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The recruitment and retention of community care workers

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A copy of the full research report, 'Who will care? The recruitment and retention of community care (aged and disability) workers', is available from the Brotherhood of St Laurence or can be downloaded at www.bsl.org.au

A REVIEW OF THE LITERATURE

One of the more important policy developments in Australia over the past decade has been the shift in the balance of care away from residential care and towards home-based care. While older Australians continue to rely on family and friends for the vast bulk of the assistance they need, the increased availability of formal community-based and domiciliary services has resulted in greater opportunities for frail older people to remain living in the community. (AIHW 1999, Sheet 17)

Home-based care, also commonly known as community care, assists a large number of frail older people and people with disabilities fulfil their desire to remain living at home and provides the potential for cost containment by constraining the provision of expensive residential care (Gibson & Mathur 1999). Unfortunately, many organisations that provide assistance to people living at home have stated that they are find it increasingly difficult to attract and retain suitable workers. This experience is not unique to Australia, being shared by many countries including the United States of America (US) (Dawson & Surpin 2001, Straker & Atchley 1999), the European Union and Japan (Christopherson 1997 in Stone & Wiener 2001). The provision of adequate care and support for the ageing population in Australia and throughout many parts of the world will increasingly occupy the minds of policy makers, service providers and the broader community.

Who Needs Care

A significant proportion of the Australian population either has a disability or is providing assistance to someone with a disability. The most recent Survey of Disability, Ageing and Carers (ABS 1998) estimated that more than 1.9 million people needed assistance to move about, shower and/or dress, prepare meals, conduct housework, perform light property maintenance or paperwork, or communicate (ABS 1998). The majority, 1.4 million, received informal assistance from relatives and friends (ABS 1998). Many of these informal care-givers, however, need assistance themselves when it comes to helping their relatives or friends. The role of carer, which can continue over many years, can be emotionally and physically demanding. Carers may experience the sensation of being trapped in the role and feel they lack control over their daily lives, which may impact on their health, prosperity and well-being (Noelker 2001). In 1998 it was estimated that more than 900,000 people who needed assistance to perform one or more everyday task received support from formal care providers (ABS 1998). The majority of this formal care is provided through services funded by Commonwealth, State and Territory governments, particularly the Home and Community Care (HACC) program, Community Aged Care Packages (CACP) and the Disability Services Program. With the ageing of the population, however, the number of people requiring assistance is expected to grow markedly over the coming decades.

Who Provides Care

The Australian community care system has developed around a system that relied on care being provided by middle-aged women who were willing to work for relatively low rates of pay and who were employed on a part-time or casual basis. In a study of South Australian HACC providers, Barnett and Associates and Sloan (1999) found that the average age of the workforce was 47.5 years (with the majority aged between 40 and 55) and that 83.4 per cent were women (it should be noted that this study involved administrative, management and professional staff as well as direct care workers and volunteers).

The Victorian Association of Health and Extended Care (VAHEC) recently funded research in order to gain a better understanding of current wages and conditions within the community care sector, and to uncover issues affecting the attraction and retention of community care workers (VAHEC 2002). One finding of the study was that it confirmed the perception that direct care workers were predominantly female, middle-aged and employed on a part-time or casual basis. Employer respondents (covering a total of 5825 employees) indicated that casual employees made up 63 per cent of the workforce, 35 per cent were employed on a part-time basis, and only 2 per cent were employed as full-time workers.

The Impact of Recruitment and Retention Difficulties

Discussions in recent years at industry forums and meetings had indicated that organisations were becoming increasingly concerned about the recruitment and retention of staff. The recent VAHEC study found that about a third of organisations reported an annual staff turnover rate of 21-30 per cent (VAHEC 2002). It should be noted, however, that a study in the US found only very moderate correlation between organisations' estimated turnover and their actual computed turnover, indicating that many agencies dramatically underestimated the extent of their turnover problem (Straker & Atchley 1999).

