

# Introduction

This report focuses on the health and community services workforce and is based on the 2001 census. It makes some comparisons with the 1996 census data published by the Australian Institute of Health and Welfare (AIHW) in *Health and Community Services Labour Force 1996*. The five-yearly census is the most comprehensive data source on all of the occupations, although more detailed information on a number of the professions that require registration is available from other data sources.

The report will be of particular interest to those involved in health and community services workforce planning. Many health and community services workforce planning issues involve a specific occupation or a specialised subset of that occupation; this report provides a wealth of detailed information on the numbers, and the demographic and work characteristics of health and community services workers. The real power of the census is its ability to provide population data as well as data on all occupations in relatively small geographic areas. This allows analysis of occupational growth and mix in the context of changes in population size and structure in rural and remote areas, which makes this report of value to those who are interested in assessing patterns of provision of health and welfare workers across Australia.

This chapter provides an overview of the health and community services industries and occupations, and illustrates the relationship between them.

The following chapter provides contextual information relevant to interpreting changes in the health and community services labour force that are occurring. The chapter starts by describing changes in the age profile and geographic distribution of the Australian population. It then describes the role of health and welfare services in the economy, discusses change in the numbers of employed people and in the occupational mix within the relevant industries, and provides data on changes in income and hours worked.

The main body of the report has chapters that describe the health and community services workforce in detail: the characteristics of health and community services workers; information about each of the specific occupations; and finally the geographic distribution of the workers in those occupations.

## Health and community services industries and occupations

The main focus of this report is on health and community services occupations, based on the Australian Standard Classification of Occupations (ASCO) (see Explanatory notes). ASCO classifies occupations by skill levels – managerial, professional, associate professional, tradesperson etc. Related occupations that may be separated by skill level in the classification are grouped under headings to facilitate analysis. For the health occupations, these include medical workers, medical imaging workers, dental workers, nursing workers, pharmacist workers, allied health workers, complementary therapies workers and miscellaneous health workers. For the community services occupations, the groupings are child and youth services, family services workers, disability workers, aged and disabled care workers and other community services workers. As an example, the occupations of director of nursing, registered nurse, enrolled nurse and nursing assistant are grouped under the heading

'nursing workers', and the occupations of welfare worker, family counsellor and family support worker are grouped under 'family services workers'.

Most people in the health occupations are employed in the health industries, and many in the community services occupations are employed in the community services industries. However, there is not a direct match between the occupations and the industries: some of those employed in health or community services occupations work in other industries, while people employed in occupations other than health or community services work within the health and community services industries. This relationship is shown diagrammatically in Figure 1, with the part outlined by the heavy box comprising the core of this report.

The health and community services industries in this report are based on the Australian and New Zealand Standard Industry Classification (ANZSIC) used for the 2001 census (see Explanatory notes). The broad health industries included in this report are hospitals and nursing homes, medical and dental services and other health services, and the broad community services industries are child care services and community care services. The broad industry grouping of 'other health services' includes pathology services, optometry and optical dispensing, ambulance services, community health centres, physiotherapy services, chiropractic services and health services not elsewhere classified (n.e.c).

	<b>Health and community services industries</b>	<b>Other industries</b>
<b>Health occupations</b>	405,250 employed persons Doctors Nurses Dentists Allied health workers Ambulance officers	45,542 employed persons Primary products inspectors Safety inspectors Environmental health officers
<b>Community services occupations</b>	145,677 employed persons Children's care workers Aged and disabled person carers Refugee workers	91,379 employed persons Pre-school teachers and aides Special needs teachers Social security inspectors
<b>Other occupations</b>	247,368 employed persons Managers Accountants and auditors Clerks Tradespersons Labourers	

(a) The industry in which each occupation is listed is the one in which most of the workers in that occupation are employed.

Source: ABS, Census of Population and Housing, 2001.

**Figure 1: Health and community services industries and occupations<sup>(a)</sup>**

The health and community services industries comprise the fourth largest employing industry division in the Australian economy, providing employment for almost 800,000 people, or 9.7% of employed persons, and a growth of 10.6% since 1996. Because of their size, these industries can also have an impact on the wellbeing of communities. A recent Department of Family and Community Services occasional paper identified social physical infrastructure such as hospitals and schools, and social 'soft' infrastructure such as medical and allied health professionals, teachers and institutions delivering community and welfare services as factors enhancing community wellbeing (FACS 2001).

Over two thirds (69%) of the 798,295 people employed in the health and community services industries were employed in health (405,250) and community services (145,677) occupations, a growth of 11.4% and 26.8%, respectively, since 1996.

Over 80% of those in health occupations were employed in the health industry, and 2.3% were in government administration and defence (Table A.7). Industrial and retail pharmacists are essential to health care but are employed in the manufacturing and retail industries. Most of the persons in occupations with a public health function (primary product inspectors, safety inspectors, environmental health officers and occupational health and safety officers) were employed in government administration or manufacturing or personal service industries. The makers of medical aids and appliances (dental technicians, biomedical engineers and orthotists) were mainly employed in manufacturing industries. All of the health occupations discussed in this report have some persons employed in government administration.

The community services industry employed over 47% of those in community services occupations, and 9.1% were in government administration. The pre-primary and special needs teachers were mainly employed in the education industry, which employed 22.8% of those in community services occupations.

In this and the following chapters, the numbers of people working in the health and community services occupations and industries refer to raw counts only. There has been no adjustment for the average number of hours worked, as this can not be calculated from census data. As a result it is not possible to provide full-time equivalent numbers.