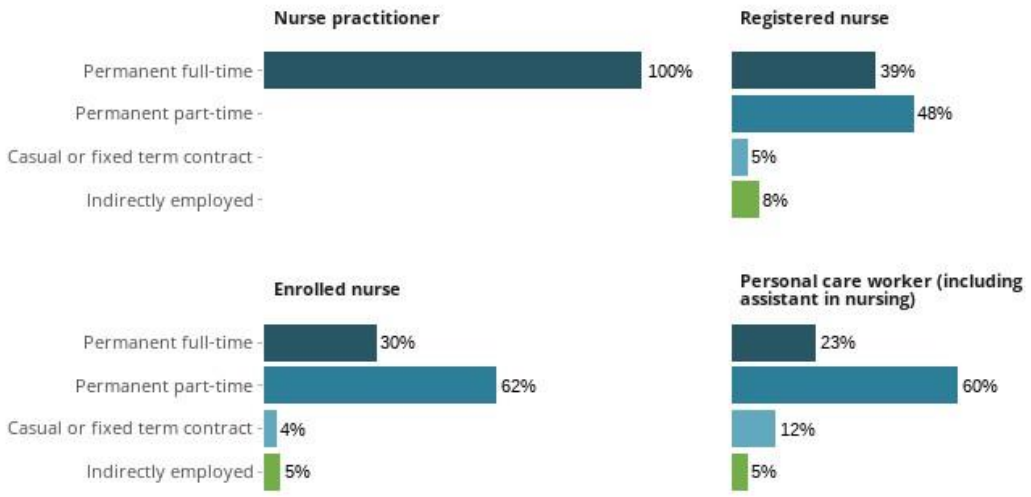
7.5 Hours worked

MPS were asked to report the total number of hours worked by nursing and personal care staff in each employment category during the two-week reporting period.[24] Information was also sought regarding the proportion of leave taken by nursing and personal care staff that was due to COVID-19.

- The proportion of hours worked by nurse practitioners, registered nurses, enrolled nurses and personal care workers (including assistants in nursing) in MPS across employment categories, during the two-week reporting period are shown in Figure 7.1.

[24] Full-time equates to 35 hours or more per week and part-time equates to less than 35 hours per week. When considering the two-week reporting period, full-time equates to 70 hours or more a fortnight and part-time equates to less than 70 hours per fortnight.

Figure 7.1: Proportion of hours worked by nursing and personal care staff in MPS across employment categories, during the two-week reporting period in March 2023



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The majority of hours worked by nurses and personal care staff in MPS were delivered by permanent staff, particularly part-time registered nurses, enrolled nurses and personal care workers.
- For nurse practitioners, 100% of total hours worked during the two-week reporting period were delivered by full-time employees. Nurse practitioners worked an average of 57 hours during the two-week reporting period.
- For registered nurses, 39% of total hours worked during the two-week reporting period were delivered by full-time employees, 48% by part-time employees, 5% by casual or fixed term contract employees and 8% by indirectly employed staff. Registered nurses worked an average of 51.4 hours during the two-week reporting period.
- For enrolled nurses, 30% of total hours worked during the two-week reporting period were delivered by full-time employees, 62% by part-time employees, 4% by casual or fixed term contract employees and 5% by indirectly employed staff. Proportions may not add up to 100% due to rounding Enrolled nurses worked an average of 60.1 hours during the two-week reporting period.
- For personal care workers (including assistants in nursing), 23% of total hours worked during the two-week reporting period were delivered by full-time employees, 60% by part-time employees, 12% by casual or fixed term contract employees, 2% by agency or labour hire staff and 3% by other indirectly employed staff. Personal care workers worked an average of 53.7 hours during the two-week reporting period.
- Personal care workers (including assistants in nursing) employed on a casual/fixed term contract worked an average of 36.5 hours during the two-week reporting period.
- Overall, 3% of unplanned leave taken by nursing and personal care staff during the two-week reporting period was due to COVID-19. This included illness, self-isolation or caring for others with COVID-19. Among nursing and personal care staff, personal care workers (including assistants in nursing) took the highest proportion (10%) of unplanned leave due to COVID-19.

7.6 Qualifications

MPS were asked to report the highest levels of education completed by personal care workers, the number of personal care workers who were currently studying and the level of education they will hold at the completion of their course, and the number of infection prevention and control (IPC) nurses.

- Across MPS, 27% of directly employed personal care workers held a Certificate III or higher in an area related to their aged care work. Given the high proportion of 'unknown' responses to this question (73%), these results should be interpreted with caution.
- Of the 15% of personal care workers who were reported as studying during the two-week reporting period, around 42% will hold a Certificate III or higher at the completion of their course.
- At March 2023, 1% of directly employed nursing staff were IPC nurses. By nursing role, 23 (2%) registered nurses and 9 (1%) enrolled nurses were IPC nurses.

7.7 Training

MPS were asked about the topics of training that they had offered to directly employed nursing and personal care staff in the previous 12 months to March 2023, and how many of these staff had completed each training program.

- Across MPS, the main training programs that were delivered to nursing and personal care staff related to basic life support, IPC, falls risk, and workforce health and safety. Over 31% of services delivered these programs in the previous 12 months.
- The main training programs that were completed by nursing and personal care staff related to basic life support, IPC, COVID-19 and falls risk. Over 17% of staff completed these programs in the previous 12 months.
- Basic life support was the most common area of training delivered by MPS services and completed by nursing and personal care staff. Overall, 49% of all services provided basic life support training and 31% of all nursing and personal care staff completed this training in the previous 12 months.

Services were asked whether there were any students outside of those employed by the organisation attending clinical placements at that service in order to complete the practical component of their course. Note that a service may have multiple students attending clinical placements for different qualifications, and be counted for each relevant response.

- Overall, 9% of MPS indicated that they had at least one student from outside the organisation attending clinical placements. Where this information was reported, these clinical placements involved study towards a Certificate III qualification (5% of services), Certificate IV qualification (3% of services), undergraduate or postgraduate qualification (8% of services) or other unspecified study type (6% of services).

MPS were asked if paid study leave had been provided to any workers in the previous 12 months. Note that a service may provide paid study leave to multiple workers for study toward different qualifications, and be counted for each relevant response.

- Overall, 10% of MPS indicated that they had provided paid study leave to at least one worker in the previous 12 months. Where this information was reported, paid leave was provided in order to complete study towards an undergraduate or postgraduate qualification (6% of services) or other unspecified study type (4% of services).

7.8 Employment conditions

MPS were asked which modern awards their workers were employed under and if workers were covered by an enterprise agreement (EA) or enterprise bargaining agreement (EBA). A modern award is a document which sets out the minimum terms and conditions of employment on top of the National Employment Standards.[25]

- Overall, 37% of MPS reported that they employed at least one member of staff under at least one recognised modern award.
- Across MPS, 24% employed workers under the Nurses Award 2020, 3% employed workers under the Aged Care Award 2010, 1% of services employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Social and Community Services stream (Schedule B) and 9% of services employed workers under another modern award.
- Overall, 26% of MPS reported providing EA/EBA coverage for personal care workers (including assistants in nursing), 36% provided coverage for registered nurses, 36% provided coverage for enrolled nurses and 29% provided coverage for ancillary care workers. Less than 7% of services provided EA/EBA coverage for nurse practitioners, clinical care managers, allied health assistants and personal care workers (formal traineeship). No other worker categories, including allied health professionals, were included in this survey question.

7.9 Recruitment, turnover and vacancies

MPS were asked to provide information regarding the recruitment and visa status of new directly employed nursing and personal care staff who commenced in the 12 months from 1 March 2022.

- Across MPS, an estimated 465 new nursing and personal care staff commenced in the 12 months from 1 March 2022. Of these new employees, 46% were registered nurses, 23% were enrolled nurses and 31% were personal care workers (including formal traineeships).
- MPS reported that 7% of new nursing and personal care staff recruited in the 12 months since March 2022 were temporary visa holders while the visa status of 50% of new staff was unknown. The remaining 43% of new staff were Australian/New Zealand citizens or Australian permanent residents.

MPS were asked to report the number of directly employed enrolled and registered nurses who were graduate nurses i.e. in their first year of practice.

- Across MPS, 2% of enrolled nurses and 5% of registered nurses were in their first year of practice.

MPS were asked to provide information regarding turnover rates and number of vacancies in the 12 months from 1 March 2022. Turnover rate was calculated as the percentage of employees who left since 1 March 2022 using staffing numbers 12 months ago as the denominator.

