

Workforce needs of an Intergenerational Care program in Australia: A preliminary review of Australia's aged care and child care workforces

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ABSTRACT: *An intergenerational care program in Australia addresses important social needs for our vulnerable population. However, developing such a program means consideration is needed to the workforce required. This paper presents a preliminary review of the Aged Care and Child Care workforces in Australia. Upon review of these workforces, using data from the 2012 and 2013 census of the aged care and child care workforces, this paper established that there were many similarities and only a few differences between the workforces. Thus, creating an interprofessional workforce that includes specialists in child care and aged care is possible and may produce professional development opportunities that are not offered elsewhere.*

Keywords: Aged care, child care, workforce, intergenerational care, interprofessional teams

The anticipated rise in the demand for care services associated with an aging Australian population is compounded by rising childlessness, declining family size, shifts in perceptions of family obligation, rising divorce rates and rising female employment rates (AIHW, 2004, p38). Expected shortfalls in the availability of primary caregivers as a result of changing demographics highlight the need to direct future services towards meeting these challenges. These changing economic, demographic and social pressures have resulted in an increased need for quality and cost effective care arrangements in Australia for both the elderly and young (Baxter, 2002; MacDonald 2000). This is because there is a rising number of people (mainly women) living in Australia who belong to the 'sandwich generation' – i.e. responsible for looking after both their ageing parents as well as their dependent children, while also trying to make ends meet financially (Evans & Kelley, 2002).

Recent evidence suggests that finding appropriate care for both the elderly and the young is difficult (Brady & Perales, 2013) and/or is in fact unsuitable to the person in need or their carer (Vecchio, Fitzgerald & Radford, 2014). To address this, alternative models of care for the elderly and young are needed in Australia. One such model is an intergenerational care program. To develop such a model, an understanding of the formal and informal child care and aged care system is needed. In

this paper formal care is defined as paid programs offered to help support those in need that are funded by either the state or federal government. In contrast, informal care is defined as care provided within the community by family. Older people may be cared for by spouse and adult children. Children may be cared for by grandparents or extended family (Brady & Perales, 2013). This paper therefore present a preliminary review of the current workforce arrangements in both settings in order to start identifying the supports and constraints that may exist if an Intergenerational Care Program is developed in Australia.

LITERATURE REVIEW

The use of formal and informal child and aged care in Australia is rising (Brady & Perales, 2013; Jha, 2014). In 2008, approximately 750,000 children attended formal child care, and about 1 million children attended some form of informal care (ABS, 2010). By 2014, this number had increased to over 3.8 million children who utilised some form of approved child care (ABS, 2014). Similarly, approximately 989, 586 people receive some form of aged care (AIHW, 2003). This is expected to increase as the population continues to age.

Research regarding the use of informal care provided by grandparents for children has generally agreed that it provides a positive experience for the child. Research by Kuhlthau and Mason, (1996) found that grandparents, particularly grandmothers, can be seen by the child as substitutes for maternal care, which is important in the developmental and behavioural outcomes of children. In addition, the maternal attention and bonding provided by the grandparents was found to be essential for the social and psychological wellbeing of a child by Catherine Booth and her colleagues (2002). Consequently, grandparents play an important role in child care. However, not all families can access grandparent care, and indeed it is possible that similar results can be found with grandparent-substitutes. These substitutes can be used as additional support systems to teach valuable lessons to children or to assist develop the reading, writing, and comprehension skills of younger children who would normally not have access to these people. This is the aim of an intergenerational care program

– to provide structured activities to both older adults and younger children. In doing so, an intergenerational care program may in fact yield positive results within an Australian context.

Intergenerational Care Programs

“The term intergenerational community refers to a place that provides 1) adequately for the safety, health, education and basic necessities of life for people of all ages; 2) promotes programs, policies and practices that increase cooperation, interaction, and exchange between people of different generations; and 3) enables all ages to share their talents and resources, and support each other in relationships that benefit both individuals and communities” (Generations United, 2013, p.2).

An intergenerational care program emphasises the purposeful bringing together of younger and older people for their mutual benefit through activities aimed at meeting specific life goals (Wadsworth & Whitehouse, 2007). The purpose of these programs is to provide meaningful social roles for older adults, to allow these older adults to utilize their experiences and skills, and to give both older adults and young children opportunities to experience the pleasure and excitement that occurs with the transmission of knowledge and skills from one generation to another. In recent times there has been growing interest and growth in the number and types of intergenerational programs operating outside Australia (Boström, 2003; Heyman, Gutheil & White-Ryan, 2011; Hirn, 2007).

