

**Ageing New Zealand: The growing reliance  
on migrant caregivers**

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**INSTITUTE OF POLICY STUDIES  
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*Ageing New Zealand: The growing reliance on  
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## Abstract

Caring for the elderly is perceived to be a relatively low skilled, low paid and a low-status vocation. This makes it difficult to attract people, especially young people from the local labour force into this vocation. Reflecting the type of work and its status, caring is highly gendered.

New Zealand's population is rapidly ageing. It is estimated that in 2031 those 65 and older will represent 35 percent of the population aged 15-64. While part of this increase is due to healthy ageing, nevertheless the number of people requiring some form of care is projected to dramatically increase. It is projected that 48,200 paid caregivers will be needed by 2036 to look after a growing number of older disabled New Zealanders requiring high levels of care and support. It is highly unlikely that the local supply will be sufficient to meet this demand. Therefore immigration of low-skill workers needs to be considered as a part of the measures needed to alleviate the future pressures on the demand for paid caregivers for the elderly.

New Zealand does not have a formal scheme for caregiver migration. However there has been a rapid and growing reliance on migrant caregivers for the elderly over the last five years. In the past, caregivers for the elderly from the Pacific formed a constant source of workers; however, in the last two years there has been a sudden rise in migrant caregivers for the elderly from the Philippines. In addition to this, while in the ten years between 1991 and 2001, overseas born caregivers for the elderly roughly made up 20% of the workforce, in 2006 the proportion increased to one quarter.

Globally as the demand for elder care grows, New Zealand may not be able to rely on the current sources of migrant caregivers for the elderly and alternative regions such as Melanesia and non-traditional parts of Asia need to be considered. While temporary migration is one option, programmes that provide pathways to permanent migration also need to be considered.

As has occurred in some other industrialised countries, it is possible that issues of integration will arise from low skill migration. The impact of low skill migration on the labour market and skills formation and productivity must also be considered.

Keywords:

Low skill migration, caregivers, elderly, immigration.

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# Ageing New Zealand: The growing reliance on migrant caregivers

## 1. Growing need for caregivers for the elderly

New Zealand's population has undergone the demographic transition that has been seen in all industrialised countries. This is the shift from high fertility and high mortality to low fertility and low mortality. During 1949–1978 women averaged 3.44 births, with the fertility rate peaking at 4.31 births per woman in 1961 and then dropping to 2.07 in 1978.<sup>1</sup> New Zealand's total fertility rate has been relatively stable over the last three decades, averaging 2.01 births per woman. The total fertility rate varied from 2.18 births per woman in 1990 and 2008 to 1.89 in 1998 and 2002.

Life expectancy has been increasing over a long period. The 2008 Social Report shows that in the period 2005–2007, life expectancy at birth was 78.1 years for males and 82.2 years for females. The report also shows that between 1985–1987 and 2005–2007, life expectancy at birth increased by 7.0 years for males and 5.1 years for females. With the decline in the infant mortality rate (from 11.2 deaths per 1,000 live births in 1986 to 4.9 per 1,000 in 2007), the impact of infant death on life expectancy has lessened. The gains in life expectancy since the mid-1980s can be attributed mainly to reduced mortality in the middle-aged and older age groups.

One result of these two trends is an ageing population. In the early 1970s, one in 12 of all New Zealanders was aged over 65, however currently they constitute one in eight. The population aged 65 and over is expected to more than double by 2051, when they will make up one-quarter or more of all New Zealand residents. This is because the large cohorts born during the post World War 2 part of the baby boom (1946 to 1965) will enter into the 65 plus age group in 2011. Due to increases in longevity, the older population is itself ageing. The median age of the 65+ population has increased by almost three years since the early 1950s, from 71.4 years to 74.2 years in 2006, and is projected to exceed 77 years by 2051. This is also confirmed by the growing concentration of population at ages over 84 years (Khawaja, Boddington and Tang 2007).

Such ageing of the population creates a number of policy challenges. These include funding retirement income and funding the increasing cost of health care. It also raises questions about the nature of societal and private responsibility for a section of the population that may have considerable and increasing vulnerability. These issues are important for ensuring New Zealand has an adequate supply of competent caregivers for the elderly. However sourcing such labour is also a challenge.

The impact of the retiring baby-boom cohorts, coupled with the relative decline of the size of youth cohorts is being felt across all OECD countries. The United Nations predicts that globally the population aged 65 and over will triple to 2 billion by 2050,

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<sup>1</sup> <http://www.stats.govt.nz/products-and-services/hot-off-the-press/births-and-deaths/births-and-deaths-dec08-qtr-hotp.htm?page=para002Master>

and in countries that have experienced low fertility rates like Japan, Italy and Greece, a third of their population will be aged 65 years and over by 2050 (United Nations 2001). In New Zealand, it is estimated that in 2031 those 65 and older as a ratio will represent 35% of the population aged 15-64 (Hugo, Callister and Badkar, 2008). While part of this is due to healthy ageing, the number of people requiring some form of care is projected to dramatically increase.

The longer-term demographic impact of an ageing population will affect the need for care, the availability of informal and formal caregivers, and the affordability and provision of social provisions (Fine 2006). Caring for older people requires a unique set of skills, resources and personal relationships.

Although the aged-caregiver workforce has a high skilled component comprising of nurses, doctors, and other allied health professionals – for which the demand is also projected to increase, it also has a lower-skilled, yet important component of the workforce that provides the day-to-day care giving activities such as bathing, dressing and feeding the elderly. Long-term care work is expected to grow substantially in the context of an ageing population.<sup>2</sup> Globally, aged care is one of the critical areas of the workforce where labour shortages can be expected. It is often assumed that mainly developed countries like Japan and Korea are facing an ageing population. However many parts of the developing world, including Southeast Asia, India and China are also facing similar issues (Hugo and Young 2008; Bartlett and Phillips 1997). It is expected that long-term care work grows substantially in the context of an ageing population. In addition to this, the availability of paid caregivers for the elderly is rapidly decreasing in Australia (Hugo 2007) and across many OECD countries, (OECD 2009).

The United States has estimated that an additional 650,000 nursing aides and 400,000 home-care aides will be needed between 2006 and 2016 (OECD 2008). As far as caregivers for the elderly are concerned, a recent Australian study has projected that given the growth of the population aged 75 years and over, the demand for paid care workers (in both residential and non-residential) will increase threefold from approximately 122,000 to 328,000 in 2031 (Hugo 2007).

Caring for the elderly is understood to be a relatively low skilled, low paid and low-status vocation. This makes it difficult to attract people, especially young people from the local labour force into this vocation. In addition to this caring is highly gendered. In the past, women had fewer options for employment. However, in part due to increased opportunities in education women, they are more likely now to participate in higher skill, less demanding and higher paid jobs than working as caregivers for the elderly. The way we live and our values have also changed such that there has been an increase in childless couples, smaller family sizes, fewer people living in extended family households and higher divorce rates. These changes have contributed to a decline in the pool of informal caregivers (Fine 2006). The Australian National Family Caregivers Association has estimated that the number of potential informal caregivers for each person needing care will decrease from 11 in 1990 to 4 by 2050 (Super as cited in Fine 2006). This pattern is consistent with other developed

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<sup>2</sup> This includes care in both residential and non-residential settings.



countries. This has created a demand in the traditional activities performed primarily by women – cooking, cleaning and caring, for both the young and elderly.

A study in New Zealand focusing mainly on the regulated health and disability services workforce was carried out in 2004. This study found the demand for labour in the health and disability services will grow by between 40 percent and 69 percent by the year 2021 (depending on the scenario used), implying that population ageing will increase the demand for health and disability services labour by between 2.5 and 4.3 times the rate of increase in the population as a whole (NZIER 2004). In addition to this, Department of Labour projections demonstrate that the number of paid caregivers need to almost treble by 2036 in order to care for older disabled people requiring a high level of support (Department of Labour 2009a).

New Zealand's relatively strong economic growth from the mid 1990s until late 2008 translated into strong employment growth, including in recent years among the low-skilled. Some of the industries that had grown the fastest were highly labour intensive and used a large number of low-skilled workers. Sectors that contributed to growth included tourism, construction and services such as health, education, wholesale trade and retail trade, as well as some parts of the horticultural and dairy industries. In this time there were shortages of low-skill workers in some of these industries. While an economic downturn reduces demand for all labour, but especially low skilled labour, in the longer term there are many reasons to expect an increase in demand for lower skill workers.

## **1.1 How do we respond to the growing need for caregivers for the elderly?**

A combination of strategies can be implemented in order to respond to the growing need for caregivers for the elderly. A recent OECD report (2009) recommends three avenues for doing so:

1. *Increasing the supply of caregivers for the elderly*
  - This can be achieved by making caregiver jobs more attractive by developing training programmes and established career structures in the aged-care sector. This is because better training opportunities could improve the quality of care which in turn could encourage retention of caregivers and job satisfaction.
  - Another option would be to recruit caregivers from underrepresented or inactive populations, such as retired elderly, men, minority groups or unemployed populations.
  - An alternative, which is also recommended by Hugo (2009), is recruiting caregivers from overseas through a managed immigration scheme.<sup>3</sup>
2. *Making better use of the available caregiver workforce*

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<sup>3</sup> Recruiting caregivers for the elderly from underrepresented population and/or through managed immigration scheme would require some form of pre-training. However the migrant group may be more willing to work as caregivers than those from the underrepresented population group. This may impact on the quality of care.