- Across MPS, an estimated 300 (10%) directly employed nursing and personal care staff left their employment in the 12 months from 1 March 2022. The turnover rate was highest

[25] Fair Work Ombudsman, https://www.fairwork.gov.au/sites/default/files/migration/723/Modern-awards.pdf, accessed March 2024.

in personal care workers (formal traineeship) (13%) followed by personal care workers (including assistants in nursing) (10%) and registered nurses (10%). Importantly, it is unknown whether these employees left the workforce, gained employment at another service or moved from a traineeship to a substantive personal care worker position in the same organisation.

- At March 2023, there were an estimated 275 vacancies in directly employed nursing and personal care positions across MPS. The highest proportion of vacancies was for registered nurses at 42%.

MPS were asked to provide information regarding the main challenges in recruiting employees, which job roles took the longest time to fill, and the most useful options to attract and retain registered nurses.

- The main challenges in recruiting employees were reported to be lack of applicants, lack of appropriate housing/accommodation for staff, competition for staff with other providers or industries, and wages and benefits not being attractive.
- Vacancies for registered nurses took the longest time to fill followed by enrolled nurses.
- The most useful options to attract and retain registered nurses were reported to be renumeration and working conditions, financial incentives and continued availability of appropriate professional development.

7.10 Volunteers

MPS were asked about the number of volunteers and volunteer coordinators providing support to the sector, the number of hours that they worked and the types of support that they provided.

- Overall, 6% of MPS indicated that they had volunteers providing assistance during the two-week reporting period.
- An estimated 50 volunteers provided approximately 84 hours of support during the two-week reporting period.
- Volunteers primarily provided support to clients to participate in social activities and planned group activities as well as providing assistance with transport.
- Of the MPS that engaged volunteers, 89% indicated that they had a volunteer coordinator. Volunteer coordinators provided an average of 27 hours per fortnight to support volunteers across MPS.

7.11 Other programs and settings

MPS were asked whether they provided services under the NDIS, the DVA or both.

- An estimated 20% of all MPS reported providing services under either the NDIS, DVA or both.
- Overall, 2% of MPS provided services to the NDIS, 11% provided services to the DVA and 6% provided services to both.

MPS were asked how many directly employed nursing and personal care staff also worked in other settings during the two-week reporting period. Other settings include other in-home services, RACS, and services provided under the NDIS or the DVA operated by the same provider. Note that a worker may work in multiple settings and be counted for each relevant setting.

- An estimated 15% of nursing and personal care staff also worked in other settings operated by the same provider including in-home care (1%), residential aged care (<1%), the NDIS (6%) and/or the DVA (8%). No information was collected on the proportion of staff who worked for other providers.

8. National Aboriginal and Torres Strait Islander Flexible Aged Care Program

The NATSIFAC Program provides flexible, culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to their home and community. The program delivers a mix of aged care services, including residential care, with most services being located in rural and remote areas.

8.1 Total number of staff

The total estimated number of staff employed across the NATSIFAC Program in 2023 was 1,500. Of these:

- 1,400 staff (93%) were directly employed, with the remaining 7% of staff being indirectly employed under a variety of agency, contractor or other non-direct employment conditions.
- 980 (65%) staff were employed in direct care roles. For staff providing direct care, 830 (85%) were directly employed.
- Across all employment types, direct care workers comprised an estimated 115 registered nurses, 55 enrolled nurses, 790 personal care workers and 22 allied health professionals and assistants.
- Across the program, 960 nursing and personal care staff comprised 285 FTE positions. FTE allied health positions were not able to be calculated as hours worked by allied health staff were not collected in the 2023 Survey.
- Changes were not able to be compared over time as information regarding the NATSIFAC Program was not collected in the 2020 Aged Care Workforce Census.

8.2 Direct care workers by employment type

- For nursing staff in NATSIFAC, 22% were employed in permanent full-time positions, 21% were employed in permanent part-time positions, 22% were employed in casual/fixed-term positions, 34% were employed via an agency/labour hire and 1% were employed via a subcontractor.
- For personal care workers in NATSIFAC, 13% were employed in permanent full-time positions, 48% were employed in permanent part-time positions, 30% were employed in casual/fixed-term positions and 9% were employed via an agency/labour hire.

8.3 Nursing and personal care staff by age and gender

- Across NATSIFAC, 37% of directly employed nursing and personal care staff were aged 45 years and older. Overall, 53% of registered nurses, 48% of enrolled nurses, 35% of personal care workers (including assistants in nursing) and 30% of personal care workers (formal traineeship) were aged 45 years and older. These proportions were calculated using valid responses only and exclude ‘unknown’ responses.

- The majority of directly employed nursing and personal care staff were women, with 75% of this workforce identifying as women, 25% identifying as men and <1% specifying 'other'. These proportions were calculated using valid responses only and exclude 'unknown' responses. Proportions may not add up to 100% due to rounding.

8.4 Nursing and personal care staff by background

- Across NATSIFAC, 160 (19%) directly employed nursing and personal care staff were reported as being Aboriginal and Torres Strait Islander people. Of the staff reported as being Aboriginal and Torres Strait Islander people, 150 (95%) were personal care workers, 47 (31%) of whom were undertaking a formal traineeship. Given the high proportion of 'unknown' responses to this question (68%), these results should be interpreted with caution.
- Across NATSIFAC, 10% of directly employed nursing and personal care staff were temporary residents while 90% were Australian/New Zealand citizens or Australian permanent residents. All temporary residents (100%) were employed as personal care workers (including assistants in nursing). These proportions were calculated using valid responses only and exclude 'unknown' responses. However, given the high proportion of 'unknown' responses on this question (70%), these results should be interpreted with caution.

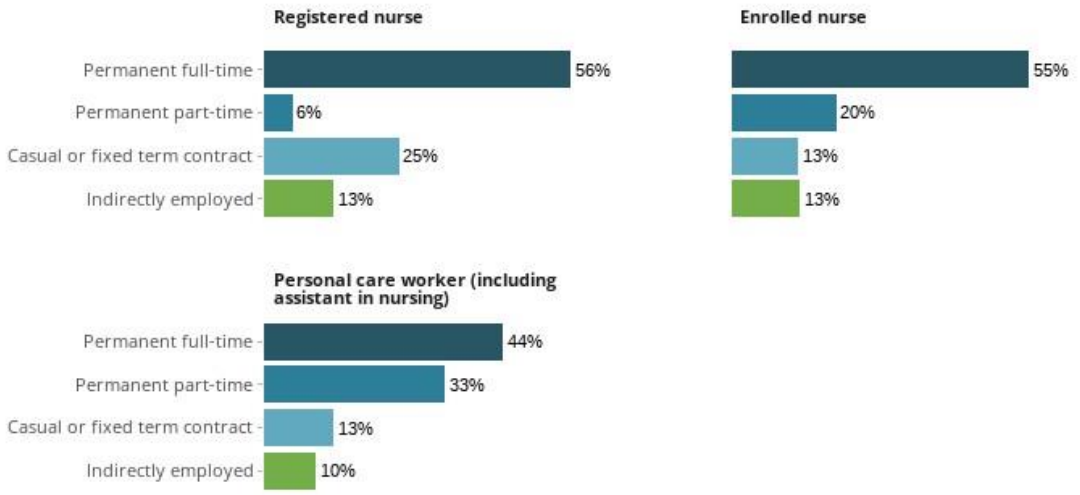
8.5 Hours worked

NATSIFAC services were asked to report the total number of hours worked by nursing and personal care staff in each employment category during the two-week reporting period.[26] Information was also sought regarding the proportion of leave taken by nursing and personal care staff that was due to COVID-19.

- The proportion of hours worked by nurse practitioners, registered nurses, enrolled nurses and personal care workers (including assistants in nursing) across employment categories in NATSIFAC during the two-week reporting period are shown in Figure 8.1.

[26] Full-time equates to 35 hours or more per week and part-time equates to less than 35 hours per week. When considering the two-week reporting period, full-time equates to 70 hours or more a fortnight and part-time equates to less than 70 hours per fortnight.