Staff turnover has consequences, not least being the cost of recruiting new workers to replace staff who are leaving. Providers spend significant amounts of money recruiting and training staff only to find that many of them stay for a relatively short period of time (Dawson & Surpin 2001). Unfortunately, organisations do not often collect adequate information that would allow them to compute the real cost of turnover (Straker & Atchley 1999), making it difficult to do a cost-benefit analysis of implementing strategies to decrease turnover.

Workers affected by high staff turnover may experience greater frustration and stress with their increased number of clients, feeling they are unable to devote adequate time to each individual client (Dawson & Surpin 2001, Stone & Wiener 2001). It has been speculated that staff shortages may also create higher risks of injury, although there does not appear to be any research documenting this direct relationship (Stone & Wiener 2001). High turnover among care staff also has the potential to impact on the quality of care that consumers receive (Dawson & Surpin 2001). Stone and Wiener (2001, p. 14) also raise this issue, commenting that the 'reduced availability and frequent churning of such personnel may ultimately affect clients' physical and mental functioning'.

Contributing Factors to Recruitment and Retention Difficulties

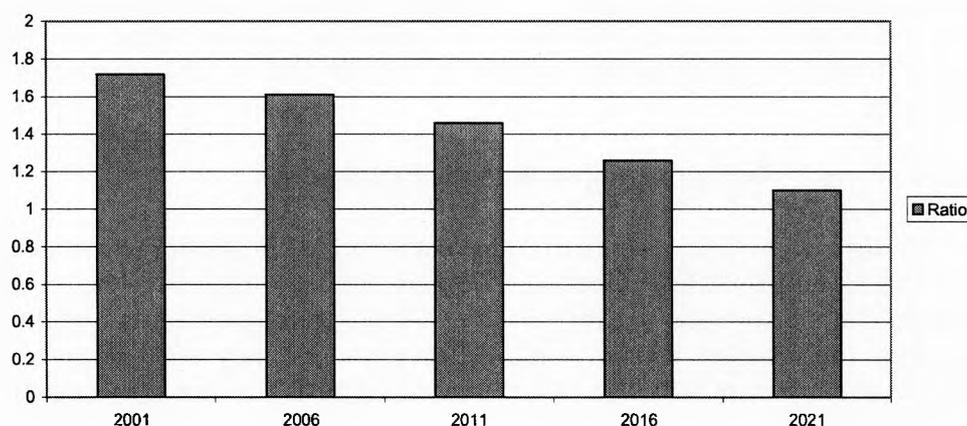
Baldock and Mulligan (1996), in a study of home care workers in Western Australia, identified several issues that negatively affect direct care workers and may impact on the recruitment and retention of people in the community care industry. They were concerned that while most direct care workers were multi-skilled people working flexible hours, they often received no penalty rates and were frequently employed on a casual or contract basis (receiving no annual leave, sick leave, or other benefits offered to permanent staff). Many were not guaranteed minimum hours of work, were not paid according to their skills, and had limited access to paid training. Research in the United Kingdom provides support for the idea that the quality of the employment conditions impacts on turnover, with a study suggesting that low rates of pay contributed to the frequent move of workers between employers (Joseph Rowntree Foundation 1998).

The research by VAHEC (2002) provides support for the idea that conditions of work affect the supply of workers. In this study, care workers reported that 'pay increases for experience', 'regularity of work', and an 'increased base rate of pay' were the most important improvements that could be made to encourage them to continue working in the industry. Additional issues that employees rated as needing greatest improvement were 'being paid for travel', 'receiving information about things that affect them' and receiving 'feedback on performance'. Work-related travel can take up a significant proportion of care workers' time, yet only about two-thirds of employers in this study reimbursed staff for travel between clients at a per kilometre rate (it is unclear whether staff were paid for their travel time between clients).

Both the limited respect shown for the knowledge of direct care workers and the image of the industry are also thought to play a part in the limited supply of workers. Even though workers spend a significant amount of time with clients which enables them to gain valuable knowledge, they are often not considered to be a member of their clients' health-care teams (Dawson & Surpin 2001) and may not be included in care planning. The way in which society perceives this occupation is also thought to affect the supply and quality of direct care staff, a perception not helped by media reports that feature poor quality care by providers (Stone & Wiener 2001).

