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GEN AGED CARE DATA

2023 Aged Care Provider Workforce Survey

Summary report

August 2024

Australian Institute of Health and Welfare

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1. Introduction

This report presents a summary of 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 aged care and in-home care settings. The 2023 Survey follows 5 previous reports examining the aged care workforce published in 2003[1], 2007[2], 2012[3], 2016[4] and 2020[5].

The 2023 Survey captures information across 5 service care types; residential aged care (RAC), 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. 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 Census), the 2023 data collection was conducted using a survey rather than a census design, with data collected at the service rather than 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 details about the methods and limitations are included in Section 3 of this report and the associated Data Quality Statement for this collection.

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 RAC services to deliver at least 200 care minutes per resident per day, including 40 minutes by a registered nurse. From 1 July 2023, mainstream RAC services 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.
- **Investment in the aged care workforce**. The Australian Government has invested $11.3 billion to support increased wages in the sector in response to the Fair Work Commission's decision to increase aged care award wages by 15% from 30 June 2023.

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[1] 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.

[2] 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.

[3] 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.

[4] 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.

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

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 the COVID-19 global pandemic**. The COVID-19 pandemic continues to disproportionately affect both consumers and the workforce 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 in safely managing COVID-19 outbreaks.

The following section briefly describes the key findings from the 2023 Survey. This Summary report is accompanied by a set of workforce data tables. A comprehensive report describing findings in detail will be published on the GEN Aged Care Data website in late 2024.

The survey methods including changes from the 2020 Census, data collection, response rates, weighting methods and limitations are described in Section 3. Briefly, of the 3,000 services who were selected to participate in the Survey, 1,401 services provided submissions giving an overall response rate of 47%. Across service care types, the final data set comprised submissions from:

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

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

- Comparisons have been made between the 2020 and 2023 data collections for RAC, HCPP and CHSP only as information from the MPS Program and the NATSIFAC Program were not collected in the 2020 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 Section 3.
- Headcounts may not add up to total headcounts due to rounding. For unrounded headcounts, see the workforce data tables.
- Similarly, percentages may not add up to 100% due to rounding. For unrounded percentages, 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.

1.1 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 and allied health professionals and assistants. Where the direct care workforce is examined in this summary 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, 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.

2. Survey findings

2.1 Overall key findings

- 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.
- The total estimated number of direct care staff employed across the 5 service care types was 414,000, 75% of the workforce overall. Of these, 242,000 (58%) were directly employed in permanent positions with 206,000 of these being part-time.
- Across the 5 service care types, 43% of directly employed nursing and personal care staff were aged 45 years and older. The majority of directly employed nursing and personal care staff were women, with 85.8% of this workforce identifying as women, 14.1% identifying as men and 0.1% specifying ‘other’.
- In RAC, the total estimated number of staff decreased from 277,671 in 2020 to 273,000 in 2023. In 2023, 217,000 (79%) staff were employed in direct care roles. FTE positions involving nursing and personal care staff decreased from 123,400 FTE positions in 2020 to 111,000 FTE positions in 2023.
- In HCPP, the total estimated number of staff increased from 80,340 in 2020 to 170,000 in 2023. In 2023,128,000 (76%) staff were employed in direct care roles. FTE positions involving nursing and personal care staff increased from 24,900 FTE positions in 2020 to 43,000 FTE positions in 2023.
- In CHSP, the total estimated number of staff increased from 76,096 in 2020 to 97,900 in 2023. In 2023, 63,200 (65%) staff were employed in direct care roles. FTE positions involving nursing and personal care staff increased from 19,060 FTE positions in 2020 to 22,500 FTE positions in 2023.
- 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.
- 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.

2.2 Workforce numbers and demographics

The 5 service care types were asked to provide information regarding the number of permanent, casual and contractor staff, the distribution of employment types across service care types as well as the age, gender, Aboriginal and Torres Strait Islander status, and visa status of the direct care workforce.