Figure 8.1: Proportion of hours worked by nursing and personal care staff in NATSIFAC across employment categories during the two-week reporting period in March 2023



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

- The majority of hours worked by nurses and personal care staff in NATSIFAC were delivered by permanent full-time staff.
- For registered nurses, 56% of total hours worked during the two-week reporting period were delivered by full-time employees, 6% by part-time employees, 25% by casual or fixed term contract employees and 13% by indirectly employed staff. Overall, registered nurses worked an average of 46 hours during the two-week reporting period.
- For enrolled nurses, 55% of total hours worked during the two-week reporting period were delivered by full-time employees, 20% by part-time employees, 13% by casual or fixed term contract employees and 13% by agency or labour hire staff. Proportions may not add up to 100% due to rounding. Overall, enrolled nurses worked an average of 49.1 hours during the two-week reporting period.
- For personal care workers (including assistants in nursing), 44% of total hours worked during the two-week reporting period were delivered by full-time employees, 33% by part-time employees, 13% by casual or fixed term contract employees and 10% by agency or labour hire staff. Overall, personal care workers worked an average of 33.1 hours during the two-week reporting period.
- Overall, personal care workers (including assistants in nursing) employed on a casual/fixed term contract worked an average of 16.8 hours in NATSIFAC during the two-week reporting period.
- Overall, 45% of unplanned leave taken by nursing and personal care staff during the two-week reporting period was due to COVID-19. This included illness, self-isolation or caring for others with COVID-19. Among nursing and personal care staff, registered nurses took the highest proportion (64%) of unplanned leave due to COVID-19 followed by personal care workers (including assistants in nursing) (51%).

8.6 Qualifications

NATSIFAC services were asked to report the highest levels of education completed by personal care workers, the number of personal care workers who were currently studying

and the level of education they will hold at the completion of their course, and the number of infection prevention and control (IPC) nurses.

- Across NATSIFAC, 33% of directly employed personal care workers held a Certificate III or higher in an area related to their aged care work. Given the high proportion of 'unknown' responses to this question (61%), these results should be interpreted with caution.
- Of the 53% of personal care workers who were reported as studying during the two-week reporting period, around 4% will hold a Certificate III or higher at the completion of their course. Given the high proportion of 'unknown' responses to this question (96%), these results should be interpreted with caution.
- At March 2023, 47% of directly employed nursing staff were IPC nurses. By nursing role, 47 (81%) of registered nurses and 4 (8%) of enrolled nurses were IPC nurses.

8.7 Training

NATSIFAC services were asked about the topics of training that they had offered to directly employed nursing and personal care staff in the previous 12 months to March 2023, and how many of these staff had completed each training program.

- Across NATSIFAC, the main training programs that were delivered to nursing and personal care staff related to cultural safety, nutrition, hydration and food safety, and COVID-19. Over 31% of services delivered these programs in the previous 12 months.
- The main training programs that were completed by nursing and personal care staff related to cultural safety, workplace health and safety, and code of conduct. Over 28% of staff completed these programs in the previous 12 months.
- Cultural safety was the most common area of training delivered by NATSIFAC and completed by nursing and personal care staff. Overall, 39% of all services provided cultural safety training and 31% of all nursing and personal care staff completed this training in the previous 12 months.

NATSIFAC services were asked whether there were any students outside of those employed by the organisation attending clinical placements at that service in order to complete the practical component of their course. Note that a service may have multiple students attending clinical placements for different qualifications, and be counted for each relevant response.

- Overall, 18% of NATSIFAC services indicated that they had at least one student from outside the organisation attending clinical placements. Where this information was reported, these clinical placements involved study towards a Certificate III qualification (7% of services), undergraduate or postgraduate qualification (9% of services) or other unspecified study type (7% of services).

NATSIFAC services were asked if paid study leave had been provided to any workers in the previous 12 months. Note that a service may provide paid study leave to multiple workers for study toward different qualifications, and be counted for each relevant response.

- Overall, 11% of NATSIFAC services indicated that they had provided paid study leave to at least one worker in the previous 12 months. Where this information was reported, paid leave was provided in order to complete study towards a Certificate III qualification (11% of services) or a Certificate IV qualification (2% of services).

8.8 Employment conditions

NATSIFAC services were asked which modern awards their workers were employed under and if workers were covered by an enterprise agreement (EA) or enterprise bargaining agreement (EBA). A modern award is a document which sets out the minimum terms and conditions of employment on top of the National Employment Standards.[27] Proportions may add up to greater than 100% as services with workers employed under multiple awards are counted for each relevant award.

- Overall, 80% of NATSIFAC reported that they employed at least one member of staff under at least one recognised modern award.
- Across NATSIFAC services, 41% employed workers under the Nurses Award 2020, 34% employed workers under the Aged Care Award 2010, 27% of services employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Social and Community Services stream (Schedule B) and 18% of services employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 – Home care stream (Schedule E).
- Overall, 11% of NATSIFAC reported providing EA/EBA coverage for registered nurses and personal care workers (including assistants in nursing), 7% provided coverage for enrolled nurses, 2% provided coverage for personal care workers (formal traineeship) and 9% provided coverage for clinical care managers. No other worker categories, including allied health professionals, were included in this survey question.

8.9 Recruitment, turnover and vacancies

NATSIFAC services were asked to provide information regarding the recruitment and visa status of new directly employed nursing and personal care staff who commenced in the 12 months from 1 March 2022.

- Across NATSIFAC, an estimated 160 new nursing and personal care staff commenced in the 12 months from 1 March 2022. Of these new employees,18% were registered nurses, 5% were enrolled nurses, 62% were personal care workers (including assistants in nursing) and 15% were personal care workers (formal traineeship).
- NATSIFAC services reported that 68% of new nursing and personal care staff were Australian/New Zealand citizens or Australian permanent residents while the visa status of 32% of new staff was unknown.

NATSIFAC services were asked to report the number of directly employed enrolled and registered nurses who were graduate nurses i.e. in their first year of practice.

- Across NATSIFAC, 12% of enrolled nurses and no registered nurses were in their first year of practice.

NATSIFAC services were asked to provide information regarding turnover rates and number of vacancies in the 12 months from 1 March 2022. Turnover rate was calculated as the percentage of employees who left since 1 March 2022 using staffing numbers 12 months ago as the denominator.

- Across NATSIFAC, an estimated 125 (16%) directly employed nursing and personal care staff left their employment in the 12 months from 1 March 2022. The turnover rate was

[27] Fair Work Ombudsman, https://www.fairwork.gov.au/sites/default/files/migration/723/Modern-awards.pdf, accessed March 2024.

highest in personal care workers (formal traineeship) (38%) followed by registered nurses (27%). Importantly, it is unknown whether these employees left the workforce, gained employment at another service or moved from a traineeship to a substantive personal care worker position in the same organisation.

- At March 2023, there were an estimated 215 vacancies in directly employed nursing and personal care positions across NATSIFAC. The highest proportion of vacancies was for personal care workers (including assistants in nursing) at 56% followed by enrolled nurses at 38% and registered nurses at 6%.

NATSIFAC services were asked to describe the main challenges in recruiting employees, which job roles took the longest time to fill, and the most useful options to attract and retain registered nurses.

- The main challenges in recruiting employees were reported to be lack of applicants, applicants not having the suitable qualifications or skills and applicants being unable to meet the requirements of the position/s (e.g. hours of work required/physical requirements of position).
- Vacancies for enrolled nurses took the longest time to fill followed by clinical care managers and registered nurses.
- The most useful options to attract and retain registered nurses were reported to be financial incentives, renumeration and working conditions, and continued availability of appropriate professional development.

8.10 Volunteers

NATSIFAC services were asked about the number of volunteers and volunteer coordinators providing support to the sector and the types of support that they provided.

- Overall, 3 (7%) NATSIFAC services indicated that they had volunteers providing assistance during the two-week reporting period.
- Volunteers primarily provided support to clients for home activities including cleaning, removal of rubbish and administrative tasks.
- None of the 3 NATSIFAC services that engaged volunteers reported having a volunteer coordinator.

8.11 Other programs and settings

NATSIFAC services were asked whether they provided services under the NDIS, the DVA or both.

- An estimated 14% of NATSIFAC services reported providing services under the NDIS. No services reported providing services under the DVA.

NATSIFAC services were asked how many directly employed nursing and personal care staff also worked in other settings during the two-week reporting period. Other settings include other in-home services, RACS, and services provided under the NDIS or the DVA operated by the same provider. Note that a worker may work in multiple settings and be counted for each relevant setting.

- An estimated 9% of nursing and personal care staff also worked in other settings operated by the same provider including in-home care (6%), residential aged care (<1%),

and the NDIS (2%). No information was collected on the proportion of staff who worked for other providers.

Appendices

Appendix 1: Occupation groups

The classification of occupational (job) roles in aged care services in Australia by occupation groups used in the 2023 Survey data collection are shown in Table A.1.