- This can be achieved by improving retention by increasing wage rates, changing the content of the work, and improving safety standards.
  - The role of informal caregivers is often undervalued. Supporting informal caregivers in the form of financial and non-financial benefits is essential.
  - By improving the co-ordination of care services across various settings.
3. *Reducing the need for caregivers of the elderly*
- This can be achieved by redefining the skill mix and job tasks so that simpler tasks can be delegated to less qualified workers.
  - By using Information and Communication Technologies (ICTs) to improve efficiency in organising and planning paid caregivers' services.
  - In the long run, promoting self-care and healthy ageing through health promotion initiatives might reduce the demand for caregivers in the future.

## **1.2 Research questions and methodology**

As noted earlier, the caregiver workforce has a highly skilled component comprising of nurses, doctors, managers and accountants; and a lower-skilled, yet an important workforce for the day-to-day care giving activities such as interacting with the elderly, bathing, dressing and feeding the elderly. This paper examines this lower-skilled component of the aged-caregiver workforce.

The initial purpose of this paper is to provide a demographic analysis of the transforming nature of the caregiver workforce employed in aged care sector in New Zealand. The analysis includes:

- Over the last 5 years (2003/04 to 2007/08) how have the number of migrant caregivers for the elderly and their source countries changed?
- In the last 15 years (1991 to 2006), how has the mix of caregivers for the elderly changed in terms of age, place of birth (born in New Zealand or overseas) and duration of residence in New Zealand?

The paper then attempts to answer the following research questions:

- In the future, where are we likely to get caregivers to look after our aged population from?
- What form of migration we might use?

This study is based primarily on census data from 1991, 1996, 2001 and 2006. Census data are snapshot in each period but as such show broad trends over time. The census population reported is the usually resident population. The other data source is immigration data collected by the Department of Labour. Detailed immigration data is collected through the Department of Labour's Application Management System (AMS).<sup>4</sup>

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<sup>4</sup> This database contains information on whether the applicant was principal or secondary applicant, sex, age, and for the principal applicant information is collected on their occupation and region (in New Zealand) at the time of their application.

### **Data limitations**

Given the changes in occupational coding during the four censuses from NZSCO90 v1.0 used in 1991 and 1996 to NZSCO99 v1.0 in 2001 and 2006, we combined three five digit occupations that had component of care-giving for the elderly.<sup>5,6</sup>

The purpose of this paper is to understand the need for caregivers for the elderly in New Zealand given the rapidly ageing population and low fertility rates. However, in addition to the elderly, children and persons with a disability also require care. One of the data limitations is that there is no distinction between the number of disability support workers caring for people with lifelong disabilities, and the number caring for older people. In our analysis we have grouped three five digit occupations (health assistant, nurse aide and caregiver) to be classified as caregivers for the elderly. This is because all three of these occupations have a component that includes caring for the elderly. Although this will result in the actual numbers of caregivers for the elderly to be slightly higher, the overall purpose of our paper is to examine how the proportion of migrant caregivers has changed by country birth.

As it is difficult to differentiate between residential and non-residential carers using both Census and AMS data, we are unable to provide a breakdown by these categories.

### **Defining low-skilled**

The term unskilled has been criticised, particularly by feminist writers in relation to caring work, on the basis that such jobs are actually skilled, but the skills used in them are undervalued by society (Hyman, 1994). Alternative suggestions for such work include the term “essential work”. There is also some confusion at times between whether the definition of low skilled is based on the skills required for the job or according to the formal education levels of those generally working in the area (Chaloff, 2008). For example, lower skilled jobs can often be filled by higher educated immigrants, at least in the early period of when they migrate as migrants may face employment barriers such as language skills or qualification recognition. This paper uses the former definition as it examines the occupations that require the skills to work as an aged-caregiver.

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<sup>5</sup> NZSCO90 and NZSCO95 do not have the code 51316 (caregiver). In checking the concordances there were two codes for this: 51312 (Home Aide or Health Assistant) and 51421 (Childcare Worker). We excluded 51421 (Childcare worker) from the 1991 and 1996 census.

<sup>6</sup> These occupations were 51312 (health assistant), 51314 (nurse aide), 51316 (caregiver).

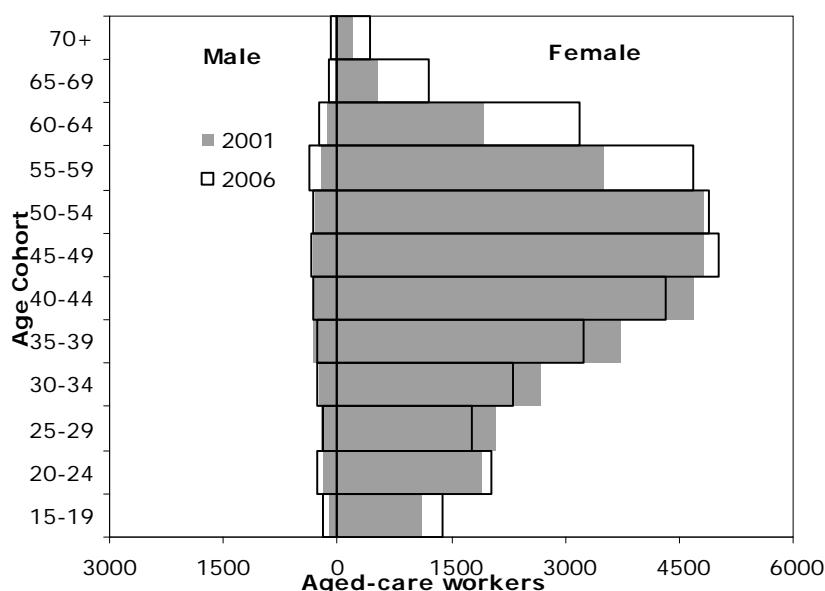
## 2. Caregivers for the elderly: who are they, how many are there & where are they from?

This section provides an overview of the current supply of caregivers for the elderly in New Zealand and the estimated number of paid caregivers that will be needed to look after older New Zealanders requiring high level of support.<sup>7</sup> This section also examines the demographics of our current caregiver workforce in detail. This includes their place of birth, age and duration of residence in New Zealand.

### 2.1 Who are they and how many are there?

In New Zealand almost all caregivers are female, comprising 92 percent of the caregiver workforce. Caregivers in New Zealand are overrepresented in the older age groups (40 years and over) than in the younger ages, and an implication of this is that caregivers also grow old, retire and leave the workforce.<sup>8</sup> The ageing of caregivers is evident and critical, and this is demonstrated in Figure 1 by overlaying caregivers in 2001 and 2006 Censuses. This proves that the intercensal growth in caregivers has occurred in the older groups (from 45 years and over), and not in the younger age groups.

**Figure 1: New Zealand: Age-sex structure of aged-care workers in the 2001 and 2006 Censuses**



Source: Statistics New Zealand 2006b.

The Department of Labour has recently completed a study that examines the current supply of paid caregivers for the elderly in New Zealand, and has estimated the future

<sup>7</sup> This is based on a recent research report written by Juthika Badkar at the Department of Labour, *The future demand for paid caregivers in a rapidly ageing society*. June 2009.

<sup>8</sup> Over time even the younger caregivers for the elderly will grow old. This means that this occupational group will require constant replenishment.

demand for paid caregivers over the next three decades. These conservative estimates show that around 48,200 paid caregivers will be needed in 2036 in order to care for older disabled New Zealanders requiring high level of care and support. This study also demonstrated that in 2006, caregivers represented just under one percent of the total workforce. In numerical terms, this equates to roughly 17,900 aged-care workers, and if this proportion is maintained out to 2036, a crude estimate suggests that there will potentially only be 21,400 aged-care workers available. Clearly, given the number of caregivers for the elderly that are needed in the future, the local labour supply looks highly unlikely to be able to meet these needs if the projected approach is continued.

## 2.2 Where are they from?

Although New Zealand does not have a formal scheme for caregiver migration, there has been a rapid and growing reliance on migrant caregivers for the elderly over the last five years. In the past caregivers from parts of the Pacific have formed a constant source of workers; however, in the last two years there has been a sudden rise in migrant caregivers for the elderly from the Philippines.

**Table 1: Changes in the number and proportion of caregivers for the elderly issued with a work permit<sup>1</sup>**

	2003/04		2004/05		2005/06		2006/07		2007/08		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
Philippines	13	7	16	6	66	13	304	32	916	52	1315	36
Fiji	11	6	14	5	92	18	148	16	225	13	490	13
China	17	9	26	10	65	13	107	11	115	7	330	9
India	9	5	27	10	17	3	69	7	161	9	283	8
Great Britain	22	12	22	8	38	7	42	4	26	1	150	4
Others	118	62	168	62	234	46	277	29	326	18	1123	30
total	190	100	273	100	512	100	947	100	1769	100	3691	100

<sup>1</sup> Only includes female caregivers issued with a work permit in elder care

Note: Some, and possibly most, of the migrants from Fiji will be recording an Asian ethnicity in census data rather than a Pacific group

Source: Department of Labour – Immigration data.

