



SENATE INQUIRY ON THE FUTURE OF AUSTRALIA'S AGED CARE SECTOR WORKFORCE

SUBMISSION

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AGED AND COMMUNITY SERVICES AUSTRALIA

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ABOUT ACSA

Aged & Community Services Australia (ACSA) is the leading national peak body for aged and community care providers. It represents church, charitable and community-based organisations providing housing, residential care, community care and home support services to older people, younger people with a disability and their carers.

ACSA members provide care and support in metropolitan, regional, rural and remote regions across Australia.

The ACSA Federation is made up of the following members:

- Aged & Community Services NSW & ACT (ACS NSW&ACT);
- Aged & Community Services SA & NT (ACS SA&NT);
- Aged & Community Services Tasmania (ACS Tas);
- Aged & Community Services Western Australia (ACSWA);
- Aged & Community Services Australia - Victoria (ACSA Vic);
- Aged & Community Services Australia - Queensland (ACSA Qld).

Mission-based and other not-for-profit aged care organisations are responsible for providing services to those older Australians who are most in need. As at 30 June 2015 not-for-profit organisations delivered 57.1% of residential aged care services and 81.6% of home care packages in Australia.¹

These organisations are visible and highly accessible in the community and as a result, the public relies on them for service, support and care. The broad scope of services provided by ACSA's membership and the leadership they display gives it unique insights into the challenges and opportunities that come with the ageing of the population.

¹ Based on Commonwealth of Australia (Department of Health) material (2015). '2014-15 Report on the Operation of the Aged Care Act 1997', Canberra, 49, 38.

INTRODUCTION

ACSA refers to its 2015 paper *The Aged Care Workforce in Australia* (available at http://www.agedcare.org.au/news/copy_of_2014-news/acsa-position-paper-the-aged-care-workforce-in-australia).

The ageing of Australia's population is one of the best-known facts in public policy today. However, general familiarity with this does not always translate into an appreciation of its implications for Australian society and governments. In particular, the aged care workforce has not received sufficient attention from government to ensure policy settings will provide an appropriately skilled workforce to meet the future care needs of older Australians. ACSA welcomes the Senate inquiry into the aged care workforce.

Aged care is a 'people business' that involves people providing care and support to other people. As the population ages, so too does the need for skilled, flexible workers to provide care and support to the increasing number of older Australians. However, the growth in numbers of older Australians has not been matched by growth in the working age population. This major change will increase the level of competition for workers among the various employment sectors. Given these significant changes in demography, aged care service providers will not be able to continue using the same staffing methods and models. There simply will not be enough staff available to maintain current approaches.

At the same time, broader policy changes and consumer preferences are beginning to affect the way services are delivered. The aged care workforce of the future must adapt to these changes by using technology effectively to increase efficiency and improve quality, placing a greater emphasis on training to broaden staff skills and capabilities and creating flexible working arrangements that promote consumer choice and staff satisfaction. By successfully adapting the aged care work environment to meet changing needs, aged care services will increase the overall appeal of working in the sector and strengthen recruitment and retention.

In addition, the issue of geographic distribution of the aged care workforce (and the broader health workforce) has become increasingly prominent in recent years. Aged care services in rural and remote Australia are experiencing particular challenges in accessing the necessary workforce to provide services to older Australians living in these areas.

Given the significance of ageing and aged care spending in the Federal Budget, it is crucial that government and industry work together to ensure that Australia retains a flexible, responsive, high quality and sustainable aged care system.

It is imperative that government, the aged care sector and other related organisations, such as skills and training bodies, work together to plan for and develop the aged care workforce of the future. Positive action in these areas now can lay the groundwork for innovation in service delivery into the future.

DISCUSSION

In developing this submission, consideration has been given to the Terms of Reference of the Inquiry. ACSA has provided comment against the elements of the Terms of Reference; in cases where ACSA's views fall across several such elements, these have been grouped.

Overall, ACSA believes it is imperative that a co-ordinated approach to aged care workforce research, planning and development be undertaken: a piecemeal response will not achieve the objectives of producing the care workforce older Australians need and will expect.