Table A.1: The classification of occupational (job) roles by occupation groups in aged care services in Australia, 2023

Occupation Group	Occupation (job) Role
Direct care staff	Nurse practitioner
	Registered nurse
	Enrolled nurse
	Personal care worker (including assistant in nursing)
	Personal care worker (formal traineeship)
	Allied health professionals
	Allied health assistants
Allied health professionals	Audiologist
	Chiropractor
	Dietician
	Exercise physiologist
	Occupational therapist
	Osteopath
	Pharmacist
	Physiotherapist
	Podiatrist
	Psychologist
	Speech pathologist
	Social worker
	Allied health assistant
	Allied health – other e.g. optometrist
Management and administration staff	Management
	Administration
	Clinical care managers
Ancillary care	Ancillary carers, e.g. cleaning, kitchen, gardening and maintenance

Other staff	Aboriginal and Torres Strait Islander practitioners
	Diversional therapists
	Oral health professionals
	Pastoral/spiritual carer workers
	Other roles not defined

Appendix 2: Technical notes

Methods

This section provides an overview of survey methods, including sample design, scope and coverage; survey administration and data collection; survey response rates; data cleaning and transformation processes; weighting and calculation of weights for estimating workforce head counts and characteristics; and sample representativeness.

The 2023 Aged Care Provider Workforce Survey was conducted under contractual arrangement by the Department of Health and Aged Care with the Social Research Centre at the Australian National University undertaking the survey design, methodology and data collection (field work) of the Survey, and the AIHW conducting the data quality assurance processes, weighting and validation of survey responses and reporting.

An overview of AIHW methods is provided in this section. Information regarding the quality of the survey data is detailed in the Data Quality Statement.

Sample design, scope and coverage

The 2023 Aged Care Provider Workforce Survey was primarily conducted using a sampling approach with data collected at the service level.

The sampling frame comprised 8,088 service level records taken from a list of all active government subsidised aged care providers in Australia at the time with 3,000 services selected from the sample frame initially invited to participate. In-scope services included all active registered services which employed direct care workers (nursing staff, personal care workers or allied health staff) and had one or more eligible aged care clients at the time of data collection.

Coverage included RACS, HCPP services, CHSP services, MPS program services and NATSIFAC program services. Services were sampled to participate across 4 strata – provider type, service care type, remoteness and service size. The design incorporated a disproportionate allocation approach, which aims to over-sample small groups and under-sample large groups. Given the relatively small number of MPS and NATSIFAC services, a census approach was taken with all services across Australia invited to participate.

Selected aged care services completed the Survey predominantly online from 31 May 2023 to 30 June 2023. Services were asked to provide information relevant to the first fortnightly pay period in March 2023.

During the data collection phase there was an adjustment to the survey design and recruitment strategy, whereby services not selected from the sample frame and invited to participate were given the opportunity to ‘opt in’ and provide survey responses. This followed requests from providers/services within the sector to be able to participate. Accordingly, data

collection was extended until 26 July 2023. These non-selected ('opt-in') services also provided information relevant to the first fortnightly pay period in March 2023.

Survey administration

The Survey was conducted in two components: firstly, an online survey for individual small services, and secondly, a centralised submission option for large providers to submit responses to the survey questions in an Excel spreadsheet where they had multiple services selected to participate. This one-time data entry option aimed to reduce the response burden for those providers. It did however exclude Question 6.2 that asked about student's clinical placements. This question was included in the online survey.

The non-selected ('opt-in') services were mostly large providers and predominantly submitted information using the Excel spreadsheet mode.

Service type details were largely unavailable for 'opt in' non-selected service submissions due to lack of information to support matching of completing centralised submission responses back to the constructed population frame. Overall, 654 submissions were received from services that took part via the 'opt in' option. Of these, 56 submissions were missing key information and/or deemed out of scope and excluded from the data set. A further 541 opt in submissions from 382 RACS, 137 HCPP services and 22 CHCP services were subsequently excluded from the data set due to their propensity to over inflate the weighted estimates.

Submissions from 46 'opt in' MPS services and 11 'opt in' NATSIFAC services were subsequently retained in the data set as the intention of the sampling strategy was to include all of these service care types as they represent a smaller part of the sector, i.e. essentially aim for census data collection from all MPS and NATSIFAC services.

Response rates

Of the 3,000 services who were selected to participate in the Survey, submissions from 1,401 services were provided giving an overall response rate of 47%. Across service care types, the final data set comprised submissions from:

- 598 RACS (56% of 1,065 RACS selected)
- 360 HCPP services (46% of 778 HCPP services selected)
- 321 CHSP services (34% of 941 CHSP services selected)
- 93 (including 46 unselected) MPS services (54% of 173 MPS services selected)
- 29 (including 11 unselected) NATSIFAC services (67% of NATSIFAC 43 services selected).

Data quality assurance

Extensive data cleaning and transformation, and validity checks of the submitted survey data were undertaken by the AIHW before survey weights were applied.

Data cleaning involved best efforts to identify missing service identifiers and information relevant to the sampling strata, e.g. service care type and location information.

Information regarding data cleaning, validation, detection and adjustment of extreme values, over coverage bias and non-response error are described in more detail in the Data Quality Statement.

Weighting and calculation of weights for estimates

The weighting process encompasses the procedures used to create the final estimation weights and replicate weights for the Survey respondents.

Weighting is a statistical technique used to adjust survey results to represent the target population. Weighting compensates for differences in survey respondents' selection probability and non-response rates. Non-response bias occurs when those who choose not to participate in a survey have different characteristics to those who do participate, leading to inaccurate or biased results. This can result in under- or overestimating certain characteristics of a population, leading to a skewed representation of the data. The weighting process adjusts the selection weights of responding services so that the final population estimates align with known population proportions. While this aims to reduce the impact of non-response bias, some unknown level of bias will remain, particularly for survey questions with a high proportion of non-response.

During the design process of the Survey, units on the sampling frame were grouped into strata (groups). This is done to control the expected accuracy of important estimate disaggregations and to try to form groups of units that are similar in terms of the properties of interest. To achieve the latter, units are grouped by known attributes that are related to the outcomes that are being estimated. For example, it is reasonable to assume that service size is related to the number of staff employed by a service provider and so units were stratified by service size.

The flowchart in Figure A.2 shows the steps involved in producing the final weighted analytical data set. The sampling frame comprised 8,088 service level records. These records were categorised into strata defined by the following frame information:

- provider type – residential aged care, in-home care
- service care type – RACS, HCPP, CHSP, MPS, NATSIFAC
- remoteness – the MMM (Modified Monash Model) defines whether a location is classified as a metropolitan area, regional centre, rural town (large, medium, small), remote or very remote community
- service size – very small, small, medium or large based on the count of operational places (RACS) or client count (HCPP, CHSP).

Survey estimates were weighted using the following strata: jurisdiction (state/territory) × provider type × service care type × remoteness × service size. As services were not selected to take part in the survey based on state or territory in the survey design, the weighting of units by jurisdiction was achieved by benchmarking to data from National Aged Care Data Clearinghouse (NACDC).

Benchmarking strata were initially collapsed over 3 remoteness categories (Metropolitan areas / Regional centres; Large / Medium / Small rural towns; and Remote / Very remote communities) and 2 service size categories (Very small / Small; and Medium / Large). This was because the inclusion of jurisdiction, which was not controlled for in the sampling design, led to a number of strata with very few or no responding units in them if these were not collapsed. This methodological approach to the weightings aimed at attenuating the effects of 2 major limitations of the survey data; that jurisdiction was not included in the initial sampling design and a relatively low response rate.

Several strata were further collapsed for one or more of the following reasons:

- The were no respondents in a weighting stratum that NACDC data showed did have services. If these were not collapsed, the sub-population in the strata would not be represented in the sample, leading to a downward bias.
- There was only one response in a weighting stratum. If these were not collapsed, there was the potential for a single unit to have a high weight and hence a large influence on the estimates. In addition, these strata would cause problems with the jackknife variance estimation.