Key findings

Total number of staff across the 5 service care types

- In 2023, the total estimated number of staff employed across the 5 service care types was 549,000. 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 remainder employed under a variety of agency and contract conditions.
- In 2023, the total estimated number of direct care staff 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 and 21,600 (5%) allied health professionals.
- The estimated number of direct care, administrative 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, administrative, ancillary care and other staff, by service care type

	Residential aged care	Home care	Home support	Multi-Purpose Services	NATSIFAC*	Total
Direct care	217,000	128,000	63,200	4,500	980	414,000
Administrative, ancillary care or other	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 Aged Care Provider Workforce Survey 2023

*National Aboriginal and Torres Strait Islander Flexible Aged Care

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

2. Direct care staff include those delivered by nurse practitioners, registered nurses, enrolled nurses, personal care workers and allied health professionals and assistants. Management and administration staff include clinical care managers, and workers in other management and administrative roles. Other category includes Aboriginal and Torres Strait Islander health practitioners, diversional therapists, oral health professionals, pastoral/spiritual care workers and other roles not defined.

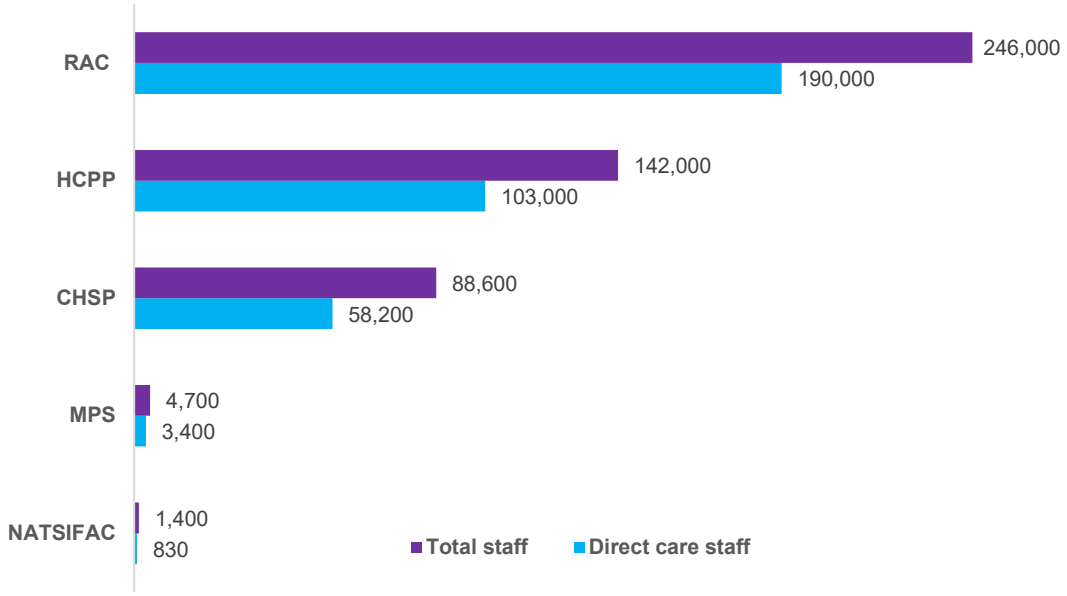
3. Weighted estimates may overstate the size of the workforce where staff work for multiple providers or across different service care types.

- 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
  - 70,100 (17%) were nursing staff, 322,000 (78%) were personal care workers and 21,600 (5%) were allied health professionals
  - 58,000 (14%) were employed via an agency/labour hire, subcontractor, independent contractor or other employment arrangements.
- Of the 135,000 staff employed in other areas of the aged care workforce:
  - 127,000 (94%) were directly employed
  - 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

- 8,600 (6%) were employed via an agency/labour hire, subcontractor, independent contractor or other 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 2.1.