In addition, the longer appropriate investment and support is delayed, the larger the final cost is likely to be. If steps are not taken in advance, it will become necessary to attract a large number of workers into the aged care sector at short notice. As has been highlighted in the recent mining boom, attracting large numbers of workers in a short time requires significant increases in salary. Consequently, if action is delayed, it is likely that wages and costs in the aged care sector will be required to rise sharply. In addition to the direct costs from such a course, the large size of the aged care labour force means sharp wage increases in the aged care sector may well translate into broader inflationary pressures. A more considered approach, addressing today's needs and taking pre-emptive action for future needs, is likely to prove the most cost-effective response.

ACSA believes, therefore, that consideration of investment in the aged care workforce not be dominated by short-term fiscal imperatives or the vagaries of factors such as the international commodities cycle – as a long-term challenge requiring a measured response, ACSA urges that appropriate provision be made in long-term Budget planning to support such a response. While government is not solely responsible for an appropriate aged care workforce, availability of stable funding streams is an important enabler for the efforts of other stakeholders.

ACSA COMMENTS ON TERMS OF REFERENCE ELEMENTS

(a) the current composition of the aged care workforce;

The aged care and services workforce has grown significantly in recent years. The 2012 Aged Care Workforce Census and Survey (2012 ACWCS) funded by the Australian Government found that the number of direct care staff working in residential aged care rose from 133,314 in 2007 to 147,086 in 2012.² Over the same period, the number of direct care staff working in Commonwealth-subsidised community aged care services (now known as Home Care Packages) rose from 74,067 to 93,359.

The same study also found that the vast majority of direct care staff in both residential (89%) and community (greater than 90%) aged care settings are female. The aged care workforce – both in residential and community settings – is older than the overall workforce in Australia and, like the population, is itself ageing.³ These staff members have high levels of work-related qualifications. In 2012, 88% of direct care workers in residential aged care and 86% of the direct care workforce in community aged care held post-secondary qualifications.⁴

The aged care workforce is also increasingly multicultural. Almost a quarter (23%) of direct care workers in residential aged care and 16% of direct care workers in the community speak a language other than English.⁵

The majority of detailed research on the aged care workforce is focused on direct care staff – registered and enrolled nurses, personal care attendants and, to a lesser extent, allied health staff. While these workers make up the bulk of the aged care workforce (at 68%), the focus on these roles obscures the fact that aged care is a highly diverse industry with a multitude of services and staff groups (for example, allied health professionals, home maintenance workers and business support staff such as finance professionals).

There is significant variation in workforce numbers across States/Territories – both in absolute terms, and as a proportion of operational aged care places. It is important that these differences not be lost in aggregate national-level data. Table 1 below outlines the number of workers in residential care facilities by State/Territory, and the number of workers per place, in 2012. Table 2 indicates the number of workers in community care by State/Territory in 2012. Note that, as the community care workforce includes services not tied to places allocated under the *Aged Care Act 1997*, places per State/Territory and a ratio of workers per allocated place would be misleading. Table 2 therefore does not contain a ratio.

² King, D., Mavromaras, K., He, B., Healy, J., Macaitis, K., Moskos, M., Wei, Z. (2013). 'The aged care workforce 2012 final report'. Canberra: DoHA.

³ King, et. al., 2013

⁴ King, et. al., 2013

⁵ King, et. al., 2013

Table 1 - Employees and Operational Residential Care Places by State/Territory

State/Territory	All PAYG [suggest say what PAYG means]employees 2012	Direct care employees 2012	Operational residential care places	PAYG employees per residential care place	Direct care employees per residential care place
NSW	61,855	45,597	64,835	0.95	0.70
VIC	55,791	40,890	48,179	1.16	0.85
QLD	37,396	26,034	33,959	1.10	0.77
WA	16,576	12,649	15,850	1.05	0.80
SA	21,023	15,297	17,621	1.19	0.87
TAS	7,075	4,707	4,781	1.48	0.98
ACT	2,021	1,471	2,031	1.00	0.72
NT	606	441	685	0.88	0.64

Data from King, et. al., 2013 and Department of Health and Ageing, 2012 Stocktake of Aged Care Places; calculations by ACSA

Table 2 - Community Care workers by State/Territory

State/Territory	All PAYG employees 2012	Direct care employees 2012
NSW	46,691	30,746
VIC	33,821	19,532
QLD	25,291	17,849
WA	19,604	10,373
SA	16,013	8,878
TAS	3,741	2,804
ACT	3,143	1,869
NT	1,497	1,308

Based on data from King, et. al., 2013; calculations by ACSA

(b) future aged care workforce requirements, including the impacts of sector growth, changes in how care is delivered, and increasing competition for workers;

This is the most challenging area for research on the aged care workforce. All predictions indicate a significant need for growth in workers, as outlined in Table 3 below. As can be seen, there is some variation in overall numbers – but the message of large growth is consistent.