The condition of the labour market affects the supply of community care workers (Dawson & Surpin 2001, Stone & Wiener 2001), particularly impacting on the size of the pool of workers from which the industry can draw their workforce and on the availability of other employment opportunities. Dawson and Surpin (2001) considered the issue of the supply of workers by looking at what they termed the 'elderly support ratio'. Using the knowledge that the majority of formal caregivers were women they were able to use population projections to calculate the ratio of women aged 25-54 to the total population aged 65 years and over. In 2000, the ratio was 1:74 but fell to 1:15 by 2020. Using DOI population projections (2002) this ratio can be calculated for Victoria (see Figure 1).

Figure 1: Elderly support ratio, Victoria 2001-2021
(females aged 25-54 per individual aged 65 and over)



Mirroring the situation in the US, there is a steady fall in the ratio over the next two decades, from 1:72 in 2001 to 1:10 by 2021. Unless community care becomes a more attractive employment option, either for women who provide the majority of care at present or for men, organisations can expect to have increasing difficulty providing formal care for those who require it.

On a more positive note, the relationships workers develop with clients and the satisfaction they receive from feeling they make a difference to people's lives appears to encourage workers to remain in the industry. Some workers are drawn to the community care sector, at least in part, by their desire to help, and many workers who remain do so because of the satisfaction they gain from their relationships with residents (Dawson, Rico & Trocchio 2001). The research by VAHEC (2002) provides support for this contention, with direct care worker respondents stating that 'personal satisfaction and achievement' and 'to make a difference to clients and their families' were the key issues that attracted them to the care industry. A similar conclusion was made in the study by the Joseph Rowntree Foundation (1998). This study, however, also suggested that if workers sensed that an employer was ignorant of worker commitment and input (to both the organisation and to clients) a higher rate of staff turnover would result.

Evidence On Interventions

Unfortunately, little empirical research has been conducted on the recruitment and retention of care workers, an issue that must be addressed if organisations are to address staffing difficulties. There is, however, some research that provides important information.

Possibly the most comprehensive study that has been undertaken on the community care industry was one that involved the establishment of four demonstration projects in the United States. These projects were designed to investigate the premise that upgrading community care positions would reduce the turnover rate of staff. The demonstration projects were assembled from combinations of seven components: supplementary training – basic and/or specialised; supplementary support and/or supervision; wage increments; supplementary benefits – health insurance, vacation and/or sick leave; increased job stability – guaranteed hours and/or full-time work; status enhancements – badges, uniforms, job titles, etc.; and promotion (Hollander Feldman 1993). The combined results for these demonstrations indicated that work life improvements positively impacted the turnover rate of employees, who in turn gained higher self-esteem, higher morale and increased loyalty to their employer (Hollander Feldman 1993). Unfortunately, they also demonstrated that the implementation of work life improvement programs was quite expensive, and as the funding for the projects ceased all agencies eventually returned to their previous employment practices (Stone & Wiener 2001).

Some states have experimented with the development of new pools of workers. One study evaluated a program, targeted at various disadvantaged groups, that provided free training, child care and uniforms, and transportation assistance (Filinson 1994 in Stone & Wiener 2001). It was found that the most successful trainees were those not receiving public assistance at the onset of training, particularly homemakers recovering from divorce, the recently unemployed, and new immigrants. The study concluded that the training was inadequate for those more permanently removed from the workforce (Filinson 1994 in Stone & Wiener 2001).

A government initiative in the US to address low pay has been the 'wage pass-through'. Under this scheme the state ordered that some portion of reimbursement increases for public-funded long-term care must be used specifically to increase wages or worker benefits. Unfortunately, whilst the wage pass-through has been employed by many agencies, little data exists on its effectiveness to increase worker retention (Stone & Wiener 2001). Enhancement incentives have also been tried, with wages dependent on characteristics such as the level of client and worker satisfaction, level of client disability, and weekend/evening work. Also being explored are schemes that provide improved benefits for workers, such as health insurance, transportation subsidies and career ladders (Stone & Wiener 2001). Unfortunately, empirical evidence for the success of these initiatives does not appear to be available.