The above table (Table 1) looks at the changes in the source countries of migrant caregivers for the elderly between 2003/04 and 2007/08. In 2003/04, 190 aged caregivers were issued with a work permit, and the main source country was Great Britain (12 percent). In the 2005/06 the number of work permits issued to migrant caregivers increased to 512, and the main source country was Fiji (18 percent) followed by the Philippines and China (13 percent each).<sup>9</sup> The number of caregivers almost doubled in 2006/07 (to 947), with the main source country being the Philippines, and they made up one-third of all aged care-givers. However the most significant change in both number of caregivers and source country can be observed in 2007/08, where the number of caregivers for the elderly almost doubled from the

<sup>9</sup> The increase in proportion of caregivers from Fiji could be attributed to the December 2006 military coup.

<http://news.bbc.co.uk/2/hi/asia-pacific/6210464.stm>

previous year, with migrants from the Philippines making up half (52 percent) of aged care-givers issued with a work permit.<sup>10</sup>

Table 1 provides information on the number of migrants who make the deliberate choice work as caregivers for the elderly in New Zealand. However the proportion working as caregivers is probably higher. Overseas research shows that a significant proportion of migrant nurses who are unable to gain registration in the destination country due to unrecognised qualifications or due to English language requirements end up taking up long term care jobs (International Labour Office 2005).<sup>11 12</sup> In addition to this, migrants can come into New Zealand through other categories and residence streams that have not been accounted for in this analysis as information on occupation does not need to be collected for some residence streams and temporary categories; or some migrants may change their occupations after having settled in New Zealand.

Table 2 looks at the number of caregivers for the elderly that were born in New Zealand and overseas between 1991 and 2006. As already discussed, caring for the elderly is a highly gendered profession and the results show that women are overwhelmingly involved in caring compared to men. In addition to this there has been a substantial growth in the number of caregivers for the elderly who were born overseas. Table 2 shows that the number of caregivers for the elderly born overseas has trebled from 2,709 in 1991 to 8,202 in 2006. Given the highly gendered nature of care giving, analysis is restricted to females only in the subsequent tables.

**Table 2: Number of employed caregivers for the elderly, by gender, 1991 to 2006**

		New Zealand Born	Overseas Born
1991	male	480	132
	female	11,934	2,709
	total	12,417	2,844
1996	male	930	252
	female	18,555	3,903
	total	19,485	4,155
2001	male	1,797	564
	female	25,881	5,784
	total	27,675	6,351
2006	male	1,995	921
	female	25,815	8,202
	total	27,810	9,120

Source: Statistics New Zealand

<sup>10</sup> A list of occupations related to elder care that were in used in the table can be found in Appendix A.

<sup>11</sup> This only applies to English speaking environments.

<sup>12</sup> Migrants are able to apply for a work permit to work as a nurse in New Zealand. Immigration New Zealand verifies the qualification and other necessary documents before granting a work permit. Once in New Zealand migrant nurses need to gain registration with the New Zealand Nurses Council in order to work as a New Zealand registered nurse.

Table 3 shows that in the ten years between 1991 and 2001, overseas born aged care-givers made up roughly 20 percent of the workforce. However in 2006, the proportion of overseas born aged care-givers has increased to make up one quarter of the aged care-giver workforce. This is reflected by the number of work permits issued to aged caregivers in recent years.

**Table 3: Employed caregivers for the elderly by place of birth<sup>1</sup>**

	New Zealand born	Overseas born
1991	81%	19%
1996	83%	17%
2001	82%	18%
2006	75%	24%

Source: Statistics New Zealand

<sup>1</sup> Only includes female caregivers in aged-care

Recent Department of Labour research demonstrates that paid caregivers for the elderly are predominantly women aged 45-49 years, and that the intercensal growth mainly occurred in the older age cohorts (Department of Labour 2009a). Table 4 below shows that the age structure of aged care-givers that were born in New Zealand has shifted from the 35 to 44 year age range in 1991, where they comprised roughly a third of the aged-care workforce, to an older 45 to 54 year age range in 2006. This pattern (although not as clear) is also evident for elder caregivers born overseas. This is surprising as one would expect to see the caregiver workforce to be refreshed by younger migrants. This pattern is not consistent with registered nurses employed as nurses in the aged care sector, where overseas born nurses had a higher representation in the 35-44 year aged group than their New Zealand born counterparts (24 percent versus 14 percent respectively), suggesting that caring for the elderly is predominantly undertaken by the local (New Zealand born) workforce (Badkar, Callister and Didham 2008).

**Table 4: Proportion who were born overseas and in NZ by sex and age groups, employed (age 15+) as caregivers for the elderly**

	1991		1996		2001		2006	
	NZ born	Overseas born	NZ born	Overseas born	NZ born	Overseas born	NZ born	Overseas born
15-24 Years	20	11	15	8	10	7	10	9
25-34 Years	20	21	18	19	15	15	11	16
35-44 Years	29	33	28	29	26	28	21	26
45-54 Years	23	26	26	30	30	30	29	27
55-64 Years	8	10	11	13	17	18	24	18
65-74 Years	1	1	1	2	2	2	5	4

Source: Statistics New Zealand

<sup>1</sup> Only includes female caregivers in aged-care

Table 5 looks at the proportion of people born overseas who are employed as caregivers for the elderly since 1991. Over the last 15 years, migrants from the Pacific Islands have been a significant and consistent source of caregivers for the

elderly, making up a third of the migrant aged-caregiver workforce in New Zealand.<sup>13</sup> In 2006 the main Pacific source countries were Samoa and Fiji (Appendix A). Another interesting pattern is the decline in caregivers for the elderly from UK/Ireland. In 1991 they made up the bulk of the aged-care workforce. This has almost halved in 2006. Although the overall numbers are relatively small, the growth in caregivers for the elderly from South East Asia and South Asia is of significance such that their absolute numbers have been doubling at every census. In 2006, the main source country of migrants from South East Asia was from the Philippines; while the main source countries from South Asia were India and Sri Lanka (refer to Table A1 in Appendix A). Also note that the absolute numbers of aged care-givers from China have doubled from 501 in 1996 to 1146 in 2006.

**Table 5: Proportion of people born overseas by sex employed as caregivers for the elderly by region/ country of birth<sup>1</sup>**

	1991		1996		2001		2006	
	n	%	n	%	n	%	n	%
Pacific Islands	1044	<b>39</b>	1152	<b>30</b>	1860	<b>32</b>	2712	<b>33</b>
South Asia	27	<b>1</b>	51	<b>1</b>	132	<b>2</b>	345	<b>4</b>
South East Asia	93	<b>3</b>	186	<b>5</b>	345	<b>6</b>	627	<b>8</b>
UK/Ireland	1164	<b>43</b>	1560	<b>40</b>	1953	<b>34</b>	1995	<b>24</b>
Europe, USA & Canada	285	<b>11</b>	27	<b>1</b>	63	<b>1</b>	318	<b>4</b>
China	-	-	501	<b>13</b>	768	<b>13</b>	1146	<b>14</b>
Other	96	<b>4</b>	426	<b>11</b>	669	<b>12</b>	1062	<b>13</b>
<b>Total</b>	<b>2709</b>	<b>100</b>	<b>3903</b>	<b>100</b>	<b>5787</b>	<b>100</b>	<b>8202</b>	<b>100</b>

Source: Statistics New Zealand

<sup>1</sup> Only includes female caregivers in aged-care

Table 6 demonstrates that over the last ten years there has been a growth in recently arrived migrant caregivers for the elderly, i.e. those who have lived in New Zealand for less than 2 years, and 2 to 4 years. It is interesting to note that between 1996 and 2006 the less than 2 years group and 2 to 4 years group has doubled and trebled respectively.

**Table 6: Employed caregivers for the elderly by duration of residence in New Zealand (overseas born)<sup>1</sup>**

	1996		2001		2006	
	n	%	n	%	n	%
Less than 2 years	204	<b>5</b>	270	<b>5</b>	786	<b>10</b>
2 - 4 years	204	<b>5</b>	576	<b>10</b>	1386	<b>17</b>
5-9 years	609	<b>16</b>	567	<b>10</b>	1164	<b>15</b>
10 years or more	2712	<b>73</b>	4167	<b>75</b>	4605	<b>58</b>
<b>Total</b>	<b>3729</b>	<b>100</b>	<b>5580</b>	<b>100</b>	<b>7941</b>	<b>100</b>

Source: Statistics New Zealand

<sup>1</sup> Only includes female caregivers in aged-care

<sup>13</sup> Some of the overseas born Pacific people will have been in New Zealand for a long time, including some who arrived as children of migrants.



Table 7 shows that in 2006 the majority of NZ born caregivers, both male and female, were part of the European ethnic groups (76 percent for females, 65 percent for males). The next largest ethnic group for New Zealand born caregivers was Maori, with 19% of females and 28% men in this group.<sup>14</sup> In 2006, a New Zealander type response was recorded by 12% of New Zealand born caregivers. Only a very small proportion of New Zealand born caregivers recorded a Pacific ethnicity.