Table 3 - Projected aged care workforce demand

Author	Projected workforce demand	End date	Annual growth rate
Department of Health and Ageing (2010)	827,100	2050	2.27%
Productivity Commission (2010)	980,000	2050	2.73%

Changes to care delivery and increasing competition for workers are more difficult to model at the macro level. However, increased competition for workers is unlikely to reduce the industry's demand for workers – it is probable that increased competition for workers will lead to increased labour costs or shortages of workers.

In addition, the expectations of aged care consumers are changing. While generalisations about “baby boomers” are of limited value, it is clear that today's aged care consumers (and those of the future) have higher incomes and higher expectations of material comfort and lifestyle choices. These changing expectations align to the policy direction towards consumer-directed care and in-home care. In an environment where aged care consumers expect more personalised service, the sector's workforce will require an increased focus on consumer service skills and the legal and employment flexibility to respond to consumers' wishes. This includes more workers outside the traditional key areas of nursing and personal care to support lifestyle choices and preferences. Consumers are likely to be more accustomed to paying for services than has been the case in the past – and are likely to expect their care to reflect their contribution.

In this context, it is useful to note the existence of current skills shortages in a number of areas. The 2012 ACWCS found that:

- 62.5% of residential aged care facilities (RACFs) experienced skills shortages for registered nurses (RNs)
- 33.2% experienced skills shortages for enrolled nurses (ENs)
- 48.7% experienced skills shortages for personal care attendants (PCAs)

The major reasons given for skills shortages were “Specialist knowledge required” (35.3% of RACFs) and “Geographical location of facility” (34.5% of RACFs)⁶.

The increasing acuity of care needs among aged care recipients is likely to lead to increased demand for specialised knowledge and skills in future.⁷ At present, a Certificate III is generally considered the

⁶ King, et. al., 2013

minimum qualification level for a PCA; however, the proportion of PCAs with a Certificate IV is increasing significantly: the 2012 ACWCS found the proportion of PCAs with a Certificate IV had increased from 8% to 20% between 2003 and 2012.

The shift to a consumer-directed care model in community care is likely to lead to a shift in care provision in the community care sector. As care models change, the roles of staff and volunteers who are involved in the provision of care and support services will also fundamentally change. The challenge of developing the future aged care workforce is not simply about finding more workers; rather, the challenge is finding new staffing models and ways of delivering services, transforming the composition and structure of the aged care workforce.

A focus on medication management and increased use of technology in both community and residential care suggests that employers will be expecting future employees to have broader sets of skills than in the past. This in turn will affect recruitment practices and training initiatives across the sector.

The findings of the 2012 ACWCS suggest that total employment growth has exceeded the growth of direct care staff in both residential and community aged care.⁸ This suggests an increasing demand for staff performing ancillary and other support roles – underlining the importance of understanding the aged care workforce as not being limited to direct care staff.

Another emerging influence on the aged care workforce is the impact of technology – both improved care technology and increased use of automation (including the use of robots in aged care). At this stage, it is difficult to project the short- to medium-term impact of technology on the aged care workforce: while the long-term effect is likely to be a reduction in the demand for workers, it is unclear when it might do so.

For example, robots are being used as adjuncts to care provision in aged care today (in Europe⁹ and Japan¹⁰, but also in Australia¹¹). In future, greater availability of robotic technology may lead to productivity enhancements that reduce the demand for workers – but when this will happen is not yet clear. Underlining the complexity of forecasting the impact of automation on the demand for workers in aged care, some auto manufacturers are replacing robots with human workers for highly-customisable products.¹² If this trend is replicated in aged care in coming years, it may lead to a decrease in demand for human labour in repeated tasks and an increase in demand for human labour in tasks not easily repeated.

