

The future supply of caregivers for the elderly: should Australia and New Zealand look to the Pacific?

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New Zealand and Australia have ageing populations. When traditional dependency ratios are considered (the 65 and older population expressed as a percentage relative to the prime working age population of those aged 15-64), it was estimated that for Australia this figure was 19 per cent in 2003, but that by 2031 it would reach 37 per cent (Hugo 2009). The projected figure for New Zealand in 2036 is 40 per cent (New Zealand Department of Labour 2009). While part of this increase is due to healthy ageing, the number of elderly people requiring some form of care is projected to increase dramatically. Such care can range from occasional help with cleaning in the house through to full-scale care in a residential-home setting. While trained nurses will form part of this caregiver workforce, many of the caregivers for the elderly will be low-skilled workers.

Hugo (2007, 2009) has provided some estimates of the number of caregivers needed for the elderly in Australia through to 2031. While acknowledging the difficulties of making such projections, Hugo suggests that between 2001 and 2031 Australia might

need nearly 70,000 additional residential care workers and more than 136,000 non-residential care workers. He suggests these projections could be an underestimate given that the current Australian caregiver workforce is itself ageing.

The New Zealand Department of Labour (2009) has examined the current supply of paid caregivers for the elderly in New Zealand and has estimated the future demand for the next three decades. Its estimates suggest that between 2006 and 2036 more than 30,000 additional paid caregivers for the elderly will be needed in order to care for older disabled New Zealanders requiring a high level of care and support. The New Zealand and Australian studies therefore indicate that the number of caregivers for the elderly roughly will need to treble through to the decade beginning 2030.

The New Zealand study also demonstrated that, in 2006, caregivers for the elderly represented just less than 1 per cent of the total workforce. In numerical terms, this equates to roughly 17,900 aged-care workers; if this share is maintained to

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2036, a crude estimate suggests that there will potentially be only 21,400 aged-care workers available. Hugo (2009) notes that one uncertainty about projections for paid caregivers for Australia is the supply of unpaid, informal care. He suggests that various factors are likely to reduce the supply of unpaid care—further increasing the demand for paid caregivers. Given the number of caregivers for the elderly that will be needed in the future, the local New Zealand labour supply looks highly unlikely to be able to meet these needs.

Globally, aged care is one of the areas of the workforce where critical labour shortages can be expected. For example, the United States has estimated that an additional 650,000 nursing aides and 400,000 home-care aides will be needed between 2006 and 2016 (OECD 2008). While it is often assumed that population ageing is affecting mainly industrialised countries, it is estimated that after 2010 the numbers and proportions of older people, especially the oldest of the old, will rise rapidly not only in most industrialised, but in many developing countries (Kinsella and He 2009).

The OECD (2009) recommends three avenues for meeting the demand for caregivers for the elderly. The first is to make better use of the available caregiver workforce. This can be achieved through improving retention by increasing wage rates, changing the content of the work and improving safety standards. A second way is to reduce the need for caregivers of the elderly through, for example, initiatives promoting healthy ageing. A third way is to increase the local supply of caregivers for the elderly. This could be done by making caregiver jobs more attractive by developing training programs and establishing career structures in the aged-care sector, as well as recruiting caregivers from underrepresented or inactive populations, such as the retired elderly, men, minority groups or the

unemployed. An alternative, however, is recruiting caregivers from overseas, including from the Pacific (Hugo 2009).

In this policy note, we use New Zealand as a case study to examine

- how important Pacific migrants have been in filling caregiving jobs for the elderly
- where caregivers for the elderly might come from
- what models of migration might be appropriate.

Pacific peoples as caregivers for the elderly in New Zealand

In New Zealand, almost all caregivers for the elderly (92 per cent of the caregiver for the elderly workforce) are female. Caregivers for the elderly in New Zealand are also overrepresented in the older age groups (40 years and older) (New Zealand Department of Labour 2009). Similar patterns are evident in Australia (Hugo 2009).