To address concern that a negative image was impacting on the recruitment and retention of long-term care workers, an area in the US implemented a marketing campaign consisting of: mailing postcards; placing advertisements in newspapers, on the radio and on billboards; distributing posters; placing information on payroll slips; and distributing notepads/note cards. They targeted newly retired and recently widowed adults, students, retail and food-service workers, and homemakers. Whilst findings suggested that the campaign may have increased retention rates and improved employee attitudes, it was less effective in recruitment. Interestingly, lower cost marketing techniques (e.g. mailing postcards) were found to be more effective than sophisticated, multi-media advertising (KCDHS 2001 in Stone & Wiener 2001).

The Future

Clearly there are concerns, both in Australia and overseas, about how the quality of community care jobs impacts on people's willingness to do this type of work. Dawson, Rico and Trocchio (2001) have identified five principles they believe should guide employers of long-term care workers:

- recognise care-giving as a vocation and value the commitment of workers through measures such as involving them in care planning
- ensure that workers earn reasonable wages and benefits and are offered ongoing training and development
- support workers during personal emergencies
- change organisational practices that devalue staff (such as improve the supervision provided and ensure that workers have input into work issues that impact on them)
- establish a permanent staff committee with direct care workers at its core in order to gather information, make suggestions and monitor program success.

It should be noted that these principles are consistent with basic human resource management recommendations.

There is concern, both locally and overseas, about the difficulties organisations are experiencing with both the recruitment and retention of direct care staff. Without intervention these staffing difficulties can be expected to increase, not least because of the ageing of the population. Whilst much of the available literature is from the US, and has limitations to applicability to the Australian community care system, it does provide pointers to issues that need consideration in ensuring there are adequate numbers of community care workers into the future.

RESEARCH PROJECT

The range and availability of services to assist frail older people and people with disabilities to remain living at home have increased markedly over the past two decades. But providers of these services have, however, found it increasingly difficult to attract and retain direct care staff.

A successful funding submission was made to the Victorian Department of Human Services (HACC program) to investigate this issue among Victorian community care providers. For the purposes of this research, direct care workers or community care workers were identified as those involved in the provision of home care, personal care and respite care services. This project also investigated staffing issues for planned activity groups, home maintenance and delivered meals services but they will not be reported on here. The full research report, *Who will care? The recruitment and retention of community care (aged and disability) workers*, is available at www.bsl.org.au or can be obtained by contacting the Brotherhood of St Laurence.

Findings

General

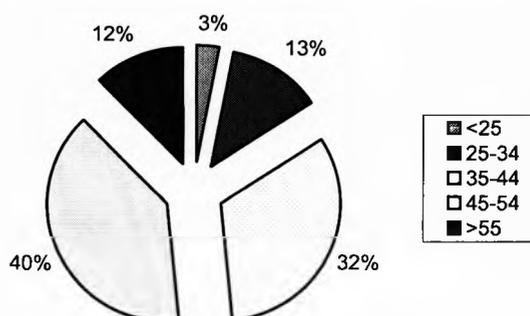
In Victoria, there are 78 local councils, the vast majority of which are involved in the provision of community care services. Also involved in community care provision are a large number of not-for-profit organisations (both large and small) and a small number of for-profit organisations (primarily large organisations). The breakdown of respondents, by organisation type, is given in Table 1.

Table 1: Respondents, by organisation type

Organisation type	Number of respondents	Percentage
Local government	58	50%
Primarily not-for-profit	50	43%
Primarily for-profit	7	6%

Respondents to the questionnaire were asked to indicate the age range and gender of their staff. The total number of community care workers reported on was 8,600, of which 90 per cent were women. More than 50 per cent of workers were aged 45 and over, with a further 32 per cent aged 35 to 44. Information about the age breakdown is presented in Figure 2.