The order of collapsing was

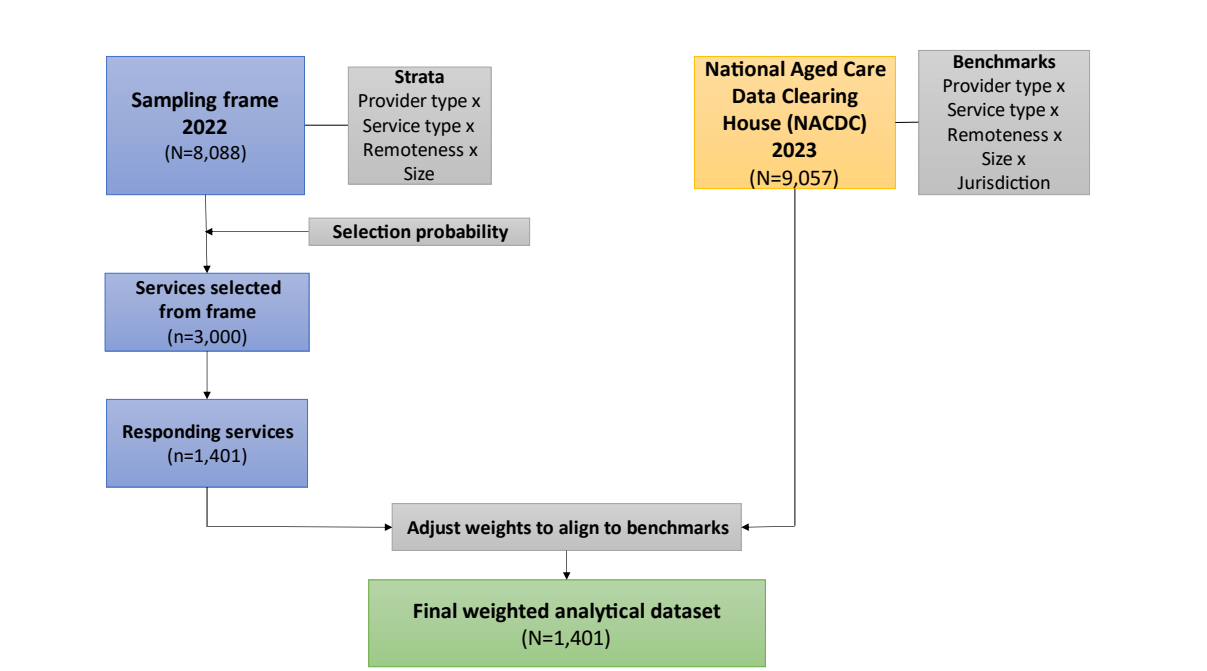
- Over remoteness, then if further collapsing was required,
- Over size, then
- Over service care type (3 strata affected).

Where there were no responses from a given service type within a state or territory (none of the 38 MPS services in WA and none of the 54 CHSP services in the ACT responded to the Survey), these services were excluded from the weighting process. This approach prioritised more accurate headcount estimates over attempting to align with national estimates.

Weights were based on services that responded to any part of the Survey and include an adjustment for non-response. To estimate sub-group totals for the target population (e.g. headcounts, number of services) survey responses were multiplied by their corresponding estimation weight and added together.

In addition, a set of 30 replicate weights was calculated using the jackknife method. The procedure used to derive these replicate weights was aimed at reflecting the features of the sample design, so that when the jackknife variance estimation procedure is implemented, relatively unbiased estimates of sampling variance are obtained.

Figure A.2: Flowchart describing the creation of the final weighted analytical dataset



Source: AIHW analysis of the Aged Care Provider Workforce Survey 2023

Residential aged care services

Based on NACDC data, the RACS population consisted of 2,640 units. Of these, 1,065 units were selected to participate in the Survey and 598 responded, giving a survey response rate of 56% and an overall survey participation rate of 23% (i.e. 598 participating units / 2,640 population units). Population units across 29 benchmarking strata for RACS ranged from 5 to 300, with survey participation rates between 9% and 67%. Weights within each stratum varied as a result of different attributes being used to define the sampling strata (e.g. the exclusion of jursidiction) and services being assigned different selection probabilities under the sampling design.

Table A.2 Weighting for residential aged care services

State / Territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
NSW	Metropolitan areas / Regional centres	Very small / Small	246	18	12.865	9%
				3	4.812	
NSW	Metropolitan areas / Regional centres	Medium / Large	300	21	7.365	14%
				18	6.344	
				1	3.820	
				1	27.312	
NSW	Remote / Very remote communities	Very small / Small	5	2	2.500	40%
NSW	Large / Medium / Small rural towns	Very small / Small	193	13	3.094	24%
				13	4.597	
				12	2.987	
				2	6.023	
				1	3.914	
				1	4.053	
				1	4.196	
				1	4.468	
				1	6.702	
				1	10.315	
				1	11.472	
NSW	Large / Medium / Small rural towns	Medium / Large	91	19	2.266	41%
				9	2.383	
				8	2.847	
				1	3.729	
VIC	Metropolitan areas / Regional centres	Very small / Small	219	23	6.712	16%
				5	3.578	
				5	2.510	
				1	9.309	
				1	24.887	
VIC	Metropolitan areas / Regional centres	Medium / Large	296	24	5.602	20%
				20	4.825	

State / Territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
				6	2.217	
				6	1.700	
				2	20.773	
VIC	Large / Medium / Small rural towns	Medium / Large	51	8	3.336	33%
				6	2.656	
				3	2.792	
VIC	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small	182	34	3.565	33%
				17	2.399	
				8	2.317	
				1	1.460	
QLD	Metropolitan areas / Regional centres	Very small / Small	115	14	6.349	22%
				11	2.375	
QLD	Metropolitan areas / Regional centres	Medium / Large	249	14	5.804	22%
				14	5.000	
				14	1.761	
				10	2.298	
				1	5.880	
				1	7.757	
				1	16.880	
				1	19.597	
QLD	Remote / Very remote communities	Very small / Small	12	6	2.000	50%
QLD	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small	68	10	3.587	31%
				8	2.414	
				2	2.331	
				1	8.150	
QLD	Large / Medium / Small rural towns AND Remote / Very remote communities	Medium / Large	24	8	1.608	58%
				3	2.020	
				3	1.691	
SA	Metropolitan areas / Regional centres	Medium / Large	89	12	4.615	24%
				8	3.975	
				1	1.827	
SA	Large / Medium / Small rural towns	Very small / Small	55	10	3.769	31%
				5	2.449	
				2	2.536	
SA	Large / Medium / Small rural towns	Medium / Large	15	4	1.437	67%
				3	1.717	
				3	1.367	

State / Territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
SA	Metropolitan areas / Regional centres AND Remote / Very remote communities	Very small / Small	71	13 1 1	5.205 1.947 1.387	21%
WA	Metropolitan areas / Regional centres	Very small / Small	111	16 2 1	6.075 2.272 9.253	17%
WA	Metropolitan areas / Regional centres	Medium / Large	97	9 4 3 2 1 1 1	4.446 3.830 5.833 6.772 1.349 1.760 7.510	22%
WA	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small	29	3 3 3 1 1	2.542 3.913 1.538 2.633 2.389	38%
WA	Large / Medium / Small rural towns AND Remote / Very remote communities	Medium / Large	12	4 1	2.346 2.617	42%
TAS	Metropolitan areas / Regional centres	Very small / Small	17	6	2.833	35%
TAS	Metropolitan areas / Regional centres	Medium / Large	24	10 6	1.644 1.260	67%
TAS	Large / Medium / Small rural towns	Very small / Small	20	3 2	4.652 3.022	25%
TAS	Large / Medium / Small rural towns	Medium / Large	5	2 1	1.788 1.424	60%
TAS	Remote / Very remote communities	Very small / Small	5	3	1.750	60%
NT	Metropolitan areas / Regional centres AND Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small AND Medium / Large	12	1 1	7.359 5.641	17%
ACT		Very small / Small	27	2	4.683	15%

State / Territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
	Metropolitan areas / Regional centres	AND Medium / Large		1	5.437	
				1	12.198	
Total			**2,640**	**598**		**23%**

Note: Weights within each stratum varied as a result of different attributes being used to define the sampling strata (e.g. the exclusion of jurisdiction) and services being assigned different selection probabilities under the sampling design.

Home Care Packages Program

Based on NACDC data, the HCPP service population consisted of 2,092 units. Of these, 778 units were selected to participate in the Survey and 360 responded, giving a survey response rate of 46% and an overall survey participation rate of 17% (i.e. 360 participating units / 2,092 population units). Population units across 29 benchmarking strata for HCPP ranged from 3 to 246 with survey participation rates between 7% and 67%.