In contrast, less than half of male and female caregivers born overseas recorded a European response (45% for both). Pacific and Asian people were important groups amongst the overseas born, with 25 percent of women recording a Pacific group and 26 percent an Asian response. For overseas male caregivers for the elderly the Asian response was higher at 32% versus 18% for Pacific. The fact that Pacific and Asian caregivers are highly over-presented in the overseas born but highly under-represented amongst the New Zealand born suggests that this is a job more likely to be taken by immigrants amongst this group. But in relation to the Pacific population it also reflects the age structures of the New Zealand born versus overseas born. As already noted, there are relatively young people caring for the elderly and if the New Zealand born Pacific population is compared with the overseas born, in 2006 69% of those born overseas were aged 30 or older as against 16% for those born in New Zealand (Callister and Didham 2008).

**Table 7: Proportion who were born overseas and in New Zealand by sex and ethnicity employed as caregivers for the elderly, 2006 census**

	New Zealand born		Overseas born		Total numbers	
	female	male	female	male	female	male
European	76%	65%	45%	45%	23,226	1,692
Māori	19%	28%	0%	1%	4,860	564
Pacific Peoples	2%	5%	25%	18%	2,556	264
Asian	0%	1%	26%	32%	2,271	309
Middle Eastern/Latin American/African	0%	0%	4%	5%	306	42
New Zealander	12%	12%	2%	3%	3,216	267
Other Ethnic groups	0%	0%	0%	0%	15	0
<b>Total numbers</b>	<b>25,695</b>	<b>1,974</b>	<b>8,115</b>	<b>906</b>	<b>33,810</b>	<b>2,880</b>

Source: Statistics New Zealand

Note: Percentages do not add to 100% as total counts are used for ethnicity

<sup>14</sup> Given that Maori represent roughly 15% of the total population, Maori are overrepresented as caregivers.

### 3. Caregivers and migration

When there are gaps in the local labour market, migrants are sourced to fill these. These gaps could be due to two main reasons:

- Skill gaps that are unable to be met by local education and training system;
- Jobs that are of low pay and perceived low status that the local labour supply is unwilling to work in (Hugo 2005).

#### 3.1 *Overview of migration categories in New Zealand*

Before considering possible migration models specifically for elder caregivers, it is useful to have a brief overview of migration paths into New Zealand. Like many other migrant destination countries, New Zealand has a government administered immigration programme. These include the New Zealand Residence Programme, through which potential migrants are able to enter New Zealand through the three residence streams: Skilled/Business, Family Sponsored and the International/Humanitarian stream. Migrants can also come to New Zealand through various temporary categories as visitors, students and temporary workers. It is worth keeping in mind that for some of these categories a migrant may come into New Zealand for one purpose but for a variety of reasons over time may transition, legally, into another activity.

Researchers and policy makers have tended to divide migration into two groups: permanent and temporary migration. Although these two categories are now not entirely separable, they nevertheless provide an initial analytical framework in which to consider migration flows.

In the New Zealand Residence Programme, 60% of the places are allocated to the Skilled/Business stream, followed by 30% to the Family Sponsored and 10% to the International/Humanitarian streams. Most countries endeavour to attract skilled workers, and skilled migration is currently the most important source of new migrants for New Zealand. One area in New Zealand where skilled migrants are a very important part of the workforce is the health sector. For instance, in 2006 52% of doctors working in New Zealand were born overseas, with a significant number migrating from Asia (Callister, Badkar and Didham 2008).

Another permanent migration stream is through partnership. The demand for residence through the Family Sponsored stream remains high, especially through the partnership and parent categories. This policy allows family members of New Zealand residents and citizens to be granted residence. Currently in New Zealand, women dominate this stream (Badkar et al 2007).

Under the International/Humanitarian stream New Zealand accepts an annual quota of 750 refugees.<sup>15</sup> Quota refugees come through under three main categories: Protection, Women at risk and Medical/Disabled (Department of Labour 2004). The Pacific

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<sup>15</sup> New Zealand is a signatory to the 1951 United Nations Convention and the 1967 Protocol Relating to the Status of Refugees. Under these policies,

Access Category and Samoan Quota are categories within the International Humanitarian stream which is a route to residence for migrants from parts of the Pacific. This is discussed in more detail in section 3.2.

In 2006, there were about 2.5 million temporary labour migrants entered OECD countries. This was about three times the number of permanent labour migrants (OECD 2008). In New Zealand temporary labour migration has continued to grow at a considerable rate with almost 130,462 work permits being granted in 2007/08. This was an increase of more than 13% from 2006/07. These increases were due to greater numbers of working holiday makers, seasonal workers and foreign graduates (Department of Labour 2009b).

In New Zealand a growing proportion of temporary workers and students make the transition to permanent residence: about 30% of work permit holders and 20% of student permit holders gain permanent residence within five years of being issued their first work or student permits (Merwood 2006). Temporary visitors can also make the transition via the nature of their relationships with New Zealand citizens and permanent residents (Bedford 2007).

Currently women make up half of the world's international migrant population, and as their roles change, they begin to adopt a larger economic role within the family – this includes looking for sources of employment overseas and for more competitive wages for their labour. The changing demand for labour has led to the feminisation of the overseas based Filipino working population such that women comprise about 55% of the total number of overseas Filipino workers (Llorente 2007). In New Zealand, while many migrant women accompany or join family members, an increasing number of migrant women, especially from parts of Asia, such as the Philippines and Thailand, migrate independently (Badkar et al 2007).

Although New Zealand does not have a formal scheme for caregivers of the elderly to come and work in New Zealand, our results demonstrate that a growing proportion of people undertaking this work are recent migrants to New Zealand. However our results probably underestimate the number of migrants working as caregivers for the elderly. This is because the results presented in this report (Table1) are related to temporary migrant caregivers for the elderly who have their occupation recorded as part of their immigration application. Migrant caregivers are able to come into New Zealand through other residence categories that have been mentioned earlier. This includes partners through the Family Sponsored scheme, refugees through the International/Humanitarian scheme, or even as partners of skilled migrants (through the Skilled Business stream). These schemes do not require migrants to have a job offer, and therefore remain unrecorded. In addition to this, student permit holders are allowed to work for up to 20 hours, and some could work as caregivers for the elderly in New Zealand.

As our population ages, so does the incidence of disability and the increasing need for elder care. Given that a growing proportion of New Zealand's local caregiver labour supply has been replaced by migrant caregivers over the last 15 years, it necessary to start thinking about a formal migration scheme through which low skilled migrants, such as caregivers for the elderly can come into New Zealand to work, live and possibly settle.

## **3.2 Overview of low skill migration in New Zealand**

### **History of low-skilled migration in New Zealand**

Over the recent decades, New Zealand's immigration policy for residence has focused on highly skilled immigrants. As a result of the 1986 Immigration Policy Review, migrants were permitted if they met specific educational, business, professional, age, and asset requirements (Bellamy 2008).<sup>16</sup> In December 2003, the Skilled Migrant Category (SMC) was instigated to ensure a better match of skills to New Zealand. It shifted skilled migration policy from the accepting residence applications to the recruitment of people with talents and skills to meet New Zealand's needs. Under the SMC, points are allocated for skilled employment, qualifications and work experience, especially in a future growth area.<sup>17</sup> Therefore the majority of migrants, (over 60 percent) in New Zealand are skilled migrants, and there has been limited opportunity for lower skilled migrants, with the exception to migrants from the Pacific, and migrants who come to New Zealand 'short-term' as temporary workers.

However the reliance on lower skill migrants is not new in New Zealand. New Zealand has a long history of lower skilled migration that has been highly gendered due to the type skill that was required and policies that were in place.

During the 1920s the New Zealand government (in conjunction with Britain) ran a programme through which British women aged between 18 to 40 years were offered a free passage to New Zealand to work in the domestic sector. This included general servants, cooks, housemaids, parlour maids, waitresses, laundresses and nursemaids.<sup>18</sup> Between 1922 and 1932, about 4,500 British women chose to migrate to New Zealand under this scheme (Fraser and Pickles 2002).<sup>19</sup>

New Zealand needed skills in mechanics, agricultural labourers and rural craft workers such as builders or blacksmiths. This attracted low skilled migrants from rural areas in Britain who were concerned about their wages dropping and were also drawn to New Zealand in anticipation independence through land ownership.<sup>20</sup> Prior to the migration of domestic workers, in the 19<sup>th</sup> century, New Zealand also attracted Chinese migrant workers to the Otago goldfields to replace the European miners who left Otago to work in the newly discovered goldfields of the West Coast. In 1866, there were 12 Chinese men and by late 1868, this grew to over 2,000. The gender imbalance is because Chinese women were restricted from entering New Zealand (Badkar et al 2007).

In the late 1880s after the goldfields had been depleted, the Chinese moved to towns and cities and found work in fruit shops, laundries and commodity stores. In the late

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<sup>16</sup> Migrants who applied for residence under this General Skills Category had to have skills contained in the Occupational Priority List to be approved for residence. A Business Immigration Policy also allowed migrants with proven business ability and investment capital to be accepted.

<sup>17</sup> The SMC replaced the GSC.

<sup>18</sup> In order to qualify for this they needed to have been working in such jobs for two years.

<sup>19</sup> Approximately 80% chose Canada, and 5% went to Australia.