Figure 2: Age profile of staff



Respondents confirmed that the community care sector is structured around part-time and casual employment. No full-time positions were offered by 85 per cent of organisations. About one third of organisations offered only part-time positions and about 15 per cent only recruited casual staff. The majority of organisations operated with a mix of part-time and casual staff.

Many community care organisations were experiencing demands for services that exceeded what could be supplied. Table 2 indicates the percentage of organisations that reported a waiting list for services. At least one third of providers of each service type indicated they had a waiting list of people who required services. Unfortunately, the majority of organisations did not indicate what they saw as the main cause of these waiting lists, but of those that did, funding limitation was the most common response.

Table 2: Organisations with waiting list for services (%)

Service type	Organisations with waiting list (%)
Home care	36%
Personal care	33%
Respite care	33%

Just over 70 per cent of organisations required staff to provide their own vehicle for work, with the majority of these organisations providing some form of reimbursement. Surprisingly, about 30 per cent of organisations did not pay staff for travel time between clients.

Almost one half of organisations (providing information about almost 5,000 staff) provided details about the hours worked by part-time staff. This information is presented in Table 3. The data indicated that about 60 per cent of part-time staff worked between 15 and 24 hours per week.

Table 3: Hours worked by part-time staff

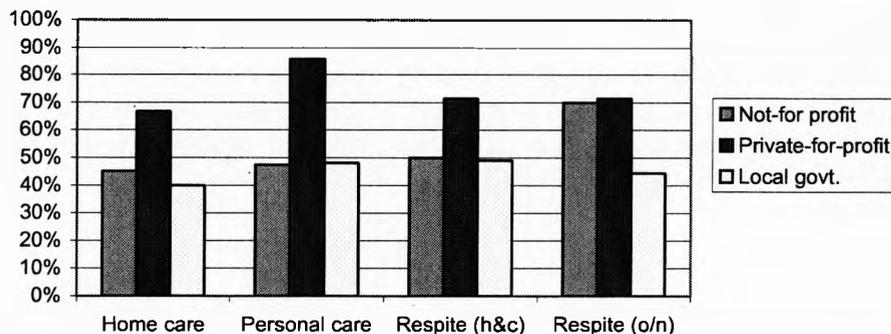
	<10hrs	10-14hrs	15-19hrs	20-24hrs	25-29hrs	30+hrs
Part-time staff (%)	10	5	31	28	14	12

It should be noted that only half of the organisations (51%) employed their staff on the basis of a guaranteed minimum number of hours of work per week.

Recruitment

Recruitment for personal care and respite services (both in-home and community, and overnight) was a concern for many organisations, with more than 50 per cent of providers of each of these services stating that they had had difficulty recruiting staff during the past 12 months. Difficulty recruiting home care staff was experienced by 43 per cent of respondents. Considering this data by organisation type, it would appear that for-profit organisations experienced greater difficulty recruiting staff than local councils or not-for-profit organisations (see Figure 3). Unfortunately, it was not possible to test the statistical significance of this relationship.

