

18th December 2015

Migrant Intake into Australia
Productivity Commission
GPO Box 1428
CANBERRA CITY ACT 2601

Via email: migrant.intake@pc.gov.au

Re: Migrant Intake into Australia – Draft Report

Dear Productivity Commission,

Thank you for the opportunity for Leading Age Services Australia Ltd (LASA) to comment on the Migrant Intake into Australia – Draft Report.

LASA is the peak body for service providers of retirement living, home care, and residential aged care. LASA is committed to improved standards, equality and efficiency throughout the industry and in so doing, helping older Australians to live well. LASA advocates for the health, community and accommodation needs of older Australians, working with government and other stakeholders to advance the interests of all age service providers, and through them, the interests of older Australians.

LASA represents private, church, charitable and community care organisations, which gives it the unique ability to provide a comprehensive view on behalf of the aged care industry. The aim is to enable all Australians to have access to, and a choice of, high quality age services. To assist in achieving this, LASA pursues relevant issues with robustness and vigour in order to maintain and enhance aged care services throughout Australia.

LASA has a number of offices across Australia allowing it to focus on State and Territory specific considerations and concerns, as well as at a national level. Together LASA presents a strong, unified voice on behalf of the industry to Government and other stakeholders.

This submission provides a narrow application to the myriad of issues highlighted in the Draft Report, focussing on two aspects of migration that can impact on age services across Australia. Firstly, the potential for a cohort of migrants to Australia to work within the aged care industry, and secondly for a cohort of immigrants to become age service recipients once they reach the age of 65 years.

Age Care Industry Workforce

As reported in the Stocktake and Analysis of Commonwealth Funded Aged Care Workforce Activities, the aged care workforce needs to grow to approximately 827, 100 workers by 2050, this is an increase of over half a million people from the workforce numbers in 2010¹. Furthermore it has been

identified that the aged care workforce has a higher turnover rate than other comparable sectors, with a rate of about 25%ⁱⁱ. This issue, combined with the fact that the median age for direct care workers in aged care is older than the national workforce at 48 years of age in residential care, and 50 years of age in community care, places significant pressure on the industry to maintain existing care services let alone grow and innovate.

Sourcing a workforce equipped to best meet the changing needs of all Australians, which is appropriately qualified and skilled, remains a key policy agenda item for age care. While attracting and retaining this workforce is paramount to an efficient and effective industry providing quality care and services.

People born outside of Australia make up a significant proportion of the aged care industry workforce, composing more than one third of the residential staff and more than one quarter of the community care staff in 2012ⁱⁱⁱ. Countries from which the workforce are drawn from are changing, with people born in Asia having a greater representation of overseas born employees than they did in 2007, whilst the number of people born in Europe and the United Kingdom have decreased.

As noted by the Productivity Commission, one of the challenges identified is recognition of overseas qualifications. The introduction of the Australian Health Practitioner Regulation Agency (AHPRA) and the ability of overseas qualified individual's to apply for recognition/registration through Professional Boards has greatly assisted in this process for the specific professionals that are regulated under the Health Practitioner Regulation National Law. However, a significant proportion of the aged care workforce does not fall under AHPRA's regulation with the majority from an unregulated workforce. From the perspective of recruiting people who have migrated to Australia this presents a number of issues, including the ability of an employer to recognise what is, and what is not, an equivalent qualification in the Australian context. As identified by the Aged Care Workforce 2012 report by the National Institute of Labour Studies (NILS), the majority of personal care workers in residential aged care have a Certificate III or IV in Aged Care, with the proportion of care workers in community care not as high but increasing quickly. This indicates a continued commitment to the provision of safe, high quality care to older people living in Australia. Studies have also shown that having an appropriately qualified workforce is important for the workers development as well as the satisfaction of the workers themselves. Therefore, LASA would support the introduction of a national set of professional standards for aged care workers to be supported and administered through a body similar to AHPRA. The introduction of a national agency would not only support the monitoring of the Australian workforce standard but would assist in the recognition of equivalent qualifications as well as ensure an English language skills standard. For individuals that have obtained a qualification overseas that is not considered equivalent to the Australian requirements, an appropriate bridging curriculum should be considered to assist people to transition into the aged care workforce. The development of a robust and transparent system would also assist in engaging potential employees that want to work in the aged care industry.