<sup>20</sup> (<http://www.teara.govt.nz/NewZealanders/NewZealandPeoples/HistoryOfImmigration/4/en>)

1920s the Chinese got involved in the market gardening trade, which was highly labour intensive (Ip 2009).<sup>21</sup>

Another significant group are migrants from the Pacific. While Pacific people have come to New Zealand in small numbers since the earliest days of colonisation, it was only after the Second World War that they migrated in large numbers. In 1945 the Pacific population was just over 2,000 but it has been steadily increasing since the 1960s. The population was 202,233 in 1996, rising to 231,801 in 2001 and increasing further to 265,974 in March 2006 (Callister and Didham 2008). The largest Pacific group recorded in the 2006 census were Samoans. Regulating the flow and determining the status of Pacific Island migrants became complex when larger numbers came after the Second World War to meet New Zealand's labour needs. Some Pacific Island People are New Zealand citizens and have enjoyed freedom of entry (Cook Islanders and Niueans since 1901; Tokelauans since 1916). Other Pacific Islanders (including Tongans, Fijians and Samoans) have faced barriers. These have changed according to New Zealand's economic conditions and public opinion. When labour was short, Pacific Islanders had relatively unrestricted access to New Zealand.<sup>22</sup>

In the 1960s and 1970s there was high demand for low skilled labour. In order to meet these needs, migrants from parts of the Pacific Islands, mainly Samoa, Tonga, the Cook Islands, Niue and Tokelau were recruited to work in the urban and manufacturing sector (Gibson 1983).

New Zealand has engaged with Pacific countries in the development of its migration policy. In 1962, a Treaty of Friendship was signed with the Samoan government to establish the Western Samoan Quota scheme in order to facilitate migration from Samoa. In brief, this provided residence to 1,100 citizens of Western Samoa annually, conditional to having employment in New Zealand,<sup>23</sup> aged between 18 to 45 years, and meeting standard health and character requirements (Bellamy 2008).

Following the outcomes of a major review of immigration policy in 1973, the unrestricted entry of British immigrants was terminated, and they, like everyone else had to apply for residence through one of the residence categories.<sup>24</sup> Another outcome of this review allowed people from the Cook Islands, Tokelau and Niue free entry into New Zealand, and the Trans-Tasman Agreements between New Zealand and Australia allowed citizens of either country to live and work in the other without visas and permits (Bellamy 2008).

New Zealand's focus on development in the Pacific led to the establishment of the Pacific Access Category (PAC) in 2002. The PAC provides an opportunity for people from Kiribati, Tuvalu and Tonga to migrate permanently to New Zealand, however

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<sup>21</sup> <http://www.teara.govt.nz/NewZealanders/NewZealandPeoples/Chinese/2/en#1#1>

<sup>22</sup> <http://www.teara.govt.nz/NewZealanders/NewZealandPeoples/ImmigrationRegulation/6/en>

<sup>23</sup> irrespective of skill or labour market needs

<sup>24</sup> family, humanitarian, refugee or general categories

applicants are required meet character, health and age requirements, have basic English language skills as well as a job offer.<sup>25</sup>

A relatively recent lower skill temporary migration route is the development of the Recognised Seasonal Employer (RSE) scheme. As the horticulture and viticulture industries are important to New Zealand and they often suffer from a shortage of workers, the RSE policy was developed and launched in 2007 to facilitate the temporary entry of overseas workers to plant, maintain, harvest and pack crops in the horticulture and viticulture industries to meet these labour shortages in order to remain competitive with the rest of the world.<sup>26</sup> The scheme allows for priority to be given to workers from the Pacific for seasonal work opportunities in the horticulture and viticulture industries in planting, maintaining, harvesting and packing crops where there are no New Zealand workers available. This initiative attempts to provide a mutually beneficial situation where New Zealand employers have a secure labour supply that they can utilise in successive years and for the Pacific to have access to the New Zealand labour market, thereby boosting the skills and economies of Pacific nations.<sup>27</sup> It is worth noting that like caregiver migration, the RSE has also been gendered. But in this case it has been males who have dominated flows. In the 2007/2008 year in total just under 80% of permits were issued to male workers.

### ***3.3 Initiatives from other countries to enable low skill migration***

As mentioned earlier, New Zealand immigration's residence policy has focused on highly skilled migrants to contribute to New Zealand economic development and productivity. Pathways for residence for lower skilled migrants such as caregivers for the elderly do not exist in New Zealand as they do in Canada.

Canada introduced a pathway to residence for care-givers through the live-in caregiver programme in 1992.<sup>28</sup> The live-in care-giver programme requires prospective migrants to have:

- successfully completed the equivalent of Canadian high school education;
- six months' training, or at least one year of full-time paid work experience in the past three years;
- the ability to speak, read and understand either English or French in order to function independently in their employer's home;
- A written employment contract.

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<sup>25</sup> The Pacific Access Category Ballot allows up to 75 citizens of Kiribati, 75 citizens of Tuvalu and 250 citizens of Tonga to be granted residence in New Zealand each year and is based on the existing Samoan quota scheme.

<sup>26</sup> <http://www.dol.govt.nz/initiatives/strategy/rse/index.asp>

<sup>27</sup> The RSE policy is geared toward Pacific states and employers are able to recruit from eligible Pacific Islands Forum Member Nations – Federated States of Micronesia, Papua New Guinea, Kiribati, Nauru, Palau, The Republic of the Marshall Islands, Solomon Islands, Tonga, Tuvalu, Samoa and Vanuatu. However, employers may recruit from other countries if the RSE administration is satisfied they have made a reasonable attempt to recruit from the Pacific or they have a pre-established relationship with a particular country.

<sup>28</sup> <http://www.cic.gc.ca/ENGLISH/work/caregiver/index.asp>

After completing two years as a live-in caregiver, these migrants are eligible to become permanent residents of Canada. By 1996, this scheme had mainly attracted Filipinos live-in caregivers such that they made up over 87 percent of live-in caregivers. Many of them were overqualified and were trained and certified midwives or registered nurses, but had used this path as means of gaining permanent residence in Canada, which would eventually allow them to bring their families to Canada (Pratt 1999).

Migrant sending countries have also adapted their education and training institutions to meet the global demand for caregivers for the elderly. For example, the Technical Education Skills Development Authority (TESDA) of the Department of Labour and Employment in the Philippines has established partnerships with developed countries that aim to raise the quality of education Filipino professionals (Tullao 2008).

Japan has the world's fastest growing elderly population and a workforce that is forecast to shrink, which can potentially devastate the economy. In September 2006 Japan and The Philippines signed a Free Trade Agreement (FTA) under which Japan accept would 400 nurses and 600 caregivers from the Philippines.<sup>29</sup> Under this scheme Filipino nurses and caregivers are required to take Japanese-language lessons for six months when they arrive and pass exams in Japanese to be certified to work. After this, they are required to undergo specialised training (and re-qualify) in order to work in Japanese hospitals and aged-care centres. In order to work in Japan indefinitely, nurses have three and caregivers have four years to pass their licensing exam and gain certification.<sup>30</sup> A similar agreement was signed between Japan and Indonesia in 2008, which allows 300 caregivers and 200 nurses from Indonesia to work in Japan.<sup>31</sup> There however is skepticism on the success of these schemes given the difficult Japanese language requirements.<sup>32</sup>

Singapore has always had a focus on attracting highly skilled migrants through a demand-driven system, where employers play a vital role in the overall process of introducing foreign workers of skilled and low skilled categories to the government. Apart from being beneficial to both the employer and migrant, it also provides an opportunity for low skilled migrants from developing countries to earn skills, and work experience in Singapore. Opportunities for low skilled workers such domestic maids only came about after 1968 as a result of rapidly growing wage employment opportunities, and the demand for low-skilled foreign labour increased. This increase was a result of:

- Strong domestic labour supply;
- Growing number of a qualified workforce;
- An aversion to jobs considered to be dirty, dangerous and demeaning by most Singaporeans (Rahman 2006).

As Singapore has always placed an importance on skills, it has implemented schemes to raise the skill level of the construction workforce. In the case of migrant domestic workers, the Singapore government has recently introduced skills upgrading

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<sup>29</sup> [http://www.bilaterals.org/article.php3?id\\_article=5861](http://www.bilaterals.org/article.php3?id_article=5861)

<sup>30</sup> This means that Filipino applicants would be required to have gained the same level of linguistic capability as their Japanese counterparts.

<sup>31</sup> [http://www.bilaterals.org/article.php3?id\\_article=12824](http://www.bilaterals.org/article.php3?id_article=12824)

<sup>32</sup> <http://www.financialpost.com/careers/story.html?id=723404>

opportunities for migrant domestic workers in the area of elder care.<sup>33</sup> In addition to this, the Foreign Domestic Worker Association for Skills Training (FAST) conducts an elementary course on elder care for foreign workers (Rahman 2006). In Singapore low skill workers such as domestic workers are not recognised as employees and therefore have very few rights under labour legislation. Low skill migrant workers are subject to strict controls in relation to the nature of their job, salary and working conditions, which are less than could be expected for a citizen. Paid domestic migrant workers are not able to obtain any citizenship or residency rights in Singapore and, in fact, if regular health checks detect a pregnancy, then the worker will be immediately deported.<sup>34</sup> Grave abuses have been documented by Human Rights Watch and while the Ministry of Manpower has made some reforms to the system (including mandatory orientation programmes for both domestic workers and their employers, and committed themselves to prosecuting employers for unpaid wages), lack of legal protection and the isolation of the private home means these workers are still very much at risk.<sup>35</sup>

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<sup>33</sup> Refer to Williams (2009)

<sup>34</sup> Singapore has not signed or ratified core human rights conventions, such as the International Covenant on Civil and Political Rights.