Figure 2.1: Total number of staff and number of direct care staff who are directly employed by service care type



Source: AIHW analysis of Aged Care Provider Workforce Survey 2023

Total number of staff employed in residential aged care

In RAC, the total estimated number of staff 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%).
- 217,000 (79%) staff were employed in direct care roles with 190,000 (88%) staff providing direct care being directly employed.
- Direct care workers comprised an estimated 200 nurse practitioners, 36,800 registered nurses, 17,000 enrolled nurses, 156,000 personal care workers and 6,400 allied health professionals and assistants.
- FTE positions involving nursing and personal care staff decreased from 123,400 FTE positions in 2020 to 111,000 FTE positions in 2023.
- There was an increase in workload for nursing and personal care staff in RAC from 2020 to 2023, with the client to staff ratio increasing from 1.5 clients to one FTE nursing/personal care position in 2020 to 1.7 clients to one FTE nursing/personal care position in 2023.[6]
- This decrease in FTE nursing and personal care staff positions over time is likely explained by the decrease in part-time staff from an estimated:

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

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

Total number of staff employed in the Home Care Packages Program

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

- 142,000 staff (84%) were directly employed.
- 128,000 (76%) staff were employed in direct care roles. For employees providing direct care, 103,000 (81%) were directly employed.
- 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.
- FTE positions involving nursing and personal care staff increased from 24,900 FTE positions in 2020 to 43,000 FTE positions in 2023.
- There was an increase in workload for nursing and personal care staff in HCPP from 2020 to 2023, with the client to staff ratio increasing from 5.7 clients to one FTE nursing/personal care position in 2020 to 6.0 clients to one FTE nursing/personal care position in 2023.
- 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.

Total number of staff employed in the Commonwealth Home Support Programme

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

- 88,600 staff (91%) were directly employed.
- 63,200 (65%) staff were employed in direct care roles. For employees providing direct care, 58,200 (92%) were directly employed.

- 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 decrease in workload for nursing and personal care staff in CHSP from 2020 to 2023, with the client to staff ratio decreasing from 44 clients to one FTE nursing/personal care position in 2020 to 36 clients to one FTE nursing/personal care position in 2023.
- 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.

Total number of staff employed in the Multi-Purpose Services Program

The MPS Program provides integrated health and aged care services to rural and remote communities, including residential and home care. 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.
- 4,500 (72%) staff were employed in direct care roles. For employees providing direct care, 3,400 (75%) were directly employed.
- 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 Census.

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

- 1,400 staff (93%) were directly employed.
- 980 (65%) staff were employed in direct care roles with 830 (85%) of these being directly employed.
- 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 Census.

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

- The number and proportion of total direct care worker 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. Consistent with the 2020 Census, the size and proportion of total direct care worker FTEs in each state and territory was broadly in line with the proportion of the total older population in that jurisdiction.

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

State or territory	Direct care (FTE)		Older population ('000s)*		Direct care FTE per 1,000
NSW	54,200	30%	1,470.3	33%	51
Vic	46,200	26%	1,119.1	25%	58
Qld	34,200	19%	905.3	20%	52
SA	17,100	10%	357.4	8%	66
WA	17,100	10%	440.7	10%	55
Tas	5,700	3%	120.1	3%	66
NT	2,300	1%	32.1	1%	89
ACT	2,100	1%	62.1	1%	47
Australia	**178,800****	**100%**	**4,507.1**	**100%**	**55**

Source: AIHW analysis of Aged Care Provider Workforce Survey 2023

*Source: 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).

**Column may not add up to total due to rounding.

FTE; full-time equivalent

- The number and proportion of total direct care worker FTE positions compared with the number and proportion of the older population in each remoteness area are shown in Table 2.3. The older population comprises all people aged 65 years and older. The size and proportion of total direct care worker FTEs in each remoteness area was broadly in line with the proportion of the total older population in all areas except for small rural towns, where the proportion of direct care worker FTEs was 3% lower than the proportion of the older population.