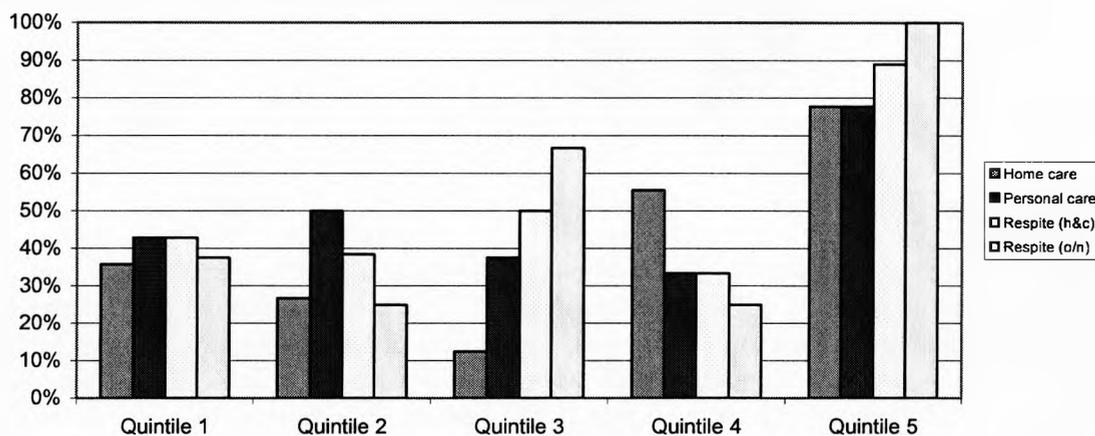
Figure 3: Recruitment difficulty, by organisation type



From census information it is possible to calculate a measure known as the Index of Relative Socio-Economic Disadvantage (IRSED). Variables included in this index are low income, low educational attainment, unskilled occupations, unemployment, one-parent families, renting households and Aboriginal and Torres Strait Islanders (ABS 1998). A high score on this index means the area has relatively fewer people with these attributes, while a low score indicates relatively more people with these attributes. Figure 4 presents recruitment difficulty, by IRSED96 quintiles, calculated for local council providers. Quintile 1 contains local government areas of greatest socio-economic disadvantage; quintile 5, areas of least socio-economic disadvantage.

The group of councils with least socio-economic disadvantage (quintile 5) appeared to have experienced greatest difficulty with the recruitment of staff, and this difficulty had been experienced across all service types. Within quintile 4, home care was the service type for which councils had experienced greatest difficulty with recruitment. A surprisingly small proportion of quintile 3 councils had experienced difficulty recruiting home care staff. Reliable statistical significance testing of these was not possible.

Figure 4: Recruitment difficulty, by IRSED96 quintiles



Of the organisations that reported difficulty with the recruitment of direct care staff, 19 per cent stated that it had been a problem for less than 12 months, 45 per cent for 12-24 months and 36 per cent for more than 24 months. It would thus appear that recruitment difficulties are an on-going problem for many organisations. Not surprisingly, 60 per cent of organisations stated that they had implemented strategies aimed at improving the recruitment of staff.

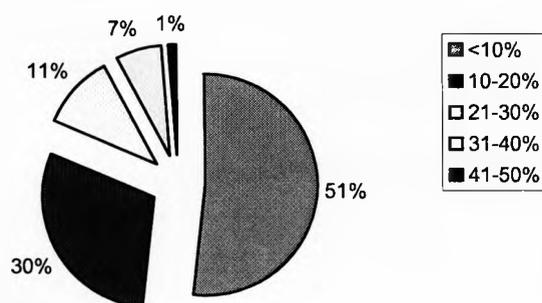
Organisations having difficulty with recruitment were asked to rank the direct care services on the basis of difficulty to fill. Almost half the organisations ranked personal care positions as being the most difficult to fill. Part of this can be explained by looking at whether workers are required to have qualifications prior to employment. More than 40 per cent of organisations that provide personal care and respite care required workers to hold appropriate qualifications prior to employment, but for home care it was only 15 per cent.

Retention

Approximately 44 per cent of organisations indicated they were concerned about the turnover rate of their direct care staff. Of those that indicated they were concerned, almost 14 per cent indicated it had been a problem for less than 12 months, 31 per cent reported 12-24 months, and 55 per cent said more than 24 months.

Organisations were also asked to estimate the level of direct care staff turnover in the past 12 months, and the results are shown in Figure 5. Approximately half of the organisations reported a turnover rate of less than 10 per cent, whilst half reported a rate greater than 10 per cent. Of particular concern is the fact that about 20 per cent reported a turnover rate greater than 20 per cent. Strategies aimed at minimising the turnover rate had been implemented by 43 per cent of the organisations.