Having a workforce that is multi-lingual has significant benefits, in not only enabling a closer relationship to be nurtured between a client from a non-English speaking background and an aged care worker, but in some instances, filling the gap that exists with translation services. However, ensuring that migrant populations that might find their way into working in the aged care industry, have an acceptable level English language skills is vital to ensure good communication exists between the entire care team, especially when developing a plan of care with a care recipient.

LASA supports the Productivity Commission's observations that the existing processes for determining occupations with skills shortage could be improved. To support the ageing population a multi-pronged approach will be required to address the existing and future workforce shortages, including the continued requirement of people born outside of Australia. LASA would therefore encourage government to engage with peak organisations, such as LASA, to assist in co-designing a system that supports the Australian labour market.

The recently published Mid-Year Economic and Fiscal Outlook (MYEFO) for 2015-16^{iv} suggests that the Australian economy is transitioning from strong resource investment-led growth to broader-based drivers of economic activity and that employment growth has strengthened as the economy transitions to more labour-intensive sectors. The aged care industry is one such sector.

As MYEFO suggests the number of Australians with jobs rose by more than 340,000 over the past year, the strongest jobs growth in seven years with employment forecasted to grow by 2 per cent through the year to the June quarter of 2016 and by 1¾ per cent to the June quarter of 2017. If this is the case, then aged care needs to be one of the recipients of this growth, while ensuring the people it attracts are 'fit for purpose' and can undertake the role with the appropriate skill, knowledge and passion that is required.

However, revised population data reported in the MYEFO showed that growth in Australia's working-age population over recent years was slower than initially reported by the Australian Bureau of Statistics (ABS) and is reflected lower than expected net overseas migration in line with declines in temporary visas (in particular, graduate and 457 visas) and lower net migration from New Zealand.

If service industries such as aged care are to meet their workforce requirements, migration must be a component of population growth. Revised data show that the working-age population expanded by 1½ per cent over the year to June 2015, lower than the 1¾ per cent growth assumed at Budget and the average 1¾ per cent growth in the past decade. Taking account of these historical revisions and lower net overseas migration projections by the Department of Immigration and Border Protection, the working-age population is now projected to grow at around 1½ per cent over the next three years.

Estimates of trend average hours worked have also been reviewed in light of new ABS labour force data. This data suggests a larger share of the recent decline in average hours worked is likely to be related to trend rather than cyclical factors, including the continued rise of part-time work (a common occurrence in the aged care sector) and dual income families.

Older People in Australia

One of the key aims for LASA is to assist in the development of a sustainable and best practice age care service industry in Australia, with one of the primary dependencies to achieving this being access and choice for consumers of aged care services. Therefore, encompassing a system that is supportive, responsive, viable, appropriate, available, safe and of high quality. Whilst these identified areas are not without significant challenge, for the purpose of this paper, some of the more important issues related to access for people that have immigrated to Australia may be ranked slightly differently and may include: knowledge of the aged care system in the Australian context; confidence in the service/industry; and eligibility to access the Commonwealth subsidised system.

As recently noted by the Productivity Commission, awareness of the reforms currently underway in aged care is low among older Australian's, which has had an impact on the implementation of the reforms as well as impeding older people from making informed decisions about their care^v. If this is the finding relating to the broader Australian community then it is feasible that this problem is more acute in communities that have immigrated to Australia, especially from non-English speaking countries.

As identified by the Federation of Ethnic Communities' Councils of Australia (FECCA) in a report^{vi} published earlier this year, the provision of information is one of the key areas requiring improvement. The report highlights the fact that people may seek assistance with finding information from their family and people in their community and that many communities will not look for information on entitlements on government websites. Additional challenges that may exist in effectively informing people that have migrated to Australia is informing them of what aged care services are available in Australia rather than working on the assumption that the system is the same as the one in their previous country of residence. For example, residential aged care facilities may be perceived as institutional care, which often has a negative association, or people may not have previously encountered the idea of community nurses. It is important for people, both migrant and Australian-born, to understand what aged care services are and what they are not and have confidence that the service available is safe and of a high quality.

The provision of information to older people living in Australia, regardless of their place of birth, is a considerable challenge that is likely to require a number of different strategies, including different medium, in order to inform the target audience.

As identified by the Australia Institute of Health and Welfare (AIHW)^{vii}, people born in non-English speaking countries (NESC) have a different pattern of aged care service utilisation than their Australian and main English speaking country-born (MESC) counterparts. The report published in 2014 indicates that people born in NESC are more likely to access assistance through home care services rather than residential care when compared with their Australian and MESC born peers. Evaluation of this service utilisation may identify any potential barriers, real or perceived, that could determine whether these trends are based on cultural norms or system failures. If this information does indicate a service preference, then proactive and responsive approaches will need to be

identified to address this as the composition of the ageing population in Australia continues to change.