Such a program has resulted in many positive outcomes for both the child and the elderly, such as improved attitudes towards ageing (Cummings, Williams & Ellis, 2002; Jarrot & Bruno, 2003), improved learning outcomes in the form of sharing, helping and cooperating in children (Dellman-Jenkins, Lambert & Fruit, 1991), and overall improved wellbeing of both the older adult and younger participant (Seefeldt, 1989). However, while intergenerational care programs are well established in the United States, United Kingdom and Europe (Cook & Bailey, 2013; Sanches, 2009) they are still in their infancy in Australia. Anecdotal evidence suggests that this may be largely due to the lack of funding support to develop these programs formally within Australia. In doing so, many organisations

fund their own programs and rely on volunteers and fundraising activities to ensure offerings. This has resulted in very little published evaluations of these programs.

Another barrier that may have prevented the implementation of an intergenerational care program being developed in Australia is the perceptions of unsuitable legislative and regulatory framework. However, a recent analysis of these frameworks suggests that such a program is possible under the current child care and aged care legislation (Radford, Oxlade, Vecchio & Fitzgerald, 2015). As such, it appears that the formal development of an intergenerational care program is possible within Australia. However, because of the programmatic approach to the funding of child care and aged care in Australia, it is necessary to examine the workforce overlaps between the two to determine the workforce needs of a formal intergenerational care program. In addition, there may be different skills required to care for the young and old that needs to be addressed.

In this study our vision of an intergenerational care program includes one which provides an intergenerational care service on one campus, where child care services are provided on one side of the building, respite care services are provided on other, with an adjoining rooms dedicated for purpose built activities where the young and old come together at specified periods during the day. In proposing this model, this paper seeks to conduct a preliminary investigation of the following research questions:

1. *What are the current child care and aged care workforce characteristics?*
2. *What would be the intergenerational care workforce requirements in Australia?*
3. *Is an intergenerational care program possible in Australia, given the current childcare and aged care workforce characteristics and requirements?*

METHODOLOGY

To examine the current workforce characteristics, this study used publically available data from the child care workforce census (released 2013) and the aged care workforce census (released 2012). The comparison is completed in order to understand the similarities and differences between the workforces so that an appropriate workforce strategy can be developed for an intergenerational

program in Australia. While there may be limitations in comparing datasets of two consecutive years, these are the only available national statistics on the characteristics of these workforces. Furthermore, an investigation based on the 2012 and 2013 data is not an issue given that the information under investigation here has changed little within these two years.

RESULTS

Both the child care and aged care workforces in Australia experience staff shortages, low wage rates, and undergo constant changes due to fluctuations in funding (McDonald, 2002; Radford, Shacklock & Bradley, 2013; Meissner & Radford, 2014). As such, there are many similarities between the aged care and child care workforces. Creating an intergenerational care program in Australia requires workforce synergies in both sectors.

The child care workforce includes a total of 153,155 employees across long day care services (49.4%), preschool (17.6%), outside school care (11.8%), vacation care (10.3%) and family day care services (9.2%) employed across a range of full time, part time and casual shifts (Department of Education, Employment and Workplace Relations, 2013). In contrast, 240,350 employees are employed across a range of full time, part time and casual shifts within the aged care sector within residential care (147,000) and community care (93,350) (King et al., 2012). Combined, the aged care and child care sectors employ approximately 393,505 people in Australia from multiple backgrounds. Both the aged and child care sectors employ both direct care and non-direct care employees to help run the business and provide care.

The *direct care workforce* consists of occupations that exist only within the health or child care sector. For the aged care sector, this includes personal carers and assistants in nursing, enrolled nurses, enrolled endorsed nurses, registered nurses, allied health workers, directors of nursing, and other workers (including those that provide support services such as cooking, cleaning, administration and maintenance services) (Department of Health and Ageing, 2010; Productivity Commission,

2011). For the child care sector, direct care workers include: child care assistants, directors, group leaders, educational support staff, and early childhood teachers .

The *non-direct care workforce for both child care and aged care sectors* consists of occupations that are not sector-specific, including engineering, project management, research, architecture, marketing, human resource management, information systems, accountancy and finance. For the purpose of this paper, only the similarities and differences found in the direct care workforce of the Australian child and aged care sectors will be analysed. This is because direct care workers are considered to be the front-line staff needed to deliver the services offered and as such are the ones that have the unique skills required to run both an aged care and child care centre.

In analysing the workforce needs, consideration is needed to be gained to not only the educational similarities and differences but also the similarities and differences which will affect the management style used. Table 1 presents the descriptive statistics of the aged care and community care workforces.

Insert Table 1 about here

Age

In 2010, the average age for aged care workers was 48.5 years in comparison to 44.5 years for the public and private acute and subacute care sectors (AIHW, 2011). By 2012, the median age of an aged care worker had raised to 47 years in residential aged care and 50 years in community aged care services. Additionally, the proportion of the workforce over the age of 45 had decreased to 59.9% in residential aged care but had increased to 70% in community aged care services (King et al., 2012). In contrast, the median age of child care workers was 26 for men and 36 for women (Department of Education, Employment and Workplace Relations, 2013).