Table 2.3: Number and proportion of direct care FTE positions in 2023 compared with the older population, by remoteness area

Remoteness area	Direct care (FTE)		Older population ('000s)*		Direct care FTE per 1,000
Metropolitan areas	122,000	68%	2,902.0	65%	42
Regional centres	15,300	9%	428.0	10%	36
Large rural towns	16,600	9%	356.8	8%	46
Medium rural towns	9,600	5%	236.6	5%	41
Small rural towns	12,900	7%	446.8	10%	29
Remote communities	1,300	1%	43.6	1%	29
Very remote communities	850	0.5%	21.5	0.5%	39
Australia	**179,000****	**100%**	**4,435.3**	**100%**	**40**

Source: AIHW analysis of Aged Care Provider Workforce Survey 2023

Note: Remoteness areas are based on the Modified Monash Model (MMM). MMM classifications are based on the Australian Statistical Geography Standard – Remoteness Areas framework (ABS 2023.)

*Source: Older population refers to all persons aged 65 years and older, per Report on Government Services 14A (2022). MMM data for Aboriginal and Torres Strait Islander people aged 50–64 years are currently not available.

**Column may not add up to total due to rounding.

FTE; full-time equivalent

Direct care workers by employment types

- Across all service care types, the proportion of permanent part-time positions was 53% for nursing staff and 50% for personal care workers, the proportion of permanent full-time positions was 15% for nursing staff and 6% for personal care workers, and the proportion of casual/fixed-term positions was18% for nursing staff and 31% for personal care workers.
- From 2020 to 2023, the proportion of part-time positions in RAC 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 RAC 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 RAC nursing and personal care staff remained relatively stable over time.
- 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.

Direct care workers 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 Assistant 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 the directly employed nursing and personal care staff were women, with 85.8% of this workforce identifying as women, 14.1% identifying as men and 0.1% specifying 'other'. These proportions were calculated using valid responses only and exclude 'unknown' responses.

Direct care workers 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 employed as personal care workers, 310 (9%) of whom were undertaking a formal traineeship. Please note the high proportion of 'unknown' responses on this question (60%), indicating that 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. Please note the high proportion of 'unknown' responses on this question (68%), indicating that these results should be interpreted with caution.
- Across all service care types, 17% of the directly employed nursing and personal care staff were temporary residents while 83% were Australian/New Zealand citizens or Australian full-time/part-time permanent residents. Personal care workers comprised 83% of temporary residents in this workforce. These proportions were calculated using valid responses only. Please note the high proportion of 'unknown' responses on this question (34%), indicating that these results should be interpreted with caution.

2.3 Hours worked

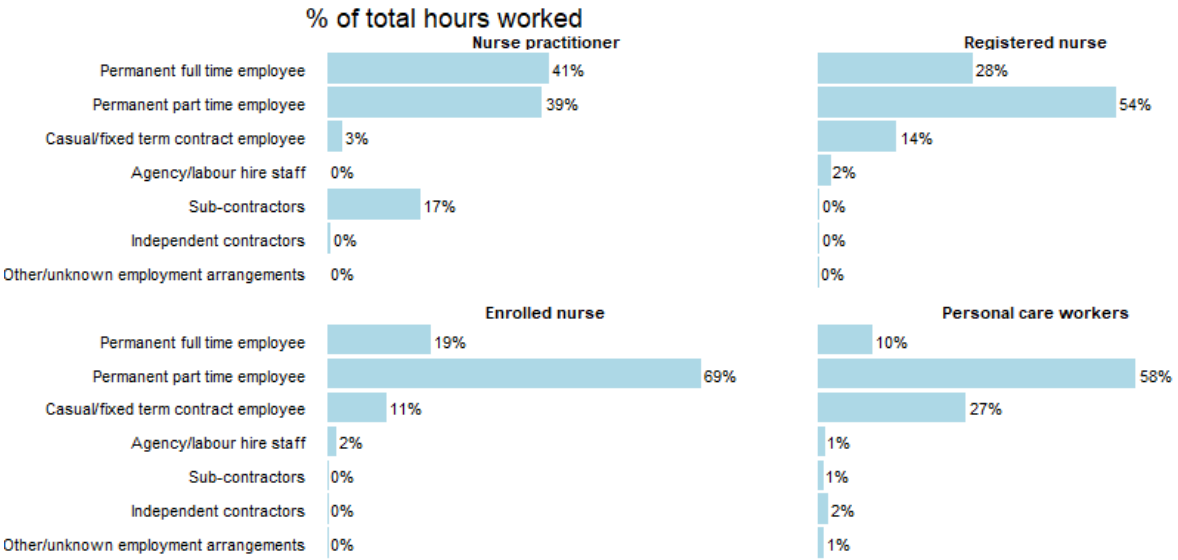
Services were asked to provide information regarding the total number of hours worked by nurses and personal care workers in each employment category during the two-week reporting period. Information was also sought regarding the proportion of leave taken by direct care workers that was due to COVID-19.