Although New Zealand does not have a formal scheme for caregiver migration, there has been a rapid and growing reliance on migrant caregivers for the elderly in the past five years. In 2003–04, there were 190 work permits issued to women to enter New Zealand to become caregivers for the elderly; by 2007–08, this figure had risen to 1,769. The figure includes, however, only migrants who make the deliberate choice to work as caregivers. The proportion of recent migrants working as caregivers for the elderly is probably higher. Overseas research shows that a significant proportion of migrant nurses who are unable to gain registration in the source country due to unrecognised qualifications or English-language requirements end up taking up long-term care jobs (International Labour Office 2005).¹ In addition, migrants may

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come into New Zealand through other categories and residency streams and be working as caregivers for the elderly.

In the 10 years between 1991 and 2001, overseas-born caregivers for the aged made up roughly 20 per cent of the caregiver for the aged workforce (Table 1). By 2006, however, the proportion of overseas-born caregivers for the aged had increased to one-quarter of this workforce. This growth is also reflected in the number of work permits issued to caregivers for the aged in recent years.

The percentages of people born overseas who were employed as caregivers for the elderly since 1991 are also available (Table 2). Unlike Australia, in New Zealand in the past 15 years, migrants from the Pacific islands have been a significant and consistent source of caregivers for the aged, making up one-third of the migrant caregiver for the aged workforce in New Zealand. In 2006, the main Pacific source countries were Samoa and Fiji—each making up one-third of New Zealand's Pacific born caregiver for the aged workforce.

In 2006, the majority of New Zealand-born caregivers for the elderly—male and female—were part of the European ethnic groups (76 per cent for females; 65 per cent for males) (Table 3). The next largest ethnic group of New Zealand-born caregivers was Maori, with 19 per cent of females and 28 per cent of men in this group. Only a very small proportion of New Zealand-born caregivers for the elderly recorded a Pacific ethnicity.

In contrast, less than one-half of male and female caregivers for the elderly born overseas recorded a European response (45 per cent for both). Pacific and Asian people were significant groups among the overseas born, with 25 per cent of women recording a Pacific ethnicity and 26 per cent an Asian ethnicity. The fact that Pacific and Asian caregivers for the elderly are highly over-represented in the overseas-born but

highly under-represented among the New Zealand-born groups suggests that this is a job more likely to be taken by immigrants—either recent or longer-term migrants. In relation to the Pacific population, however, it also reflects the age structures of the New Zealand-born versus overseas-born groups. There are relatively few young people caring for the elderly and most New Zealand-born Pacific people are young. If the New Zealand-born Pacific population is compared with those born overseas, in 2006, 69 per cent of those born overseas were aged 30 or older against 16 per cent for those born in New Zealand.

Overall, the ethnic mix of the aged-care workforce is similar to the overall ethnic mix of the New Zealand population. When compared with the predominantly European older population, however, Maori, Pacific and Asian caregivers are over-represented. For example, if one compares the ethnic mix of the caregivers with those aged 70 and older in the 2006 census, one finds that the Pacific caregivers are 7.7 per cent of caregivers for the elderly but represent only 1.7 per cent of older people; for Asians it is 7 per cent caregivers versus 2.6 per cent of the older population; and for Maori it is 14.8 per cent versus 3.7 per cent for those 70 and older.

Where might the future migrant caregivers for the elderly come from?

There are many low-income countries from which low-skilled caregivers could come, including many of the traditional sources of such labour in Asia, Africa and South America. There could, however, be reasons to look closer to Australia and New Zealand—particularly the Pacific. New Zealand already has close historical links with Polynesia and parts of Micronesia and, over

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Table 1 New Zealand caregivers for the elderly, by place of birth (per cent)

	New Zealand born	Overseas born
1991	81	19
1996	83	17
2001	82	18
2006	76	24

Note: Includes female caregivers only in aged care.

Source: Census of Population and Dwellings, Statistics New Zealand.