Table A.3 Weighting for the Home Care Packages Program

State / territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
NSW	Metropolitan areas / Regional centres	Very small / Small	246	8	14.888	7%
				7	15.566	
				2	19.681	
				1	20.578	
NSW	Metropolitan areas / Regional centres	Medium / Large	219	16	8.344	13%
				13	9.422	
NSW	Large / Medium / Small rural towns	Medium / Large	94	8	4.014	29%
				5	4.864	
				5	2.945	
				3	3.632	
				2	3.896	
				1	2.559	
				1	8.144	
				1	9.553	
				1	10.906	
NSW	Large / Medium / Small rural towns	Very small / Small	94	9	5.043	26%
				5	4.213	
				4	5.782	
				2	5.700	
				2	4.093	
				1	3.230	
				1	10.606	
VIC	Metropolitan areas / Regional centres	Very small / Small	189	10	15.970	8%
				2	16.697	

State / territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
				1	5.520	
				1	6.276	
				1	21.112	
VIC	Metropolitan areas / Regional centres	Medium / Large	194	14	9.484	13%
				8	8.399	
				2	3.387	
				2	12.125	
VIC	Large / Medium / Small rural towns	Medium / Large	50	5	3.406	28%
				3	4.201	
				2	5.626	
				2	2.960	
				1	4.642	
				1	5.554	
VIC	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small	90	5	7.007	20%
				4	4.960	
				4	6.112	
				2	5.106	
				1	3.645	
				1	3.915	
				1	6.908	
QLD	Metropolitan areas / Regional centres	Very small / Small	164	6	11.869	10%
				5	12.409	
				3	4.664	
				2	4.102	
				1	39.542	
QLD	Metropolitan areas / Regional centres	Medium / Large	179	12	2.421	20%
				8	6.004	
				8	6.780	
				5	3.004	
				1	3.972	
				1	9.786	
				1	50.899	
QLD	Remote / Very remote communities	Very small / Small	23	4	2.014	35%
				3	2.410	
				1	15.715	
QLD	Large / Medium / Small rural towns	Very small / Small	61	4	3.598	18%
				3	4.306	

State / territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
				1	2.758	
				1	3.495	
				1	4.937	
				1	30.500	
QLD	Large / Medium / Small rural towns AND Remote / Very remote communities	Medium / Large	24	2	2.167	25%
				2	1.638	
				1	2.020	
				1	18.370	
SA	Metropolitan areas / Regional centres	Very small / Small	29	2	10.179	10%
				1	10.642	
SA	Metropolitan areas / Regional centres	Medium / Large	60	7	6.627	17%
				3	5.869	
SA	Remote / Very remote communities	Medium / Large	3	2	1.500	67%
SA	Large / Medium / Small rural towns	Medium / Large	21	4	2.356	52%
				2	1.728	
				2	2.132	
				2	1.502	
				1	2.854	
SA	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small	13	1	1.990	38%
				1	2.138	
				1	2.709	
				1	3.337	
				1	3.826	
WA	Metropolitan areas / Regional centres	Very small / Small	74	6	7.906	14%
				2	8.266	
				1	3.107	
				1	10.927	
WA	Metropolitan areas / Regional centres	Medium / Large	78	6	7.214	17%
				5	6.389	
				1	3.197	
				1	2.576	
WA	Remote / Very remote communities	Very small / Small	9	2	3.801	44%
				1	3.221	
				1	3.177	
WA	Large / Medium / Small rural towns	Very small / Small	27	2	5.228	19%
				1	4.126	
				1	7.282	
				1	8.135	

State / territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
WA	Large / Medium / Small rural towns AND Remote / Very remote communities	Medium / Large	12	1	2.846	33%
				1	3.510	
				1	3.765	
				1	3.879	
TAS	Metropolitan areas / Regional centres	Very small / Small	19	4	2.094	47%
				3	1.842	
				1	2.658	
				1	6.441	
TAS	Metropolitan areas / Regional centres	Medium / Large	25	6	2.861	48%
				6	2.306	
TAS	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small	13	1	2.164	38%
				1	2.945	
				1	3.629	
				1	4.102	
				1	4.160	
TAS	Large / Medium / Small rural towns AND Remote / Very remote communities	Medium / Large	7	1	2.238	43%
				1	3.509	
				1	4.253	
NT	Metropolitan areas / Regional centres AND Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small AND Medium / Large	36	6	2.941	33%
				4	2.458	
				1	3.741	
				1	4.783	
ACT	Metropolitan areas / Regional centres	Very small / Small AND Medium / Large	39	2	12.463	8%
				1	14.073	
Total			**2,092**	**360**		**17%**

Note: Weights within each stratum varied as a result of different attributes being used to define the sampling strata (e.g. the exclusion of jurisdiction) and services being assigned different selection probabilities under the sampling design.

Commonwealth Home Support Programme

Based on NACDC data, the CHSP service population consisted of 3,744 units. Of these, 941 units were selected to participate in the Survey and 321 responded, giving a survey response rate of 34% and an overall survey participation rate of 9% (i.e. 321 participating units / 3,744 population units). Population units across 30 benchmarking strata for CHSP ranged from 7 to 381 with survey participation rates between 0% (no CHSP services in the ACT responded to the Survey) and 57%. Note that no attempt was made to represent the 54 CHSP services in the ACT for which there were no survey responses (i.e. these were excluded from the weighting process).

Table A.4 Weighting for the Commonwealth Home Support Programme

State / territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
NSW	Metropolitan areas / Regional centres	Very small / Small	338	12	12.720	7%
				9	13.149	
				2	17.353	
				1	15.887	
				1	16.424	
NSW	Metropolitan areas / Regional centres	Medium / Large	377	10	20.145	5%
				6	22.031	
				2	9.103	
				1	25.161	
NSW	Remote / Very remote communities	Very small / Small	20	1	11.070	10%
				1	8.930	
NSW	Large / Medium / Small rural towns	Very small / Small	232	6	6.149	12%
				6	7.362	
				6	10.782	
				4	7.645	
				4	8.155	
				1	10.462	
				1	12.576	
NSW	Large / Medium / Small rural towns AND Remote / Very remote communities	Medium / Large	259	9	7.712	12%
				9	8.073	
				4	7.562	
				3	7.305	
				3	6.201	
				1	14.939	
				1	15.465	
				1	15.770	
VIC	Metropolitan areas / Regional centres	Very small / Small	381	15	16.084	6%
				8	16.627	
				1	6.728	
VIC	Metropolitan areas / Regional centres	Medium / Large	280	7	31.600	3%
				1	13.056	
				1	45.742	
VIC	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small	92	1	11.957	7%
				1	14.040	
				1	14.315	
				1	14.866	
				1	15.857	
				1	20.965	

State / territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
VIC	Large / Medium / Small rural towns AND Remote / Very remote communities	Medium / Large	128	7	6.442	15%
				4	4.844	
				3	7.856	
				2	7.589	
				2	8.386	
				1	8.011	
QLD	Metropolitan areas / Regional centres	Very small / Small	152	4	12.296	8%
				3	4.975	
				1	4.063	
				1	10.250	
				1	12.552	
				1	30.006	
				1	31.020	
QLD	Metropolitan areas / Regional centres	Medium / Large	367	9	18.232	8%
				7	8.650	
				5	7.533	
				4	16.671	
				1	11.925	
				1	12.394	
				1	13.693	
QLD	Remote / Very remote communities	Very small / Small	54	8	3.270	26%
				4	3.559	
				1	5.592	
				1	8.012	
QLD	Remote / Very remote communities	Medium / Large	7	4	1.750	57%
QLD	Large / Medium / Small rural towns	Very small / Small	84	3	9.104	11%
				3	9.382	
				1	5.351	
				1	6.406	
				1	16.784	
QLD	Large / Medium / Small rural towns	Medium / Large	73	4	6.283	15%
				2	9.003	
				2	6.943	
				1	4.011	
				1	5.333	
				1	6.633	
SA		Very small / Small	111	4	15.659	6%

State / territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
				1	6.550	
	Metropolitan areas / Regional centres			1	16.188	
				1	25.626	
SA	Metropolitan areas / Regional centres	Medium / Large	142	2	30.174	4%
				2	32.999	
				1	15.655	
SA	Remote / Very remote communities	Very small / Small	19	2	2.237	26%
				2	5.846	
				1	2.835	
SA	Large / Medium / Small rural towns	Very small / Small	66	2	11.911	8%
				2	16.299	
				1	9.580	
SA	Large / Medium / Small rural towns AND Remote / Very remote communities	Medium / Large	47	1	29.073	4%
				1	17.927	
WA	Metropolitan areas / Regional centres	Very small / Small	52	3	12.891	8%
				1	13.327	
WA	Metropolitan areas / Regional centres	Medium / Large	95	6	11.441	9%
				2	10.462	
				1	5.428	
WA	Remote / Very remote communities	Very small / Small	33	2	1.325	21%
				1	1.442	
				1	2.265	
				1	6.992	
				1	8.667	
				1	10.985	
WA	Large / Medium / Small rural towns	Very small / Small	33	1	3.066	12%
				1	3.270	
				1	6.321	
				1	20.344	
WA	Large / Medium / Small rural towns AND Remote / Very remote communities	Medium / Large	23	1	1.408	22%
				1	1.716	
				1	2.688	
				1	2.783	
				1	14.406	
TAS	Metropolitan areas / Regional centres	Very small / Small	35	4	3.901	26%
				3	3.185	

State / territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
				1	4.424	
				1	5.418	
TAS	Metropolitan areas / Regional centres AND Large / Medium / Small rural towns	Medium / Large	59	3	11.477	8%
				1	11.392	
				1	13.178	
TAS	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small	17	3	3.331	29%
				1	2.519	
				1	4.489	
NT	Metropolitan areas / Regional centres AND Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small AND Medium / Large	114	2	14.543	7%
				1	8.505	
				1	9.257	
				1	11.475	
				1	12.526	
				1	13.163	
				1	29.987	
ACT	Metropolitan areas / Regional centres	Very small / Small AND Medium / Large	54	0		0%
Total			**3,744**	**321**		**9%**

Note: Weights within each stratum varied as a result of different attributes being used to define the sampling strata (e.g. the exclusion of jurisdiction) and services being assigned different selection probabilities under the sampling design.