Comparing these two sectors it appears that the aged care workforce is predominately older and the child care workforce is predominately younger. One possible reason for this could be the life stage of the employee who chooses a care discipline role. In other words, it is possible that as people age

they become more comfortable in looking after older people as they are more likely to care for their elderly parents. However, the actual cause of this difference in age ranges is unknown. What is known is that the two age cohorts that exist in child care and aged care are in contrast, and creating an intergenerational care program would mean a more diverse employee profile. This means that different and more flexible human resource management strategies may be needed when managing employees within an Intergenerational Care Program.

Employment Status

There are more similarities than differences in the employment status of people working in the child care and aged care sectors, as evident in Table 1. That is, the majority of both workforces are either part time or casually employed across a number of 'shifts' to cater for the needs of the vulnerable population, with the remainder being employed full time. Thus, while there would be a need to analyse the specific workforce requirements when opening up an intergenerational care centre depending on the number of clients, it is evident that the workforce employment status that is usually used in the different sectors would be similar.

Educational Background

One of the factors differentiating between the aged care workforce and the child care workforce is the minimum entry level qualifications required. In childcare, under the new National Quality Framework, long day care organisation must employ 50% of their staff with a diploma and the other 50% must have a certificate III. In family day care centres, educators require a certificate III and coordinators require a diploma (Jha, 2014). In contrast, there are no minimal education requirements to be a personal care worker in aged care; however there are requirements for a Registered Nurse, who must hold either a Bachelor Degree or hospital-trained competencies, obtained either through a university or through a hospital training program (King et al., 2012).

The 2013 child care census revealed that 18.9% of current child care workers do not have a relevant qualification in education. Similarly, the Australian aged care workforce census revealed that

in 2012, 15.9% of Personal Care Workers, and 9.6% of Allied health workers, did not have a formal qualification from a TAFE/university provider above a year 12 certificate (King et al., 2012). Thus, there is a similar amount of workers in both sectors who do not hold relevant qualifications.

Workplace Ratios

In childcare there are minimum workplace ratios that are required to be met. For 2-3 year olds, the ratio is 1 carer to 5 children, whereas the ratio for 3-6 year olds is 1 carer to 10 children. In a family care situation, the ratio is 1 carer to 7 children overall, but for those under 6 years the ratio is decreased to 1 carer to 4 children (Australian Children's Education and Care Quality Authority, 2013; Jha, 2014). In contrast, there are no set ratios in aged care. This means that when setting up an Intergenerational Care Program in Australia, the ratios for the care of the children need to be considered.

Police Checks and First Aid/CPR requirements

Both child care and aged care workers require federal police check clearances and first aid / CPR certifications to work in their field. Thus, the employees of an intergenerational care program would require the same certifications.

DISCUSSION

This study sought to examine three research questions. The first related to examining the current child care and aged care workforce characteristics in Australia. The second explored the intergenerational care workforce requirements that would exist in Australia. The third question explored the possibility of creating an intergenerational care workforce given the child care and aged care workforce characteristics. In exploring these questions in more detail, this study found that the two workforces are more similar than different. Thus, the creating of an intergenerational care program would not be of substantial difference from a workforce perspective to the current child care and aged care workforce needs. However, there would be some considerations needed to the workforce profile of employees.

First, the workforce is expected to be diverse in age. This diversity will on one hand bring improved creativity (Crampton & Hodge, 2007) and improved productivity (Ilmakunnas & Ilmakunnas, 2011) to the organisation. On the other hand, age diversity may in fact create some challenges to the working environment, as older workers have been found to prefer different human resource management strategies to younger workers (Weston, 2006). In particular, older workers have been found to prefer the professional opportunities available, the amount of praise, control, recognition and respect they received and the extrinsic rewards offered to them by their organisation (Weston, 2006). Whereas, younger workers are more likely to value the relationships they hold with their supervisors, colleagues and attachment to the work itself (LeVasseur, Wang, Mathews, Boland, 2009). Furthermore, younger workers have been found to value flexible work practices and career development opportunities more so than older workers (Smola & Sutton, 2002; Weston 2006). Consequently, an intergenerational care program would need to provide flexible work hours, good working relationships, good pay, and a reward system designed to retain both older and younger workers.

This flexibility in working hours is also important due to the highly feminised workforce that is expected. Given the nature of shift work, and the expected part-time/casual nature of the employment pool in an Intergenerational Care Program, this flexibility is inherently possible; however, upon recruiting staff it is important to consider this in line with other expectations.

A notable difference between the child care and aged care sectors was the required qualifications. That is, child care staff require education related qualifications whereas aged care staff required health care related qualifications. There are several opportunities that present itself with this difference in terms of working arrangements. The first and perhaps the simplest solution would be to ensure both a child care and aged care staff member is rostered on at any one time when both aged care and child care clients are mixing. The other is to encourage staff to obtain both qualifications. However, this in itself means that the workforce may be impacted by the professional identity that each employee holds.