<sup>35</sup> Refer to Williams (2009)



## **4. Implications for the future**

Strategies to reduce the need for caregivers, as well as making better use of the available caregiver workforce in New Zealand are important and necessary. However the given the projected increasing demand for paid caregivers in New Zealand, over 48,000 needed by 2036, immigration needs to be considered as complementary tool to alleviate the shortages in the caregiver workforce. There are obvious concerns around low skill migration for both the sending and receiving countries. While we consider sending country issues, it is primarily host country issues we consider here.

### **4.1 Policy challenges related to low skill migration**

New Zealand already faces some challenges in attracting people into the elder care sector. The work is challenging, generally low paid, often carried out at non-standard times and sometimes insecure. While three quarters of the current caregiver for the elderly workforce is New Zealand born, the proportion has been declining over time. Migrants, either recently arrived or those who have been in New Zealand for a long period, are a very important part of the workforce. In the past many of these migrants would not have arrived in New Zealand to specifically undertake such work. However, the reduction of relatively low skill employment in areas like manufacturing where low skill migrants have often worked has helped ensure a supply of caregivers. But, as already discussed, our current caregiver workforce is ageing itself. In order to both refresh the current workforce and to supply the projected numbers of caregivers for the elderly it is almost inevitable we will need to turn to migration.

Research shows that Australia is also facing similar challenges and will need to be more dependent in the future on migrant caregivers. But if Australia continues to be able to pay higher incomes to its workers, they could be drawing on the actual and potential New Zealand caregiver workforce – both the local (New Zealand born) and migrant caregiver workforce.

There are five main groups to consider when devising migration policy in relation to caregivers:

- The migrant themselves (the providers of care), and often their wider family;
- The sending countries;
- The host country, in this case New Zealand;
- The employer in New Zealand;
- The people who will be cared for, i.e. the consumers of care.

The migration literature discusses about aiming for a ‘triple win’. This leaves out the elderly who require the care and employers, but the focus of the research is on good outcomes for the sending country, the host country and the migrants themselves. This is a challenge, as often tradeoffs have to be made. While this paper discusses the immigration issues associated with aged care, these should be seen in the context of the labour market outcomes that are desirable in the context of its provision in the receiving country. If the labour market is designed to be low cost, high skill and with

high productivity, this will have consequences for the quantity of labour required, the care outcomes and costs of care. There will also be consequences for the development outcomes in sending countries, and the longer-term sustainability of any immigration scheme or schemes.

Sending countries have three main areas to be concerned about:

- The first is the protection and welfare of their workers, especially those in vulnerable sectors such as caregiving and domestic services; and
- Secondly, reaping the benefits in development through remittances and skills acquisition.
- The third is the consideration of how this affects the sending country's own society. This includes issues around skill loss and disruption of family life. In addition to this, significant levels of highly gendered migration from small countries could affect sex ratios and this might in turn affect marriages and other aspects of society.

Destination countries like New Zealand also have to consider a number of issues. These include:

- Adapting current migration policies to the lower skilled – should this be permanent migration or temporary migration?. If temporary, should there be some pathway to permanent migration?
- Employment of overseas born caregivers raises challenges related to the impact on the labour market, standards in relation to quality of care, the integration of overseas born caregivers, the protection of and rights of migrant caregivers, and the retention of migrant carers in the aged care sector.<sup>36</sup>
- Competition for jobs with the local labour force, especially during a recession<sup>37</sup> and the potential implications for future recruitment once demand picks up again.
- Standards in the quality of care. As mentioned earlier, Japan has standards to ensure that caregivers from the Philippines and Indonesia are required to prove their competency. This is coupled with linguistic and cultural training to facilitate integration into Japanese society.
- If a residence option for caregivers was considered, longer term impacts and outcomes of low skilled migrants and their families need to be considered. For example, the educational outcomes and achievement of children of low skill migrants are generally lower than their national counterparts (OECD 2009).
- Another challenge would be around the retention of caregivers, as many would move out of these jobs if able to. For example, as part of the live in caregiver scheme, migrant caregivers are required to stay in with the same employer for 2 years. After this, they are entitled to apply for permanent residence, and if granted, they can work in any sector in Canada. If a similar scheme was introduced in New Zealand, migrant caregivers would be able to apply for residence, and after 5 years (based on the current policy) apply for New Zealand citizenship. This

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<sup>36</sup> Refer to Williams (2009)

<sup>37</sup> Refer to article in the Taranaki Daily News (15/6/09) by Leighton Keith, *Work permits disgust NP man* <http://www.stuff.co.nz/national/politics/2500147/Work-permits-disgust-NP-man>

would then allow them to move out of caregiving, even moving to the Australian labour market, where wages across all sectors are high.

- Cultural clashes with existing and established migrant communities in New Zealand due to different values and beliefs. In relation to potential cultural clashes, we are already seeing a strongly Maori and Pacific, and increasingly Asian, workforce looking after a primarily European ageing population. In the future those ageing will also become more ethnically diverse. However, ethnicity is just one dimension of diversity. Increasingly we are likely to see a more complex mix of religious, dietary and other cultural values amongst both caregivers and their clients. In part this diversity will come from needing to source caregiver migrants from a wider range of countries than in the past.

#### **4.2 Potential sources of low skill caregivers for the elderly**

There are many low-income countries from where lower skill caregivers could come from. This includes many of the traditional sources of such labour in Asia, Africa and South America. But there may be reasons to look closer to home, particularly the broader Pacific region including Melanesia. As discussed in this paper, New Zealand already has close historical links with Polynesia and part of Micronesia and over time there have been significant migration flows, both temporarily and permanently, into New Zealand from these areas.

In 2006 a World Bank report identified that many Pacific Island nations, but particularly Melanesian countries, had high population growth, low employment, low incomes, major difficulties in developing local industries, and few migration outlets (Luthria, 2006). Where labour mobility is possible, it is generally skewed in favour of skilled workers. This report suggested that greater labour mobility would expand the employment options available to Pacific people. The study was influential in supporting the development of the New Zealand RSE scheme and a recently announced scheme in Australia. These countries are a possible future source of migrant workers for the caregiver workforce.

It is also likely that we will need to look beyond the traditional Asian source countries such as the Philippines. New Zealand does not feature on the top five destination countries for Filipino temporary and permanent workers, meaning New Zealand should not be complacent that there will be guaranteed source of labour from conventional sources like the Philippines (Llorente 2007). As mentioned earlier, Japan has started schemes for Filipino caregivers, and other countries will follow suit in the near future.

We may also need to look into other nations within Asia such as Pakistan or Afghanistan or even parts of Africa. While migrants from the Pacific and places like the Philippines have tended to come from Roman Catholic backgrounds, many from these non-traditional sources will be Muslims, Hindus and Buddhists. The experience of Europe in integrating, and in many situations not integrating, low skill workers from such groups needs to be examined carefully.

Finally, caregiver migration is likely to be highly gendered. This in itself creates some challenges. If the caregiver workforce is primarily young and single then it is highly

likely that many will form relationships with local New Zealanders, even if only in New Zealand for a short period. Countries like Singapore have draconian rules to restrict such relationships but these would be unacceptable in New Zealand. Forming relationships, particularly if children are involved, will create challenges to any boundaries that New Zealand may want to create between permanent and temporary migration. Equally, some of the female migrant caregivers will be already mothers leaving children behind in the host country if they are temporary migrants.<sup>38</sup> But if family migration is seen as an option for low skilled caregiver workers, then the partners that come with them are generally likely to be low skill men. (Under current work policy, the partners of all workers with permits of more than six months' duration can be granted an open work permit, regardless of either partner's skill or salary level.) Whether there are jobs also available for low skill men is less clear.

### **4.3 Models of migration – some potential options**

Unlike high skilled migrants, low skill temporary migrants will not choose to come to New Zealand primarily for lifestyle reasons (Badkar 2007). They will continue to be attracted to countries that offer them higher wages. A good example is the Philippines, where the top destination country for temporary workers is Saudi Arabia (while the United States is the most popular destination for permanent residence) (Llorente 2007). Therefore in the future if New Zealand wants to attract low skill migrants to work as caregivers for the elderly, some incentives would need to be offered to prospective migrants in order to entice them to choose New Zealand over other countries, particularly if there is strong competition from larger and richer countries. One potentially strong incentive is a pathway to permanent residence and eventually citizenship. However there are advantages and disadvantages associated with permanent and temporary low skilled migration, to the migrant worker, the employer, the source country and the destination country. These are discussed in Table 9.

Three broad, but not entirely mutually exclusive, migration models are possible for relatively low-skilled caregiver workers:

1. Opening up a stream of permanent migration for low-skill workers;
2. Being part of the current temporary migration process;
3. Having specific guest worker schemes developed.