The provision of services may be complicated due to cultural considerations for both the person receiving services and the person delivering them. Easily accessible, practical information needs to be made available to service providers to assist them in delivering services, especially for ethnic minorities that they may not have worked with before. This also needs to be balanced with the person receiving services recognising that some behaviours that are considered acceptable in other countries may challenge Australian cultural norms. LASA has received feedback that some service providers are encountering practices that would be considered a form of elder abuse in Australia yet it may not be perceived that way in other countries. This therefore places the provider in a difficult situation of how to respond in these circumstances, especially given the mandatory reporting requirements of the Aged Care Act. LASA has also received feedback that this may occur in situations where the assurer of support listed on a victim's visa is the one committing the abuse, further complicating this situation. It is unlikely that this is an issue isolated to aged care and therefore is likely to require a broader conversation.

Another area of concern relates to census data^{viii} that indicates in 2011, 105,237 people were classified as homeless (compared to the 2006 figure of 89,728) with about three quarters of the increase in the homelessness estimate accounted for by people who were born overseas (accounting for about 30% of the homeless population).

An area that has also not been fully studied are those migrants who are coming to Australia on humanitarian visas who may be suffering post-traumatic stress disorder and other forms of mental health issues. The Migrant Intake into Australia - Draft Report states that the humanitarian intake for 2015-16 will be the largest in the history of the program, with the humanitarian intake scheduled to increase to 18,750 places in 2017-18.

According to available information^{ix} there is evidence that trauma and loss may have profound and ongoing effects on people who migrate to Australia as refugees, with the mental health problems comprising anxiety disorders: post-traumatic stress disorder, depression and chronic grief. Furthermore, data suggest that people born overseas may be more likely than their Australian born counterparts to have co-existing conditions, with a combination of mental, behavioural and physical health conditions^x.

The most serious mental health problems for refugees may manifest themselves in severe depressive behaviour, agoraphobia, panic attacks, self-harm, violent or disruptive behaviour, alcohol or drug abuse, sleeping disorders, eating disorders and psychosomatic illness.

The age services industry works extremely hard to ensure that appropriate care and services is provided to people requiring specialist mental health care, however the funding systems that affect both home and residential care does not fully recognise the specific needs of the migrant population, especially those who arrive in Australia on humanitarian visas.

Again, thank you for the opportunity to comment on the Migrant Intake into Australia – Draft Report. Should you have any questions regarding this submission, please do not hesitate to contact Ms Kay Richards, LASA National Policy Manger on 02 6230 1676.

Yours sincerely,



Patrick Reid
Chief Executive Officer
Leading Age Services Australia

ⁱ Department of Social Services *Stocktake and Analysis of Commonwealth Funded Aged Care Workforce Activities Final Report* August 2015

ⁱⁱ Commonwealth Department of Health and Ageing 2012, *Living Longer. Living Better*. DoHA, Canberra

ⁱⁱⁱ Commonwealth Department of Health and Ageing 2012, *The Aged Care Workforce, 2012 – Final Report*, prepared by the National Institute of Labour Studies, NILS, Adelaide.

^{iv} Mid-Year Economic and Fiscal Outlook 2015-16 December 2015

^v Productivity Commission 2015, *Housing Decisions of Older Australians*, Commission Research Paper, Canberra.

^{vi} Federation of Ethnic Communities' Councils of Australia 2014-15, *Multicultural Access and Equity: Building a cohesive society through responsive services*, FECCA, Canberra.

^{vii} Australian Institute of Health and Welfare 2014, *Cultural and Linguistic Diversity Measures in Aged Care*, cat. no. AGE 74, AIHW, Canberra.

^{viii} Australia Bureau of Statistics 2011, *Census of Population and Housing: Estimating Homelessness*, cat. no. 2049.0, ABS, Canberra.

^{ix} Mindframe National Media Initiative, *Culturally and linguistically diverse populations* n.d. viewed 16th December 2015 <http://www.mindframe-media.info/for-media/reporting-mental-illness/priority-population-groups/culturally-and-linguistically-diverse-populations#ref>

^x Australian Bureau of Statistics 2015, *National Health Survey: mental health and co-existing physical health conditions, 2014-15 – Australia*, cat. no. 4329.0, ABS, Canberra.