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.

Key findings

- The proportion of hours worked by nurse practitioners, registered nurses, enrolled nurses and personal care workers across employment categories during the two-week reporting period are shown in Figure 2.2.

Figure 2.2: Proportion of hours worked by nurse practitioners, registered nurses, enrolled nurses and personal care workers across employment categories during the two-week reporting period in March 2023



Source: AIHW analysis of Aged Care Provider Workforce Survey 2023

- Overall, the majority of hours worked by nurses and personal care staff were delivered by permanent staff, particularly part-time enrolled nurses, personal care workers and registered nurses.
- For nurse practitioners across all service care types, 41% of total hours worked during the two-week reporting period were worked by full-time employees, 39% by part-time employees and 17% by subcontractors. 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 worked by full-time employees, 54% by part-time employees, 14% by casual or fixed term contract employees and 2% by agency or labour hire staff. 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 worked by full-time employees, 69% by part-time employees, 11% by casual or fixed term contract employees and 2% by agency or labour hire staff. Overall, enrolled nurses worked an average of 45 hours during the two-week reporting period.
- For personal care workers across all service care types, 10% of total hours worked during the two-week reporting period were worked by full-time employees, 58% by part-time employees, 27% by casual or fixed term contract employees and 1% by agency or

labour hire staff. Overall, personal care workers worked an average of 39 hours during the two-week reporting period.

- Overall, personal care workers (including Assistant in nursing) employed on a casual/fixed term contract worked an average of 40 hours in RAC, 17 hours in NATSIFAC, 29 hours in HCPP, 28 in CHSP and 37 hours in MPS 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 direct care workers, personal care workers (formal traineeship) reported the highest proportion (10%) of unplanned leave due to COVID-19.

2.4 Qualifications

Services were asked to provide information regarding the highest levels of education completed by personal care workers, the number of infection prevention and control (IPC) nurses and the highest level of education and corresponding field of study completed by clinical care managers.

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

Key findings

Qualifications of nursing and personal care staff

- Across all 5 service care types, 46% of directly employed personal care workers held a Certificate III/IV in an area related to their aged care work. For personal care workers across each service care type, 42% in RAC, 45% in HCPP, 61% in CHSP, 23% in NATSIFAC and 25% in MPS held a Certificate III/IV in an area related to their aged care work. Please note the high proportion of ‘unknown’ responses on this question (47% overall), indicating that 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 36% will hold a Certificate III/IV at the completion of their course.
- At March 2023, 10% of directly employed nursing staff held additional qualifications in IPC. By nursing role, 42 (31%) nurse practitioners, 3,900 (9%) registered nurses and 1,800 (10%) enrolled nurses held additional qualifications in IPC. Across service care types, 8% of RAC, 12% of HCPP, 22% of CHSP, 1% of MPS and 47% of NATSIFAC nursing staff held additional qualifications in IPC.