Figure 5: Estimate of turnover in past 12 months



Qualifications & training

Organisations indicated a high level of commitment to the training needs of staff. About 90 per cent of organisations provided in-service training to staff, 71 per cent supported staff increasing their skills through upskilling workforce programs, 58 per cent utilised State Government-funded training places, and 46 per cent supported new apprenticeships/traineeships. These figures do, however, need to be viewed with some caution. It was not practicable to give a detailed explanation of these programs in the survey so it is possible that some people who completed the questionnaire misunderstood the categories. This was most likely to have occurred in relation to the word upskilling, which has a particular meaning in regard to labour force programs but which could be confused with in-service training by those not familiar with labour force programs. That said, half the surveys returned by providers of home care, personal care and respite care were

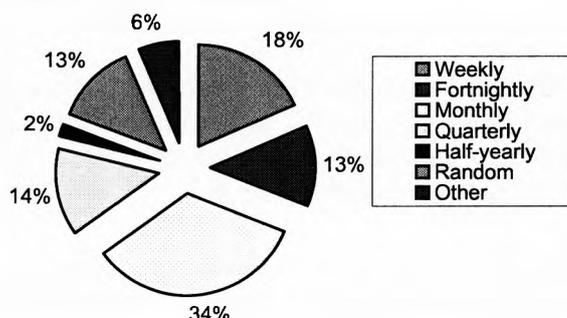
from local councils, who tend to be more familiar with labour force programs and the VET system than non-government organisations.

Organisations adopted varied approaches to the employment of qualified/unqualified workers. Some required all workers to have appropriate qualifications prior to employment, others were prepared to employ unqualified staff for all positions and support them whilst in attainment of appropriate qualifications. Other organisations adopted a mixed approach, being prepared to employ unqualified workers to provide home care but not unqualified workers to provide personal care or respite care. Only 15 per cent of organisations stated they only recruited qualified staff to provide home care, but was almost 50 per cent of organisations for personal care and 45 per cent of organisations for respite care.

Staff support

The frequency of staff meetings or supervision displays considerable variability among organisations. About one third of organisations met with staff monthly, though some met as regularly as weekly (18%) and others only met on a random/as needed basis. Figure 6 summarises the frequency of supervision or staff meetings. Some caution should be taken with the interpretation of this data for it is possible that some organisations classified 'picking up roster' as a meeting.

Figure 6: Frequency of supervision/meetings



Slightly more than half the organisations (53%) that provided home care, personal care and/or respite care indicated that they offered non-monetary rewards for achievements and/or contributions. These forms of recognition were more common among the local councils (65%) than among other providers (45%). The most common forms of recognition were:

- certificates of appreciation
- recognition of years of service
- afternoon tea/supper/lunch/dinner
- Easter and/or Christmas celebration or other culturally relevant day
- incentive gifts for ideas, recommending new staff, high quality work or for 'extra effort' such as performing on an occupational, health and safety committee.

DISCUSSION

The number of people requiring support to remain living at home is challenging Victorian community care organisations, particularly the providers of home care, personal care and/or respite care services. This research has confirmed the perception that a high number of these organisations are having difficulty recruiting and retaining appropriate staff. The number of people requiring support to live in the community will grow markedly over coming decades, which, unless community care becomes a more attractive employment option, will place further strain on organisations.

The data from this research has provided information about the structure of the community care sector and the staffing difficulties that organisations face. The level of concern in the sector about staffing issues has been quantified, as has the number of organisations implementing strategies to improve these issues. The research has provided some information about these strategies, indicating issues that other organisations may consider in implementing improvements to their own recruitment and retention processes. It is clear that there is concern in the industry about the impact relatively low wages and sometimes poor conditions is having on staffing issues, and the impact of the low status this work appears to have in the community.

Unfortunately, the data has limitations. It was hoped that findings from this research might have identified the most successful strategies, but organisations were not able to provide this level of detail. Some organisations were able to indicate whether they thought particular strategies had been useful, but had not measured their impact. Empirical evidence on workplace initiatives and interventions is rare in the community care field, either from here or overseas, with much of what has been written being descriptive and anecdotal. Unfortunately this research largely falls into that category, as the material to critically analyse interventions is not available. Through this research we are not able to inform organisations about what really works, only being able to give a snapshot of the issues and present ideas from the sector.