⁷ Productivity Commission. (2011). 'Caring for older Australians, report no. 53, final inquiry report', Vol 2, Canberra, 367.

⁸ King, et. al., 2013

⁹ Motherboard, 6 May 2014. 'Robots are caring for elderly people in Europe'. <http://motherboard.vice.com/read/robots-are-caring-for-elderly-people-in-europe>

¹⁰ Australian Ageing Agenda, 6 August 2014. 'Japan eyes robotic future for aged care'. <http://www.australianageingagenda.com.au/2014/08/06/japan-eyes-robotic-future-aged-care/>

¹¹ La Trobe University, Research Centre for Computers, Communication and Social Innovation. <http://www.latrobe.edu.au/reccsi/media-releases/robots-in-aged-care>

¹² Australian Financial Review, 25 February 2016. 'Mercedes kicks robots off assembly line'. <http://www.afr.com/business/transport/automobile/mercedes-kicks-robots-off-assembly-line-20160225-gn47mo#ixzz41FCuzdYL>

The aged care workforce is subject to a number of trends in both supply and demand:

- A strong short term trend of growing demand for workers
- A long-term trend of reduced supply of workers
- A long-term trend of increased use of capital and technology to substitute some tasks currently done by workers
- A long-term trend of increased demand for care

The interaction of these trends is difficult to forecast – while it is clear that demand for aged care will increase in the long term, the relative contribution of workers and technology in meeting these demands is less certain.

However, in the short term, the dominant element will be the demand for workers to meet care needs under existing care provision models. Thus, Australia faces a strong need for additional workers in the next few years – regardless of technological developments in the medium or longer term.

(c) the interaction of aged care workforce needs with employment by the broader community services sector, including workforce needs in disability, health and other areas, and increased employment as the National Disability Insurance Scheme rolls out;

The introduction of the National Disability Insurance Scheme (NDIS) and the likely increased demand for workers in the broader health and community services sector is likely to increase pressure on the potential aged care workforce.

The NDIS and aged care providers will be targeting similar demographics, with the entry-level qualification for community services, NDIS and aged care being the newly-introduced Certificate III in Individual Support. The increasing demand for workers from the NDIS can be expected to reduce the pool of potential aged care workers.

Similarly, the projected need for increased workers in the health sector (driven, in large part, by the ageing of the Australian population) means that aged care will be facing heightened competition for workers such as Registered Nurses, Enrolled Nurses and allied health professionals. As noted above, these are already areas in which aged care providers are experiencing skills shortages – growing demand for health and care professionals is likely to exacerbate these shortages.

The NDIS and the aged care sector will also interact through care provision for older people with disabilities. This offers the possibility of developing collaborative care arrangements. It is important that regulations allow for a care model based on a person's needs rather than their age; it would be disappointing if a focus on maintaining barriers between disability and aged care funding were to reduce the scope for innovation.

(d) challenges in attracting and retaining aged care workers;

(e) factors impacting aged care workers, including remuneration, working environment, staffing ratios, education and training, skills development and career paths;

A number of challenges in attracting and retaining aged care workers have been identified in research.

Remuneration is a frequent area of examination; however, other identified factors impacting on retention of aged care workers include training and development, job status and recognition, job satisfaction and developing career prospects.

Challenges for the sector include:

- the status and image of aged care not reflecting its importance as an industry and an employer in Australia
- providing sufficient training and development opportunities to workers in an environment where government support for training and development is being reduced (such as with the termination of the Aged Care Education and Training Incentive)
- providing job security
- adequacy of remuneration

(f) the role and regulation of registered training organisations, including work placements, and the quality and consistency of qualifications awarded;

The aged care industry has expressed concerns with the quality and consistency of qualifications awarded over a number of years.

Evidence indicates significant variability in the quality of training and qualifications awarded by registered training organisations (RTOs): while many RTOs provide high-quality training and have strong links with employers, there are other RTOs whose graduates are considered to lack the necessary skills for successful employment in the industry.