Qualifications of clinical care managers

- Overall, 63% of directly employed clinical care managers had completed a Bachelor Degree, 11% had completed a Graduate Diploma or Graduate Certificate, 10% had completed a Postgraduate Degree (Masters or PhD), 4% had completed an advanced Diploma/Diploma, 8% had completed a Certificate III/IV, 1% had completed a Certificate I/II or other certificate/post-secondary qualification and 3% had not completed any post-secondary study. These proportions were calculated using valid responses only. Please note the high proportion of ‘unknown’ responses on this question (35%), indicating that these results should be interpreted with caution.

- Where this information was reported, the main fields of study for the highest level of education completed by clinical care managers were nursing (47%), allied health (6%) and health service management (2%).

2.5 Training

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

Key findings

- Across all service care types, the main training programs that were delivered to directly employed 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 services provided training and 49% of nursing and personal care staff completed this training in the previous 12 months.
- Overall, 8% of services reported offering no training to nursing and personal care staff.

2.6 Employment conditions and wages

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.[7]

Key findings

- Overall, 79% of services reported that they employed at least one member of staff under a modern award.
- The main awards that staff were employed under during the two-week reporting period were the Social, Community, Home Care and Disability Services Industry Award 2010 - Social and Community Services stream (Schedule B), the Social, Community, Home Care and Disability Services Industry Award 2010 - Home care stream (Schedule E), the Nurses Award 2020 and the Aged Care Award 2010.
- Across service care types, 24% of services reported that they employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Home care stream (Schedule E), 23% employed workers under the Social, Community, Home Care and Disability Services Industry Award 2010 - Social and Community Services stream (Schedule B), 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

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

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 were included in the survey questionnaire.

2.7 Vacancies and recruitment

Services were asked to provide information regarding recruitment, attrition and vacancies in the 12 months from March 2022 to March 2023.

Key findings

- Overall, an estimated 115,000 new nursing and personal care staff were directly employed 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.
- Overall, an estimated 84,900 (27%) of all directly employed nursing, personal care and clinical care manager 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 43,000 vacancies in directly employed nursing, personal care and clinical care manager positions across all service care types. The highest proportion of vacancies was for personal care workers (75%) followed by registered nurses (12%), reflecting the relative sizes of the 2 staff categories.
- Across all service care types, the main challenges in recruiting employees were the lack of suitable applicants, competition for staff with other providers or industries, and applicants not having suitable qualifications or skills.
- Across all service care types, vacancies for nurse practitioners took the longest time to fill followed by registered nurses and clinical care managers.

2.8 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.

Key findings

- An estimated 79,000 volunteers provided approximately 314,000 hours of support to aged care services across Australia during the two-week reporting period.
- Of all 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 aged care services.
- Across service care types, volunteers primarily provided support to participate in social activities and planned group activities, as well as providing companionship and friendship.

2.9 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.

Key findings

- Overall, an estimated 40% of all services provided services under either the NDIS, DVA or both.
- Across all 5 service care types, an estimated 22% of services provided services to the NDIS, 7% provided services to the DVA and 11% provided services to both.
- 75% of CHSP, 62% of HCPP, 55% of RAC, 48% of NATSIFAC and 19% of MPS provided services under either the NDIS, DVA or both.
- Across RAC, CHSP and HCPP, an estimated 64% of services provided services under either the NDIS, DVA or both. This is comparable to an estimated 66% of providers who provided services under either the NDIS, DVA or both across RAC, CHSP and HCPP in 2020.

3 Methods

The Social Research Centre at the Australian National University was engaged by the Department to conduct the 2023 Aged Care Provider Workforce Survey. Data quality assurance processes, weighting and validation of survey responses were conducted by AIHW. AIHW provided a cleaned and weighted analytical data set to the Department in December 2023. Following consultation with the Department, this data set was revised in February 2024 to additionally include jurisdiction (state/territory) in the weighting strategy. As jurisdiction was not included in the initial sampling design, the survey estimates were benchmarked to the list of national providers and services, current at 30 June 2023, from the National Aged Care Data Clearinghouse (NACDC).