Table 8 below briefly outlines a few of the current migration pathways into New Zealand, and provides suggestions on how current policies and pathways could be modified in order to enable the migration of caregivers for the elderly.<sup>39</sup>

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<sup>38</sup> Possibilities need to be considered for enabling low skill temporary migrants to bring their children with them.

<sup>39</sup> Note: these are possible suggestions.

**Table 8: Adapting current migration models to enable caregiver migration – some suggestions**

Stream	Category	Current
Residence	Work to residence	<p>Work to Residence policies are temporary work policies that provide a pathway to residence. These temporary work categories each have a corresponding residence category, through which the work permit holder may apply if certain conditions are met. The current Work to Residence policies are:</p> <ul style="list-style-type: none"> <li>• Long Term Business</li> <li>• Talent (Accredited Employers)</li> <li>• Talent (Arts, Culture and Sports)</li> <li>• Long Term Skill Shortage List Occupation</li> <li>• Skilled Migrant Work to Residence.</li> </ul>
<p>The Long Term Skill Shortage List policy fosters links between temporary work and permanent residence. It does this by enabling people who have an offer of employment in an occupation on the Long Term Skill Shortage List (LTSSL) to gain permanent residence. To qualify through the LTSSL policy, a suitably qualified applicant needs to have an offer of employment in New Zealand for at least 24 months in an occupation on the LTSSL. The offer of employment must meet the LTSSL specifications for that occupation. After two years, permit holders may apply for residence if they continue to meet the requirements of the policy.</p> <p>Currently caregivers for the elderly do not feature on the LTSSL. If this occupation were to be included, migrant caregivers would be allowed to work for 24 months, after which they could apply for permanent residence. This would be akin to the live-in caregiver scheme in Canada. The main difference being that in Canada caregivers are required to work for the same employer for 2 years. However the main constraint with adding caregivers for the elderly to the LTSSL is that employers would have to offer a minimum base salary of \$45,000 per annum. In addition to this, qualifications must be comparable to the standard of a New Zealand qualification. Currently there is no standard qualification for caregivers for the elderly in New Zealand.</p>		
Residence	Samoan Quota (SQ) /Pacific Access Category (PAC)	<p>The SQ allows for up to 1,100 Samoan citizens, including partners and dependent children, to be granted residence in New Zealand each year.</p> <p>The PAC allows up to 250 citizens of Tonga, 75 citizens of Tuvalu and 75 citizens of Kiribati (including the spouses, de facto partners and dependent children of principal applicants) to be granted residence in New Zealand each year.</p> <p>Applicants in both the SQ and PAC must have an acceptable offer of employment prior to arrival into New Zealand, be aged 18–45 years and meet the required health, character and minimum income requirements if they have dependants. Places in this quota are balloted.</p>
<p>The SQ and PAC are part of the International/Humanitarian residence stream and are restricted in terms of absolute numbers and Pacific source country.</p> <p>The SQ and PAC could be modified by enabling more migrants from the Pacific to work as caregivers for the elderly in New Zealand. This would mean that the number of allocated spaces would need to increase.</p> <p>In addition to this, the PAC source countries could be diversified so that migrant caregivers for the elderly can be sought from other Pacific source countries. These include the Federated States of Micronesia; Papua New Guinea, Kiribati; Nauru; Palau; The Republic of Marshall Islands; Solomon Islands and Vanuatu.</p>		
Temporary	Recognised Seasonal Employer (RSE)	<p>The RSE policy allows horticulture and viticulture businesses to supplement their New Zealand workforce with non-New Zealand citizen or resident workers when labour demand exceeds the available New Zealand workforce and employers have made reasonable attempts</p>

Stream	Category	Current
		<p>to train and recruit New Zealand citizens and residents.</p> <p>The RSE aims promote best practice in the horticulture and viticulture industries to support economic growth and productivity of the industry as a whole, while ensuring that the employment conditions of both New Zealand and non-New Zealand citizen or resident workers are protected and supported.</p> <p>The RSE encourages economic development, regional integration and good governance within the Pacific, by allowing preferential access under RSE Policy to workers who are citizens of eligible Pacific countries - Federated States of Micronesia; Papua New Guinea; Kiribati; Nauru; Palau; The Republic of Marshall Islands; Solomon Islands; Tonga; Tuvalu; Samoa and Vanuatu.</p>
<p>The RSE is an example of circular migration, whereby temporary migrants come into New Zealand for seasonal work. A migration model similar to the RSE in terms of providing training and adequate pastoral care is essential. The current RSE model, being temporary will not work for migrants working as caregivers for the elderly. This is because unlike the RSE which is market led; caring for the elderly is demographically driven. The demand for caregivers will persist, and given the current situation, the local labour supply will not be able to deliver.</p>		
Temporary	Work	<p>Work permits allow employers to recruit temporary workers from overseas to meet particular or seasonal work shortages that cannot be met from within New Zealand, while protecting employment opportunities and conditions for New Zealand workers.</p>
<p>This is the existing model through which caregivers for the elderly are entering New Zealand. Under this policy, migrant caregivers are directly recruited by the employer. In the case of most migrant caregivers, a labour market tested work permit would have been issued. This means that the employer must demonstrate that they tried to recruit locally, and were unsuccessful .</p> <p>This mode is useful to employers as they are able to recruit caregivers from anywhere in the world, however it does not protect migrant caregivers and does not ensure consistent quality of care to the elderly as standards and procedures would differ by employer and caregiver.</p>		

In order for a low skill migration scheme for caregivers to be viable and successful in the longer term, a systematic approach would be needed to decide on the type of scheme that to be introduced (permanent versus temporary), and the source countries targeted.

There are some advantages of focusing on the Pacific. Firstly, migrants from some parts of the Pacific, namely Polynesia and Micronesia, might consider New Zealand over other countries due to existing family ties in New Zealand. Linked to this, New Zealand has long historical links with the Pacific. The current SQ and PAC schemes could easily be adapted to facilitate the constant source of migrant caregivers for the elderly. Currently New Zealand employers recruit directly from the Pacific and provide legitimate job offers to SQ and PAC migrants. This involves New Zealand employers going to the Pacific.

This could be adapted so that employers from the aged care sector recruit directly from the Pacific through the SQ and PAC. This could also involve training prior to coming to New Zealand (similar to the RSE scheme), which would continue to aid in development in the Pacific. Looking to wider areas of the Pacific, primarily Melanesia, would open up new issues as historically there has been little migration from these areas. However, restricting low skill caregivers only to Pacific nations

could be perceived as being discriminatory. In addition, employers might feel that their freedom of choice had been unfairly constrained, particularly if they had become accustomed to recruiting staff from for example the Philippines.

There are numerous issues to consider with low skill permanent migration. One important one for New Zealand would be the current Trans-Tasman agreement with Australia. How would Australia react to New Zealand opening up a residence scheme to lower skill migrants? On the one hand Australia could react adversely as migrants from New Zealand are perceived to use New Zealand as a back door entry into Australia. On the other hand Australia could actually welcome migrant caregivers from New Zealand. This is because Australia is also ageing, and requires more caregivers (in absolute numbers) than New Zealand. Migrant caregivers for the elderly from New Zealand could be looked upon favourably by Australia as they would have gained work experience and vocational training in New Zealand, would have developed their English language skills and ability, and would have an understanding of the cultural mores of New Zealand – which are not that dissimilar to Australia.

Therefore there is a risk that New Zealand could become a training ground for migrant caregivers for the elderly, only to be poached by Australia (or other developed countries). While potentially a negative outcome for employers (and / or the New Zealand government, depending on where the recruitment costs fall), it would be a positive outcome for the individuals concerned, who would be able to seek opportunities elsewhere for competitive wages. In this situation what would need to be considered is the time and contribution that the migrant caregivers would have given to New Zealand. For example, if the Canadian live-in caregiver scheme was applied to New Zealand, migrant caregivers would have to work as a caregiver for two years on a temporary work permit. After that they would be eligible to apply for residence. Once they had gained residence, they would have to wait for up to five years before they become eligible to apply for New Zealand citizenship (the likely precursor in most cases to migrating to Australia). It is likely most if not all would continue to work in the same sector during that time. However if they had families back in their source countries, they would be eligible to sponsor them.<sup>40</sup>

However migrant caregivers for the elderly in New Zealand can still be recruited at an earlier stage, i.e. while on a work permit in New Zealand. At this stage they could easily apply for a work permit in another country like Australia or Canada. Once again this should not be perceived as a negative outcome, because New Zealand would have gained from their contribution of caring for the elderly, and in the longer term would not have to be concerned about residence.

Permanent and temporary migration of lower skill migrants has various advantages and disadvantages to the host country (New Zealand), the sending country, the low skill migrant, and the employer, which are discussed in the Table 9.

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<sup>40</sup> A person would have to wait for three years after Permanent Residence to be able to sponsor parents and adult children.