Table 2 People born overseas employed as New Zealand caregivers for the elderly, by region/country of birth

	1991		1996		2001		2006	
	No.	%	No.	%	No.	%	No.	%
Pacific islands	1,044	39	1,152	30	1,860	32	2,712	33
South Asia	27	1	51	1	132	2	345	4
Southeast Asia	93	3	186	5	345	6	627	8
United Kingdom/Ireland	1,164	43	1,560	40	1,953	34	1,995	24
Europe, United States and Canada	285	11	27	1	63	1	318	4
China	-	-	501	13	768	13	1,146	14
Other	96	4	426	11	669	12	1,062	13
Total	2,709	100	3,903	100	5,787	100	8,202	100

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Note: Includes female caregivers only in aged care.

Source: Census of Population and Dwellings, Statistics New Zealand.

Table 3 Caregivers for the elderly born overseas and in New Zealand, by sex and ethnicity, 2006 (per cent)

	New Zealand born		Overseas born		Total number	
	Female	Male	Female	Male	Female	Male
European	76	65	45	45	23,226	1,692
Maori	19	28	0	1	4,860	564
Pacific peoples	2	5	25	18	2,556	264
Asian	0	1	26	32	2,271	309
Middle Eastern/Latin American/African	0	0	4	5	306	42
New Zealander ^a	12	12	2	3	3,216	267
Other ethnic groups	0	0	0	0	15	0
Total number	25,695	1,974	8,115	906	33,810	2,880

^a New Zealander represents a write-in response to the ethnicity question

Note: Percentages do not add to 100 as total counts are used for ethnicity.

Source: Census of Population and Dwellings, Statistics New Zealand.

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time, there have been significant migration flows—temporary and permanent—into New Zealand from these areas.² Aside from some migration from Fiji, however, there has been very little migration—permanent or temporary—from wider Melanesia to either Australia or New Zealand.³

In 2006, a World Bank report identified that many Pacific island nations—but particularly Melanesian countries—had high population growth, low employment, low incomes, major difficulties in developing local industries and few migration outlets (Luthria 2006). Where labour mobility is possible, it is generally skewed in favour of highly skilled workers. Luthria (2006) suggested that greater labour mobility would expand the employment options available to Pacific islanders. The study was influential in supporting the development of the New Zealand Recognised Seasonal Employer (RSE) scheme and Australia's horticultural pilot scheme announced in late 2008 (<http://www.workplace.gov.au/workplace/Individual/Migrant/PacificSeasonalWorkerPilotScheme.htm>). The Pacific, but particularly Melanesia, is also a possible source for caregiver workers and such migration would likely contribute to the development of the Pacific.

There are some advantages to focusing on the Pacific. First, migrants from Polynesia and Micronesia might consider New Zealand over other countries due to existing family ties in New Zealand. As discussed below, however, there are already schemes in place that could be expanded or extended to other Pacific countries. Choosing a particular area of the world to target low-skilled migrants could, however, be seen as discriminatory. This concern has been expressed in Australia (Hugo 2009), but seems to be less of a concern in New Zealand.

What models of migration might be appropriate?

Hugo (2009) suggests there are two broad migration models possible for relatively low-skilled caregivers: permanent and temporary migration. We, however, discuss three options—one a subset of temporary migration

1. opening up a stream of permanent migration for low-skilled workers
2. being part of the current temporary migration process
3. developing specific guest-worker schemes.

There are typically three main groups considered when devising policy in relation to caregivers, especially when considering migration from small, relatively poor countries

- the migrant themselves, and often their wider family
- the sending countries
- the host country—in this case, New Zealand.

Many sub-groups, however, need to be thought about. In terms of the host country, these include the following.

The people who will be cared for

This includes the quality of care given to older New Zealanders. Currently, there is no set standard for migrant caregivers. Therefore, the quality of care would differ from one employer to another and according to the migrant caregiver.