3.1 Changes from the 2020 Census to the 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 approach/method 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.

The 2023 Survey includes the addition of 2 key industry service care types – the MPS Program and the NATSIFAC Program. Additional areas of focus include qualifications of personal care workers and clinical care managers, residency and visa status of the workforce, recruitment challenges, and employment conditions and wages.

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'[8] 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 RAC, HCPP and CHSP only as the MPS and NATSIFAC programs were not included in the 2020 Census. Further, FTE positions for allied health professionals and clinical care managers were not able to be compared across the 2020 and 2023 data collections as hours worked were not collected for clinical care managers in the 2020 Census and not collected for allied health professionals in the 2023 Survey.

3.2 Data collection and response rates

The scope of the 2023 Aged Care Provider Workforce Survey comprised RAC services, HCPP services, CHSP services, MPS Program services and NATSIFAC Program services.

[8] Australian Government Department of Health 2021, *2020 Aged Care Workforce Census Report.* Viewed March 2024, <https://www.health.gov.au/sites/default/files/documents/2021/10/2020-aged-care-workforce-census.pdf>

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.

The sampling design involved a hybrid sampling approach with 3,000 services selected from the sample frame initially invited to participate and with services that were not selected from the sample frame later being able to opt-in. 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. The design also incorporated a disproportionate allocation approach, which aims to over-sample small groups and under-sample large groups.

Selected aged care services completed the Survey about their workforce and its characteristics predominantly online from 31 May 2023 to 30 June 2023. Data collection was extended until 26 July 2023 with unselected services able to opt-in by contacting the Department. Services were asked to provide information relevant to the first fortnightly pay period in March 2023.

The Survey was conducted in two components: firstly, an online survey for individual services, and secondly, a centralised submission option for large providers. This second option allowed large providers with multiple services to respond to the survey for multiple services at one time, reducing the response burden for those providers.

An additional 654 submissions were received from services which were not selected from the sampling frame but subsequently opted in. Of these 654 unselected submissions, 56 submissions were missing key information and/or deemed out of scope and excluded from the data set. Following consultation, 541 unselected submissions from 382 RAC services, 137 HCPP providers and 22 CHCP providers were also excluded from the data set due to their propensity to over inflate the weighted estimates. Submissions from 46 unselected MPS services and 11 unselected NATSIFAC services were subsequently retained in the data set as the sampling strategy should have originally selected them from the sampling frame based on the decision to attempt a complete enumeration of these service care types.

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

- 598 RAC services (56% of 1,065 RAC services 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 43 services selected).

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.

For more information please see the Data Quality Statement for this collection.

3.3 Weighting and variance estimation

The weighting process encompass 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 3.1 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 type – RAC, 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 (RAC) or client count (HCPP, CHSP).