Multi-Purpose Services Program

Based on NACDC data, the MPS service population consisted of 181 units. Of these, 173 units were invited to participate in the Survey and 93 responded, giving a survey response rate of 53% and an overall survey participation rate of 51%. Population units across 8 benchmarking strata for MPS ranged from 3 to 38 with survey participation rates between 0% (no MPS services in WA responded to the Survey) and 100%. As a census approach was intended for MPS services, all services were assigned a selection probability of 1, resulting in the same weights being applied to all services within each stratum. Services in Queensland and the Northern Territory were combined for weighting purposes due to only one MPS service operating in the Northern Territory. Note that no attempt was made to represent the 38 MPS services in Western Australia for which there were no survey responses.

Table A.5 Weighting for the Multi-Purpose Services Program

State / territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
NSW	Remote / Very remote communities	Very small / Small	10	2	5.000	20%
NSW	Large / Medium / Small rural towns	Very small / Small	26	13	2.000	50%
NSW	Large / Medium / Small rural towns AND Remote / Very remote communities	Medium / Large	29	10	2.900	34%
VIC	Large / Medium / Small rural towns	Very small / Small AND Medium / Large	11	7	1.625	64%
QLD AND NT	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small AND Medium / Large	38	38	1.000	100%
SA	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small AND Medium / Large	26	21	1.238	81%
TAS	Large / Medium / Small rural towns	Medium / Large	3	2	1.500	67%
WA	Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small AND Medium / Large	38	0		0%
Total			**181**	**93**		**65%**

National Aboriginal and Torres Strait Islander Flexible Aged Care Program

Based on NACDC data, the NATSIFAC service population consisted of 44 units. Of these, 43 units were invited to participate in the Survey and 29 responded, giving a survey response rate of 67% and an overall survey participation rate of 66%. Population units across 7 benchmarking strata for NATSIFAC ranged from 2 to 19 with survey participation rates between 29% and 100%. As a census approach was intended for NATSIFAC services, all services were assigned a selection probability of 1, resulting in the same weights being applied to all services within each stratum. For the purpose of weighting, NATSIFAC services in Victoria were combined with MPS services in this state, while NATSIFAC services were combined with RACS with the same attributes in Tasmania.

Table A.6 Weighting for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program

State / territory	Remoteness	Service size	Population units	Responding units	Weight	Survey participation rate
NSW	Metropolitan areas / Regional centres AND Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small	2	2	1.000	100%
VIC	Metropolitan areas / Regional centres AND Large / Medium / Small rural towns	Very small / Small AND Medium / Large	2	1	1.625	50%
QLD	Metropolitan areas / Regional centres AND Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small AND Medium / Large	6	3	2.000	50%
SA	Metropolitan areas / Regional centres AND Large / Medium / Small rural towns AND Remote / Very remote communities	Very small / Small AND Medium / Large	7	2	3.500	29%
WA	Remote / Very remote communities	Very small / Small AND Medium / Large	6	2	3.000	33%
TAS	Remote / Very remote communities	Very small / Small	2	1	1.750	50%
NT	Remote / Very remote communities	Very small / Small AND Medium / Large	19	18	1.056	95%
Total			**44**	**29**		**66%**

Sample representativeness and data limitations/caveats to findings

In interpreting the 2023 Aged Care Provider Workforce report and data tables, the following caveats should be considered:

- The weighting process adjusts the selection weights of responding services so that the population estimates align with known population proportions. While this aims to reduce the impact of nonresponse bias, some unknown level of bias will remain, particularly for survey questions with a high proportion of non-response.
- Analysing primarily reported items is recommended, avoiding reliance on secondary/generated items (such as total variables).

- Due to missing responses from services in WA and ACT, the AIHW caution against using these jurisdictional estimates and recommend examining these estimates at the national level only.
- Headcounts presented are weighted estimates. Headcount estimates may overstate the size of the workforce where staff work for multiple providers or across different service care types.
- Headcounts may not add up to total headcounts due to rounding. For unrounded headcounts, see the workforce data tables.
- Similarly, proportions may not add up to 100% due to rounding. For unrounded proportions, see the workforce data tables.
- Where 'unknown' responses would be expected not to lead to bias (e.g. demographics), 'Unknown' responses have been excluded and the proportions calculated including valid responses only.
- Numbers in this report relate to headcounts rather than FTE, except where FTE is specified.
- Some employees may have several part-time positions which when combined were equivalent to or greater than one FTE.
- There was wide variation in the response completeness for specific questions across the survey questionnaire, with an average completion rate of 70%. For example, information regarding education qualifications was not known for 37% of directly employed clinical care managers and 47% of directly employed personal care workers. Further, information regarding Aboriginal and Torres Strait Islander status was not known for 68% of staff working in the NATSIFAC Program and for 60% of directly employed nursing and personal care staff across all service care types.

Appendix 3: Comparison between the 2020 Census and 2023 Survey

Previous iterations of the aged care workforce data collection, from 2003 to 2020, used a census design, in which all in scope aged care providers were invited to participate. Based on feedback received after the 2020 Workforce Census and extensive stakeholder consultation, the 2023 data collection was conducted using a sampling methodology rather than a census design with data collected at the service rather than the provider level. This survey approach aimed to reduce the burden on the sector and improve the response rate, relative to the 2020 data collection. Stakeholders were consulted on both the approach to data collection and the content of survey questions.

Where possible, the 2023 Survey results have been compared with the 2020 data collection. All cited comparisons to the 2020 data are taken from the '2020 Aged Care Workforce Census Report' unless otherwise stated. While every effort has been made to ensure comparisons are valid, there are differences between the scope, sample design, data collection methods, and questionnaire design and content which may influence the interpretation of results. For example, comparisons were able to be made across the 2020 and 2023 data collections for RACS, HCPP and CHSP only as the 2023 Survey includes the addition of 2 key industry service care types – the MPS Program and the NATSIFAC Program. Further, FTE positions for allied health professionals were not able to be compared across the 2020 and 2023 data collections as hours worked were not collected for allied health professionals in the 2023 Survey.

Additional areas of focus include new questions on qualifications of personal care workers, residency and visa status of the workforce, recruitment challenges, and employment conditions and wages. These are detailed below and available in the Survey Questionnaire.

Workforce numbers and demographics

1.5 How many directly employed workers in this facility/service in nursing and personal care roles are permanent or temporary Australian residents?

Qualifications

2.2. What is the field of study for the highest level of education completed by the clinical care manager(s) in this facility/service?

2.4 How many of the directly employed nurses working at this facility/service during the period (QA.2) are infection prevention and control (IPC) nurses?

Hours worked

3.2 During the period (QA.2), for how many hours were directly employed workers in this facility/service in nursing and personal care roles on unplanned leave? Of these hours how many hours were due to COVID-19 (including illness, self-isolation, or care for others with COVID-19)?

3.4 What were all the reasons why this facility/service did not have a registered nurse onsite for 24 hours everyday during the period (Q.A.2)

Vacancies, recruitment and retention

4.2 Considering all new workers hired in these job roles since 1 March 2022, how many were temporary visa holders?

4.3 How many of the directly employed nurses working at this facility/service during the period (QA.2) were nurses in their first year of practice (also known as graduate nurses)

4.4a In regard to recruitment of allied health professionals (i.e., Physiotherapists, occupational therapist, etc), please insert any comments in the text box below.

What is the most challenging role to recruit in the last 12 months?

What is the second most challenging role to recruit in the last 12 months?

What is the third most challenging role to recruit in the last 12 months?

4.6 What is the biggest challenge for recruiting workers in this facility/service?

What is the second biggest challenge for recruitment workers in this facility/service?

What is the third biggest challenge for recruiting workers in this facility/service?

In your view, what would most help to attract and retain registered nurses in aged care?