Professional identity relates to the way each profession categorises itself and differentiates itself from other professions (Schein, 1978). In this way, professional identity is developed from: the way that person sees others, the way that other people see that person and the way that person sees themselves (Fitzgerald, 2002). When a person's professional identity is threatened people tend to fall back on stereotypical and usually negative categorisations of a profession in order to resolve the self-conflict. However, in doing so, this creates tension and possibly conflicts in the workplace (Radford & Fitzgerald, 2015). Consequently, the development of an intergenerational care program would mean that the organisation needs to invest in the development of an interprofessional team.

An interprofessional team is a group of professionals from different disciplines working collaboratively in an integrated team to draw on individual and collective skills and experiences (Radford & Fitzgerald, 2015). This means that it becomes important for all team members to understand the value that another discipline has in their working environment. In doing so, an investment in team-building training activities is needed in the first instance, and ongoing to ensure a collaborative interprofessional team environment is developed. To ensure the right people are recruited, it may also be important to include an interview question about what it means to be working collaboratively in a cross-discipline manner to all employees. Following this, a work sample of working interprofessionally may also be used as a recruitment tool. This would allow unsuitable candidates to be screened at the interview stage of recruitment, and may be one way of preventing team conflict early on.

Collaborative, team-building exercises would also be needed to be built into the orientation program of all new team members as well. This could be in the form of shadowing or through the use of an inter-disciplinary buddy program where all employees spend time with a colleague who is not from their discipline in order to understand what the other employee adds to the organisation. This in itself may encourage professional development opportunities and as such, influence the retention of employees long term.

Combined this study provides strong support for the development of an intergenerational care program from a workforce perspective. It suggests that while there are some differences, these differences in the workforce profile can be mitigated and are largely outweighed by the similarities between the two workforces. This paper has also provided strategies for the development of an intergenerational care workforce from a human resource management perspective and in doing so, has effectively established the need to create a positive, supportive interprofessional workforce to support the vulnerable population of Australia. However this study is not without its strengths and limitations.

Strengths

This paper is the first of its kind to explore the workforce requirements of developing an intergenerational care program in Australia. In doing so, it has reviewed both workforces and suggested strategies for the creation of an effective and efficient workforce that provides care for the young and the old.

Limitations

This paper is limited to the secondary publically available data provided by the child care census in 2012 and the aged care census reports in 2014. In doing so, more detailed analysis could not be performed however given that this paper is descriptive in nature, it is anticipated that these analyses would not add significantly to the discussion presented. In addition, this paper is limited to the statistics available on the aged care and child care sectors, which are dated and in some cases more than 5 years old. It is anticipated that some changes have since occurred. Finally, a detailed comparison of the specific competencies gained by child care and aged care certificate level qualifications has not been undertaken in this preliminary study. Therefore, future research is needed to continue this analysis in more depth to critically examine the similarities and differences between the child care and aged care qualifications.

CONCLUSION

In conclusion, this paper has proposed that the development of an intergenerational program would create social value in Australia. In doing so, the creation of a workforce that supports this program would need to be flexible, supportive and adaptable for an interprofessional team. This means that an investment is needed in training and orientation programs to encourage the development of supportive teams that respect each other's disciplines. Consideration would also be needed to the work profile of rosters at all times, given the differences in education requirements for aged care and child care workers. However in doing so, this may also create more professional development opportunities, which in time would support the ongoing retention of the workforce.

In addition to the comparison of qualifications, future research is also needed to establish the philosophy of care and service delivery models required to support an intergenerational care program in Australia, which will impact the workforce characteristics needed in the program. However, the overall findings of this study suggest that the workforce characteristics are more similar than different and support the development of an intergenerational care program in Australia.

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Table 1: Demographics and Work Characteristics of the formal Child Care and Aged Care Workforce

	Child Care	Aged Care	
		Residential Care	Community Care
Total number of people employed in the sector	153, 155	147,000	93,350
Median Age	36 (females) 26 (males)	47	50
Gender			
<i>Female</i>	94.0%	90%	
Employment status			
Full time	33.5%	9.5%	10.6
Part time	66.5%	71.8%	62.1
Casual	-	18.7%	27.3
Minimum education requirements	Certificate III (or working towards one)	Nil	Nil
Workplace ratios	<i>Child care centre</i> 1:5 for 2-3 year olds, 1:10 for 3-6 year olds <i>Family day care</i> 1:7 overall but 1:4 for those under 6 years	Nil	Nil
Other requirement	Federal police check, first aid and CPR certifications needed	Federal police check, first aid and CPR certifications needed	Federal police check, first aid and CPR certifications needed