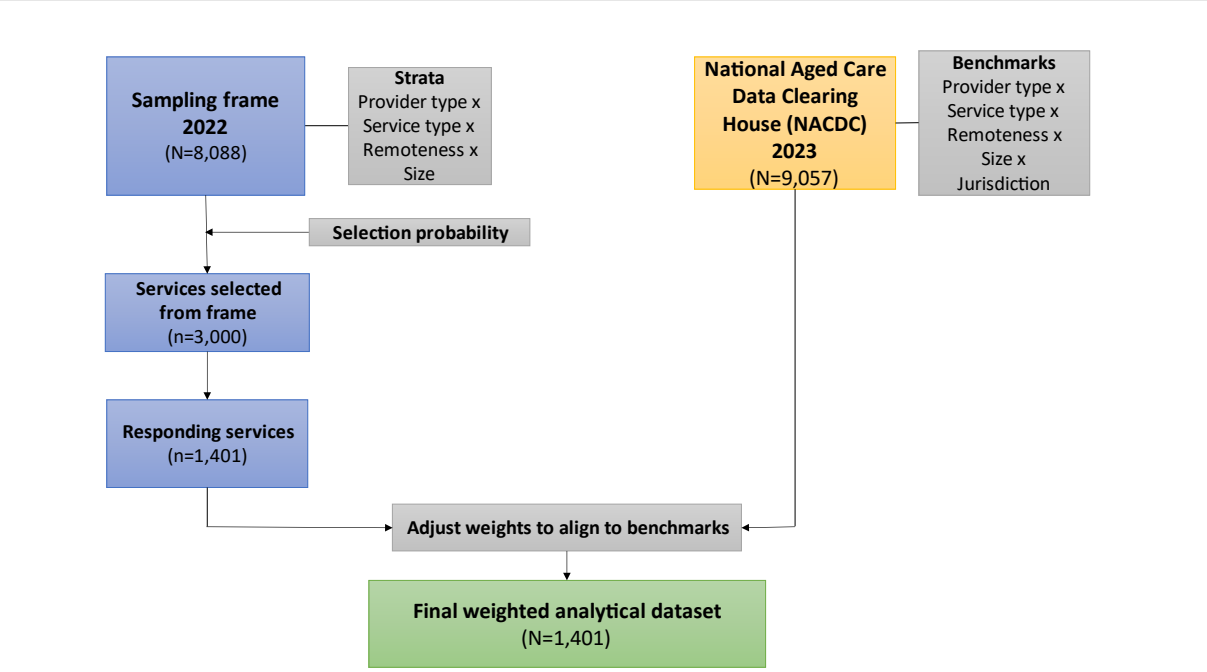
Survey estimates were weighted using the following strata: jurisdiction × provider type × service type × remoteness × service size. If jurisdiction had been included in the initial sampling frame this would have enabled a representative sample of services by provider type, service care type, remoteness,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

The NACDC is an independent and central repository of national aged care data, managed by AIHW. It includes information on Australian Government-funded aged care services including community-based care and residential aged care which is updated annually with data from the Department's Aged Care Data Warehouse. This 'model assisted approach' is an established approach (used by the Australian Bureau of Statistics, for example) which solved a number of methodological problems and ensured provision of both jurisdictional and national estimates. Benchmarking to the NACDC also resolved the methodological limitations of the sampling frame which underrepresented the total service population. In short, 819 services that were excluded from the sampling frame due to missing contact information should have been retained in the population frame as the latter should reflect the total service population across all service providers considered in scope.

Survey estimates were benchmarked using the following benchmark categories: jurisdiction × provider type × service type × remoteness × service size. Benchmarks were initially collapsed over remoteness and then if further collapsing was required, over service size. 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. 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.

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 3.1: Flowchart describing the creation of the final weighted analytical dataset



Source: AIHW analysis of Aged Care Provider Workforce Survey 2023

All results presented in this report are based on these weighted, adjusted responses. In addition, AIHW applied quality assurance procedures, validity checks, cleaning and transformation processes to the Survey data to attain as reliable and coherent dataset as feasible given the quality of the survey data at the point of collection.

3.4 Limitations

In interpreting this report, please note that weighted estimates may overstate the size of the workforce where staff work for multiple providers or across different service care types. In addition, readers should consider the methodological and data quality issues that are inherent in this data set when interpreting any estimates based upon them. These include low response rates from services within the sampling frame, the omission of jurisdiction from the sampling frame, the hybrid sampling design involving the subsequent recruitment of services outside of the sampling frame and, the large proportion of missing data and 'Don't know' responses.

In addition, the difference between for profit and not for profit services has not been examined in this report as this was not included in the stratification methods when developing the sample frame.

Weighting methods, data quality assurance procedures and limitations of the survey data are discussed in more detail in the Data Quality Statement.

Acknowledgements

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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 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
Census	Aged Care Workforce Census 2020
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
RAC	residential aged care
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.
full-time equivalent	The calculation of full-time equivalent 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.
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 older Aboriginal and Torres Strait Islander people close to their 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 facilities 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 home.
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.

GEN AGED CARE DATA