In your view, what is the second most helpful option to attract and retain registered nurses in aged care?

4.8 In your view, what is the third most helpful option to attract and retain registered nurses in aged care?

Employment conditions and wages

5.1 Which modern awards are our workers employed under?

5.2 Are any of your workers covered by an enterprise agreement (EA)/ enterprise bargaining agreement (EBA)?

5.3 Which worker categories are covered by an EA/EBA

If they are covered by an EA/EBA, is this EA/EBA nominally expired?

5.3a In regard to allied health professionals, please supply any advice in the text box below regarding payment arrangements against specific roles.

5.4 For which worker categories, if any, does the EA/EBA provide for the payment of above award base pay rates?

5.5 What is the highest above award base pay rate by worker category, under the EA/EBA?

5. 6 For the pay period (QA.2), what was the average base hourly rate for each worker category?

You indicated previously that this facility/service has employed [nurse practitioners/ registered nurses/ enrolled nurses/ personal care workers (incl. assistants in nursing)/ personal care workers (formal traineeship)/ clinical care managers] on a non-direct basis. Please indicate below any reasons why

Training

6.2 In the last12 months, did any students outside of those employed by your organisation attend clinical placements at this facility/service in order to complete the practical component of their course?

6.3 In the last 12 months, was paid study leave provided to any workers in this facility/service?

Volunteers

7.4 Is there a volunteer coordinator in this facility/service?

7.5 How many hours, on average, does the volunteer coordinator usually work? Select period

Nursing programs

9.1 Please select the statement that best applies to this facility/service's awareness of/participation in each program:

Aged Care Transition to Practice Program

Aged Care Registered Nurses' Payment

Aged Care Nursing scholarships

Free text responses

Why didn't you participate in the Aged Care Transition to Practice Program in the last 12 months?

Why didn't you participate in the Aged Care Registered Nurses' Payment program in the last 12 months?

Why didn't you participate in the Aged Care Nursing Scholarships program in the last 12 months?

Dependent on responses in 9.2

How beneficial has the Aged Care Transition to Practice Program been to your organisation to attract, retain and upskill registered nurses?

How beneficial has the Aged Care registered Nurses' Payment program been to your organisation to attract, retain and upskill registered nurses?

How beneficial has the Aged Care Nursing Scholarships program been to your organisation to attract, retain and upskill registered nurses?

Feedback

10. 2 How easy or difficult was it to obtain the information needed to complete this survey?

10.3 Please provide any additional comments related to the Aged Care Provider Workforce Survey 2022-23.

Acknowledgements

The 2023 Aged Care Provider Workforce Survey was commissioned by the Department of Health and Aged Care (the Department).

The Department would like to thank the aged care sector's managers and workers in giving their time so generously to complete the survey. The Department is deeply grateful for the valuable input and insights they provided for this research and hope that the research outcomes will support the ongoing development of the sector.

The Department would like to acknowledge the important contribution made by the following organisations in producing this report.

- Social Research Centre, Australian National University – fieldwork management, data collection and collation of survey responses.
- AIHW – data cleaning and data quality assurance procedures, weighting and validation of survey responses, creation of final datasets, data analysis and drafting of reports.

The Department would also like to acknowledge the expertise and guidance provided by the external reviewers as well as the previous work completed by the National Institute of Labour Studies at Flinders University upon which this survey and report have been developed.

Abbreviations

ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
CHSP	Commonwealth Home Support Programme
Department	Department of Health and Aged Care
DVA	Department of Veterans' Affairs
EA	enterprise agreement
EBA	enterprise bargaining agreement
FTE	full-time equivalent
HCPP	Home Care Packages Program
IPC	infection prevention and control
MMM	Modified Monash Model
MPS	Multi-Purpose Services [Program]
NACDC	National Aged Care Data Clearinghouse
National Plan	National COVID-19 Health Management Plan
NATSIFAC	National Aboriginal and Torres Strait Islander Flexible Aged Care [Program]
NDIS	National Disability Insurance Scheme
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
RACS	residential aged care services
SA	South Australia
Survey	Aged Care Provider Workforce Survey 2023
TAS	Tasmania
VIC	Victoria
WA	Western Australia

Glossary

allied health professionals	Allied health professionals are university qualified practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. They provide a diverse range of interventions that prevent or slow the progression of conditions and empower older people to live full and active lives.
ancillary care	Ancillary care includes services such as cleaning, kitchen, gardening, and maintenance.
centralised submission	A tailored workflow for large providers to provide responses to survey questions for multiple services in a single submission, using an Excel template.
Commonwealth Home Support Programme	Programme that provides entry-level support to assist older people to remain living independently and safely in their home and community.
direct care	Direct care staff provide care directly to care recipients as a core component of their work and includes nursing staff, personal care workers and allied health professionals. Note that the definition of direct care staff used for the 2023 Survey is different to the definition that is used for the purpose of care minutes. While allied health workers were included in the definition for the 2023 Survey, they are not included in the definition of direct care that is used to recognise care that is counted towards a residential aged care service's care minutes target.
directly employed	Directly employed refers to the type of employment that is on a full-time/part-time permanent or casual/fixed term basis, whereby the staff are employed directly by the provider as opposed to an agency or contractor.
full-time equivalent	The calculation of full-time equivalent (FTE) is an employee's scheduled hours divided by the business hours for a full-time work week e.g. in the 2023 Survey an employee who is scheduled to work 35 hours or more per week is 1.0 FTE.
Home Care Packages Program	Program that provides support to older people with complex care needs to live independently in their own homes.
Infection prevention and control nurse	An infection prevention and control nurse is the lead person for infection prevention and control at an aged care service. They must have completed an identified infection prevention and control course and have met other requirements.
in-home care provider	A provider delivering the Home Care Packages Program and/or the Commonwealth Home Support Programme.
large provider(s)	Based on the sample distribution, a provider that had 7 or more services selected.

management and administration staff	Management and administration staff includes clinical care managers and workers in other management and administrative roles.
Multi-Purpose Services Program	A program providing integrated health and aged care services to rural and remote communities.
National Aboriginal and Torres Strait Islander Flexible Aged Care Program	This program funds service providers to provide flexible, culturally appropriate aged care to Aboriginal and Torres Strait Islander people close to home and community. The program delivers a mix of aged care services, with most services being located in rural and remote areas.
other roles	Other roles include ancillary care, Aboriginal and Torres Strait Islander health practitioners, diversional therapists, oral health professionals, pastoral/spiritual care workers and other roles not defined above.
personal care worker	This term includes personal care workers, personal care assistants, assistants in nursing and domestic support staff. These employees provide routine personal care services to people in a range of health care services or in a person's home.
residential aged care service	In Australia, residential aged care is provided in aged care homes on a permanent or respite (short-term) basis. It is for people who need more care than can be provided in their own homes. Services include personal care, accommodation, laundry and meals, nursing and some allied health services.
service care types	Aged care providers deliver services in a person’s home, community setting or residential aged care setting.
small provider(s)	Based on the sample distribution, a provider that had up to 6 services selected.
online survey	The standard way for an individual service to provide responses to the survey questions – via online survey. Providers with 6 or fewer services selected were emailed individual survey links for each service selected.
volunteer	Aged care volunteers provide support to older people to improve their quality of life. This can include conversation, assistance with leisure activities, transport, gardening or meal delivery. Informal volunteers include carers of a family member or friend.
volunteer coordinator	Volunteer coordinators are responsible for overseeing volunteer engagement and management processes within an organisation. They may also be referred to as volunteer program coordinators, leisure or lifestyle coordinators or volunteer managers.

List of tables

List of figures

References

Department of Health (2021) 2020 Aged Care Workforce Census Report, Australian Government, accessed November 2024.

Fair Work Ombudsman (n.d), Modern awards, Australian Government, accessed November 2024.

King D, Mavromaras K, He B, Healy J, Macaitis K, Moskos M, Smith L and Wei Z (2012) The Aged Care Workforce, 2012, Department of Health and Ageing, Australian Government, accessed November 2024.

Martin B and King D (2008) Who Cares for Older Australians? A Picture of the Residential and Community Based Aged Care Workforce, 2007, Commonwealth of Australia, accessed November 2024.

Mavromaras K, Knight G, Isherwood L, Crettenden A, Flavel J, Karme T, Moskos M, Smith L, Walton H and Wei, W (2017) The Aged Care Workforce, 2016, accessed November 2024.

National Rural Health Alliance (2022) Aged Care Access in Rural Australia, accessed November 2024.

Richardson S and Martin B (2004) The Care of Older Australians, a Picture of the Residential Aged Care Workforce, National Institute of Labour Studies, Flinders University, accessed November 2024.