**Table 9: Some of the impacts of low skill migration: caregivers for the elderly - advantages and disadvantages of Permanent and Temporary schemes**

	Permanent migration		Temporary migration	
	Advantages	Disadvantages	Advantages	Disadvantages
<b>Host country</b>	<ul style="list-style-type: none"> <li>- Continuity of care over a longer period</li> <li>- Decreased transaction cost</li> <li>- Good, cheap &amp; available source of labour.</li> </ul>	<ul style="list-style-type: none"> <li>- Ageing of immigrants, adding to the existing ageing population</li> <li>- Unemployment &amp; wage impact on local &amp; resident workforce.</li> <li>- Fiscal loss, as low skill migrants may receive more in public services (e.g. health services) than what they contribute in taxes.</li> <li>- Intergenerational transmission of disadvantage, adding to unemployment &amp; social exclusion.</li> <li>- Unfavourable education &amp; labour market outcomes for many children of low-educated &amp; low-skill immigrants.</li> <li>- Cutting into the high skill residence quota.</li> <li>- No certainty that people will remain in those roles once permanent residence means they can seek work anywhere in the economy</li> </ul>	<ul style="list-style-type: none"> <li>- Overall low cost.</li> <li>- Under a certain salary / wage, unable to bring in dependents - this can be associated with increased cost in health (disease burden) &amp; education.</li> </ul>	<ul style="list-style-type: none"> <li>- Difficulty in protecting temporary workers, who could be geographically &amp; linguistically isolated (may live on site with employer).</li> <li>- Increased administrative &amp; logistic costs.</li> <li>- Higher risk of overstaying.</li> </ul>
<b>Sending country</b>	<ul style="list-style-type: none"> <li>- Development through remittances</li> <li>- Incentive to train</li> </ul>	<ul style="list-style-type: none"> <li>- Loss of skill (the most able leave)</li> <li>- Disruption of extended families &amp; social structures</li> </ul>	<ul style="list-style-type: none"> <li>- Development through remittances.</li> <li>- Skill gain through return migration.</li> <li>Potential for prime age workers to remain connected to their communities</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of continuity in income through a disruption in income from remittances.</li> </ul>
<b>Low skilled migrant</b>	<ul style="list-style-type: none"> <li>- Opportunity to develop &amp; learn new skills</li> <li>- Opportunity to earn much more money, especially if decide to change jobs</li> <li>- Improved standard of living.</li> </ul>	<ul style="list-style-type: none"> <li>- Initial and ongoing family disruption.</li> </ul>	<ul style="list-style-type: none"> <li>- Opportunity to develop &amp; learn new skills</li> <li>- Opportunity to earn more money.</li> <li>- Improved standard of living.</li> <li>- Ability to remain connected into community.</li> </ul>	<ul style="list-style-type: none"> <li>- Unable to change employer as most temporary migration schemes prevent &amp; limit an employee's right to change employer.</li> <li>- Exploited migrant workers might be afraid to complain for fear of losing their sponsorship &amp; being sent home before recovering their investment.</li> <li>- Cost associated with migration may prevent a prospective migrant from considering NZ as a short-term stay may not be enough to recover costs.</li> <li>- Isolation from their family &amp; social ties in the sending country.</li> </ul>



	Permanent migration		Temporary migration	
	Advantages	Disadvantages	Advantages	Disadvantages
<b>Employer</b>	<ul style="list-style-type: none"> <li>- One-off training cost (but note disadvantage).</li> <li>- Supply of low cost labour.</li> </ul>	<ul style="list-style-type: none"> <li>- Migrant employee can easily move jobs.</li> </ul>	<ul style="list-style-type: none"> <li>- Supply of low cost labour.</li> <li>- Migrant employee is unable to move jobs easily.</li> </ul>	<ul style="list-style-type: none"> <li>- Unwilling to accept workers for short periods.</li> <li>- Increased cost associated with recruitment, transportation, housing etc</li> <li>- Increased costs associated with training new cohorts of temporary migrants, or disruption if regular “in and out” as per RSE.</li> </ul>

#### 4.4 Conclusion

It is apparent that we are living in an ageing society. It is estimated that in 2031 those 65 and older as a ratio will represent over one-third of the population aged 15-64. New Zealand’s population has undergone a demographic transition which is a shift from high fertility and high mortality to low fertility and low mortality. This is in parallel to all industrialised countries and many developing countries. The longer term impact of population ageing will affect the demand for care as the incidence of disability increases with age, which in turn will influence the availability of informal and formal paid caregivers for the elderly.

In New Zealand almost all caregivers for the elderly are female, comprising 92% of the elder care workforce. Care can range from low levels to high levels of support in either a non-residential or residential home setting. While registered nurses form part of this caregiver workforce, many caregivers for the elderly are lower skilled workers involved in the day to day caregiving activities such as interacting with the elderly, bathing, dressing and feeding them. Currently there are just under 18,000 paid caregivers for the elderly in the New Zealand, and estimates from the Department of Labour suggest that the number of caregivers for the elderly need to treble to 48,200 by 2036 in order to care for older disabled New Zealanders requiring high levels of care and support.

Caregiver jobs need to be made more attractive by developing training programmes and establishing improved career structures in the aged-care sector. Better training opportunities and improved working conditions are likely to assist in attracting local workers into this industry. However, the local labour market is highly unlikely to meet the future demand for paid caregivers, and this paper shows that the rising dependency on migrant caregivers is certain to increase in the long term. Although New Zealand does not have a formal scheme specifically for caregiver migration, this paper has demonstrated that there has been a rapid and growing reliance on migrant caregivers for the elderly over the last five years. In the past, caregivers for the elderly came from parts of the Pacific, especially from Samoa and Fiji formed a constant source of workers. However, in the last two years there has been a dramatic increase in migrant caregivers for the elderly from the Philippines.

Additionally, this paper has demonstrated strategies that other ageing nations like Japan have embarked upon in order to cope with the growing need for paid caregivers. It also shows how migrant source countries like the Philippines are adapting their training and education institutions to meet the global demand for caregivers for the elderly, ensuring that the quality of care provided is up to a specific standard.

Given that other ageing nations are adapting their immigration systems to manage the current and future demand for caregivers, should New Zealand also investigate a migration scheme to ensure that there will be an adequate future supply of migrant caregivers. In doing so a number of issues will need to be considered including: that the caregivers are trained to New Zealand standards so that the health and wellbeing of older New Zealanders (care recipients) is not compromised (and this issue includes who provides the training), whether they can bring dependents with them if on temporary permits; the health status of the caregivers themselves; and perhaps most importantly whether this will be a form of temporary or permanent migration.

In the future, caregivers for the elderly will be a unique group, requiring a unique set of skills, and may also require a specific immigration scheme given the projected future demand. In line with providing training to potential future migrant caregivers, intelligent and ethical policy development around a structure for low skill migrants is crucial. New Zealand could consider a temporary migration system similar to the RSE.<sup>41</sup> However, unlike RSE which is driven by seasonal labour and product markets, caring for the elderly is demographically driven, and given the current and future growth in older New Zealanders, the demand for caregivers will persist. Therefore how viable would a temporary migration scheme specifically for caregivers be? For example, it might need to be organised on a rotational six months in, six months out or similar basis, to ensure that temporary migrants remained attached to their home countries. This could however be unpopular with employers, and with the workers themselves. Therefore it is important that lessons from the RSE are learnt to develop something viable for caregivers for the elderly.

Should a low skill permanent migration system for caregivers be considered? Current systems within New Zealand's immigration policy framework are well placed and offer viable means to 'recruit' low skill caregivers for the elderly. For example building on the current PAC and SQ by increasing the numbers, as well as diversifying the source countries to include Melanesia would provide job opportunities for low skilled migrants from this region and result in positive growth through remittances by improving income distribution. However there are concerns associated with the permanent migration of low skill migrants that warrant further discussion.

Population ageing is demographically driven, predictable, and is unlikely to change significantly due to externalities. This paper has demonstrated that there are pros and cons associated with permanent and temporary migration, and further research and dialogue is required to decide what would be optimal to achieve the multiple goals, the 'triple-win'. This includes maximising the benefits for those from the sending countries, those living in the host country, as well as migrants and their own families.

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<sup>41</sup> The RSE is a unique solution to a unique problem.

## Appendices

The following occupations from AMS were included in our analysis as caregivers for the elderly:

- Care Giver
- Caregiver
- Health Assistant
- Home Aide Nursing
- Home Aide or Health Assistant
- Nurse Aide
- Nurse Assistant
- Geriatric Care Giver
- Elderly Care Giver
- Rest Home Worker
- Unregistered Private Nurse
- Unregistered Nurse Male or Female
- Aged or Disabled Carer
- Personal Care Assistant
- Nursing Support Worker

The following 5 digit occupations from the 2006 census of population and dwellings were grouped and referred to as caregivers for the elderly in this paper:

- 51312 (health assistant)
- 51314 (nurse aide)
- 51316 (caregiver)

**Table A1: Employed caregivers by country of birth (female only)**

	n	%
Fiji	861	32
Samoa	861	32
Tonga	552	20
Other Pacific Islands	441	16
<b>Total Pacific Islands</b>	<b>2712</b>	<b>100</b>
India	225	65
Sri Lanka	90	26
Bangladesh	18	5
Pakistan	6	2
<b>Total South Asia</b>	<b>345</b>	<b>100</b>
Philippines	390	62
Malaysia	72	11
Thailand	39	6
Other South-East Asia	123	20
<b>Total South East Asia</b>	<b>627</b>	<b>100</b>

Source: Statistics New Zealand

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