The findings of the Independent Validation of Assessment Industry Report – Aged Care carried out by the SA Department of State Development support this anecdotal evidence. Employers surveyed for the report found that significant numbers of graduates of Certificate III in Aged Care courses were considered unsuitable for employment – 49% of employers reported that 50% or more of the graduates they interviewed were considered unsuitable for employment in the industry. The most commonly identified areas of inadequate skills were language skills; understanding of wellness-focused care approaches; and dementia management.¹³

¹³ Department of State Development (2015). 'Skills for All Independent Validation of Assessment Industry Report – Aged Care Industry'.

(g) government policies at the state, territory and Commonwealth level which have a significant impact on the aged care workforce;

(l) impact of the Government's cuts to the Aged Care Workforce Fund;

(i) the role of government in providing a coordinated strategic approach for the sector;

The aged care sector is primarily affected by government policies at the Commonwealth level. However, State and Territory policies can impact on the retirement living sector and on the availability of training in the VET sector, through their provision of training subsidies.

The centrality of the Commonwealth Government to the aged care sector, through its regulatory and funding roles, requires that the Commonwealth be an active participant in providing a coordinated strategic approach for the sector. However, it is important that the role of government be understood as that of a partnership with other stakeholders – service providers, older Australians, and the broader Australian community. To this end, ACSA's position paper, "The Aged Care Workforce in Australia" calls for a partnership approach in developing an Aged Care Workforce Strategy. A partnership approach will ensure that the needs of all stakeholders are adequately considered and weighed, and that each can make an effective contribution.

ACSA calls on the Commonwealth Government to work with aged care providers, training organisations and other stakeholders to develop an Aged Care Workforce Development Strategy. This strategy should consider:

- Improved workforce planning commencing with national and regional staffing projections based on population data that includes the contribution made by support and administration staff
- A specific budget allocation to be made available for sector wide leadership development
- The impact of emerging models of care on work patterns and the diversity of work roles
- Action plans for improving attraction, recruitment and retention in aged care
- Key partnerships and initiatives for building a skilled, modern and diverse aged care workforce
- The importance of immigration in meeting the future workforce needs of the aged care sector

The role of immigration is of particular importance, as there are multiple facets to be considered.

First, and perhaps most obviously, immigration provides a potential supply of workers to address projected shortfalls in the Australian workforce. Aged care providers already draw upon recent immigrants as a key staffing pool for a number of roles within the sector.

However, immigration as a solution to workforce needs also raises some challenges. First, in a time when Australia's unemployment rate is rising and our prime-age workforce participation rate is declining, there are concerns that immigration may displace Australian-born workers and contribute to increased unemployment. Second, aged care is a complex intercultural environment – staff, managers and care recipients all bring different cultural expectations and understandings and potentially different languages (in particular, older people may return to their first language). This makes communication between these groups potentially challenging, and adds to the complexity of

working in aged care. Increasing numbers of recent immigrants in the aged care workforce will intensify these challenges.

Immigration, on balance, is likely to be an important tool in addressing workforce shortages in the aged care sector. However, it is important that it not be regarded as a panacea – increasing the proportion of recent immigrants in aged care will require attention to providing workers, managers and care recipients with the tools to support intercultural communication and working, to ensure an appropriate care and work environment.

Recent changes to aged care workforce programs, including the reduction in funding to the Aged Care Workforce Fund and the cessation of the Aged Care Education and Training Incentive (ACETI) program, seem to have been driven primarily by short-term considerations and a focus on current-year fiscal outcomes. ACSA is keen to work with the Australian Government and other stakeholders to develop a framework to support more long-term assessment of aged care workforce programs and investment.

The release of the Stocktake and Analysis of Commonwealth funded Aged Care Workforce Activities (the Stocktake) has indicated that many programs lack robust evaluation data – especially at the policy level.¹⁴ ACSA is supportive of robust evaluation being built into program and policy design, to ensure effective and efficient use of taxpayer funds. ACSA believes that evaluation of aged care workforce programs is an effective avenue for stakeholders to engage with policy and program development. Well-designed evaluation strategies can provide participants in the aged care sector with opportunities for meaningful engagement in the architecture of the sector, including scope for co-designing policies and programs.

Program and policy evaluation is likely to be most effective when informed by an overall Aged Care Workforce Strategy – this will allow assessment of progress in achieving identified strategic goals, and will assist in insulating policy and program decisions from more short-term considerations.

¹⁴ Department of Social Services (2015). 'Stocktake and Analysis of Commonwealth funded aged care workforce activities'.