In order to improve knowledge of staffing issues in the community care sector it would be useful for organisations to consider a standard approach to the measurement of turnover rate. In this sector it is not an easy calculation. The number of positions available within an organisation can vary markedly over a relatively short period of time, as it is dependent on the numbers of hours being worked by each part-time and casual staff member. It is, however, worth adopting a standard approach, particular in light of the US study (Straker & Atchley 1999) that found that organisations significantly underestimated their turnover rate. Having the knowledge of the true turnover rate, and actual worker replacement cost, enables an organisation to undertake cost-benefit analyses on strategies that may be implemented to address staffing difficulties. The cost of worker replacement is also not easy to calculate, and was only able to be provided by one organisation interviewed. That particular organisation calculated it to be \$1,100, whilst another organisation estimated it to be about \$800. A tool to assist organisations to calculate the cost of worker replacement can be found at website of Women in the Workplace Agency (www.eowa.gov.au).

The research and findings from the literature review do, however, indicate that there is likely to be scope for organisations to improve their recruitment and retention processes and outcomes. In particular, it would be beneficial for organisations to consider their practices in the following areas:

- job structure
- recruitment processes
- staff structure
- rewards and recognition
- career structure
- staff support
- rosters and care plans
- training

CONCLUSION

The primary aim of this project was to investigate and publicise the type and extent of work being undertaken by community care providers to improve the recruitment and retention of direct care staff. This broad aim has largely been achieved. A range of strategies and innovations has been identified that is worthy of consideration by organisations wishing to improve their own recruitment and retention processes and outcomes.

Important outcomes of this research, not included as explicit aims, were the information it provided about the community care workforce and the quantification of the recruitment and retention difficulties being experienced by providers. Like earlier Australian studies, the current workforce consists predominantly of middle-aged women employed on a part-time or casual basis, but over the next couple of decades the size of this pool of labour is forecast to decrease relative to the size of the older population. This study confirmed that a relatively large number of organisations are already experiencing difficulties with recruiting and retaining suitable workers (particularly workers who provide services in clients' homes), a situation that is likely to worsen unless community care work becomes a more attractive employment option to other pools of workers. Organisations will therefore need to consider strategies that attract younger people, including men, to this field of work. A careful consideration of the impact of employment arrangements (full-time, part-time or casual), including guaranteed minimum hours, should be undertaken by all organisations in the industry.

This study did not set out to investigate the pay and conditions of workers, but a large amount of qualitative data reflected the opinion that better rates of pay would assist in the recruitment and retention of staff. In addition, some organisations do not pay staff for time taken to travel between clients' homes or to attend training (and sometimes meetings), which may further impact on the success of recruitment and retention strategies. Clearly, governments (as purchasers of community care services) and organisations need to reconsider the adequacy of pay and conditions of community care workers, particularly in light of the possible staffing difficulties proposed to take place over the next two decades.

The literature, and to some extent, this research, indicates that greater consideration could be given to the quality of community care jobs. It is suggested that workers need to be adequately supported, need to be involved in the care planning for clients and need to have input into how

their work is structured (such as rosters). Whilst some qualitative data was collected on these issues, empirical evidence of the impact of these quality-of-work approaches unfortunately does not appear to exist. To address this, organisations need to reconsider the type of information they collect about their community care workforce, and how they measure and analyse this information. It is only by being better informed will the industry have the necessary knowledge to meet the staffing challenges posed by coming decades.

Organisations do differ in how they recruit, whom they recruit and how they reward and support their staff. Given how widespread staffing difficulties are being experienced across the sector it would be useful for organisations to rethink their processes and attitudes. How to make community care work a more attractive employment option for a larger number of people — including men and younger people — must become, if it is not already, a primary concern for the industry.

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