(j) challenges of creating a culturally competent and inclusive aged care workforce to cater for the different care needs of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups and lesbian, gay, bisexual, transgender and intersex people;

(k) the particular aged care workforce challenges in regional towns and remote communities;

The 2012 ACWCS found significant challenges in filling vacancies for aged care services in regional and remote areas. Some of the challenges experienced by aged care services in these areas include:

- Difficulty attracting and retaining staff and their families due to:
 - pay differences when compared to other employers including Commonwealth and State governments and mining, tourism and seasonal work
 - social isolation and lack of other facilities such as medical services, education and transport
 - professional isolation
 - lack of mentoring
- Difficulty in attracting staff can mean that providers need to maintain higher staff levels to act as a buffer against understaffing
- A premium may need to be paid to attract permanent staff in regional and remote areas
- Relocation costs may need to be paid to attract skilled managers or clinical staff
- Increased agency staff usage due to the inability to attract permanent staff. Agency staff may cost between 30% and 40% more than the award. As agency staff are often from the city/regional centre a price premium is paid to the agency to cover travel and accommodation costs
- Difficulty accessing adequate clinical staff to meet the increasing proportion of high care residents, which can also create compliance issues

The aged care sector has increasingly been emphasising the need for person-centred care that recognises and responds to an individual's life history and experiences as a driver of care needs. As this responds to increasing societal awareness of individual differences, it is an evolving process rather than a discrete task.

Some of the challenges include limited availability of research on culturally diverse workplaces; the limitations inherent in governmental perspectives that position cultural and linguistic diversity as a feature of individuals, rather than of environments and societies. It is likely that diversity of personal experience will be an increasing feature of both the aged care workforce and of aged care consumers. It is important that aged care services are able to access support for staff to provide an appropriate care environment and a supportive working environment.

(m) any other related matters

The deregulation of the aged care sector, and increasing consumer sovereignty, are likely to pose challenges for the future aged care workforce.

Consumer sovereignty, such as consumer control over use of individual care budgets, has the potential to allow disaggregation of services provided through these budgets. This disaggregation,

combined with the rise of the “gig economy” (or “Uberisation” - characterised by the use of internet-based service co-ordinators disrupting traditional employment and service provider models) may have large impacts on the future of the aged care workforce.

While aged care providers are supportive of the opportunities provided by innovative platforms and business models, it is important that risk be appropriately identified and allocated. This includes areas such as:

- accreditation of staff and services
- responsibility in case of dispute
- insurance and indemnity

ACSA believes it is important the workforce implications of aged care deregulation and consumer sovereignty be appropriately considered and managed. While these policy changes may not increase the size of the workforce, they are likely to have a significant impact on employment structures and appropriate regulation.

SOURCES

Australian Ageing Agenda, 6 August 2014. 'Japan eyes robotic future for aged care'.
<http://www.australianageingagenda.com.au/2014/08/06/japan-eyes-robotic-future-aged-care/>

Australian Financial Review, 25 February 2016. 'Mercedes kicks robots off assembly line'.
<http://www.afr.com/business/transport/automobile/mercedes-kicks-robots-off-assembly-line-20160225-gn47mo#ixzz41FCuzdYL>

Commonwealth of Australia (Department of Health) material (2015). '2014-15 Report on the Operation of the Aged Care Act 1997', Canberra

Department of Social Services (2015). 'Stocktake and Analysis of Commonwealth funded aged care workforce activities'

Department of State Development (2015). 'Skills for All Independent Validation of Assessment Industry Report – Aged Care Industry'

King, D., Mavromaras, K., He, B., Healy, J., Macaitis, K., Moskos, M., Wei, Z. (2013). 'The aged care workforce 2012 final report'. Canberra: DoHA

La Trobe University, Research Centre for Computers, Communication and Social Innovation.
<http://www.latrobe.edu.au/reccsi/media-releases/robots-in-aged-care>

Motherboard, 6 May 2014. 'Robots are caring for elderly people in Europe'.
<http://motherboard.vice.com/read/robots-are-caring-for-elderly-people-in-europe>

Productivity Commission. (2011). 'Caring for older Australians, report no. 53, final inquiry report', Vol 2, Canberra