The employers of the caregivers

Employers would need to consider training and relocation costs and provide pastoral care to migrant workers. The cost would differ depending on the migration scheme

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used—that is, permanent migration would entail a one-off training and relocation cost, while temporary migration would mean a continuing cost for employers.

Local low-skilled workers

Opening up a residency scheme for low-skilled migrants is a controversial issue in many Organisation for Economic Co-operation and Development (OECD) countries, including New Zealand and Australia. The primary concerns are around the long-term employability of low-skilled migrants, their integration, their impact on the labour market and public finances and—in the longer term—the educational and labour market outcomes of their children. With the exception of Canada, Australia and New Zealand, immigrants make up a growing share of the low-skilled labour force in OECD countries (Chaloff 2008).

In New Zealand and Australia, there are relatively more foreign-born workers in the older, low-educated labour force, as immigration policy in these countries favoured the entry of more educated workers in the latter part of the twentieth century (Chaloff 2008).

In terms of the effect of low-skill migration on local low-skilled workers, one concern is that wages and conditions could be driven down. In the New Zealand context, Maori and Pacific peoples are over-represented in the low-skilled adult population. For Pacific people, this includes overseas and New Zealand born. In 2008, some of these issues relating to the impact of the historical low-skill migration from the Pacific on the New Zealand economy were the subject of debate in New Zealand after a front-page newspaper story headlined ‘Pacific migrants “drain on economy”’ (*Dominion Post*, 20 May 2008).

The wider community with whom the migrants will be expected to integrate, either on a short-term or long-term basis

There is the potential for cultural clashes with established communities in New Zealand due to different values and beliefs. Moreover, there are potential challenges within the health sector. There has been much discussion about issues of ‘cultural safety’, or, as the Nursing Council of New Zealand (2005:4) notes, ‘the effective nursing practice of a person or family from another culture’. A range of studies suggests there is an increasing diversity of clients and health workers in the health sector—and migration of low-skilled caregivers will add to this diversity. Given that effective communication between staff and clients as well among staff is so important in health delivery, there are some concerns within the health sector about English-language competency among some migrants, as well as the potential for some cross-cultural misunderstanding. There is continuing debate about how best to overcome these challenges. While the migration literature talks about aiming for a ‘triple win’, aiming for a multiple set of optimal outcomes is a challenge as trade-offs will often have to be made.

Sending countries have three main issues to be concerned about: 1) the protection and welfare of their workers, especially those in potentially vulnerable sectors such as caregiving; 2) reaping the development benefits through remittances and skills acquisition; 3) the impact on society. Issues also include the loss of skills, particularly in areas such as healthcare provision (Connell 2008; Negin 2008), and disruption of family life. Signs of this are evident in the Philippines, where a significant proportion of women are migrants.

We briefly outline current migration pathways into New Zealand and provide

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Table 4 Adapting current New Zealand migration models to facilitate caregiver migration: some suggestions

Stream	Category	Current
Residency	Work to residency	<p>Work-to-residency policies are temporary work policies that provide a pathway to residency. These temporary work categories have a corresponding residency category through which the work permit holder may apply if certain conditions are met. The current work-to-residency policies are</p> <ul style="list-style-type: none">• long-term business• talent (accredited employers)• talent (arts, culture and sports)• long-term skill shortage list occupation• skilled migrant work to residency.

The long-term skill shortage list policy fosters links between temporary work and permanent residency. It does this by enabling people who have an offer of employment in an occupation on the Long Term Skill Shortage List (LTSSL) to gain permanent residency. To qualify through the LTSSL policy, a suitably qualified applicant needs to have an offer of employment in New Zealand for at least 24 months in an occupation on the LTSSL. The offer of employment must meet the LTSSL specifications for that occupation. After two years, permit holders may apply for residency if they continue to meet the requirements of the policy.

Currently, caregivers for the elderly do not feature on the LTSSL. If this occupation were to be included, migrant caregivers would be allowed to work for 24 months, after which they could apply for permanent residency. This would be akin to the live-in caregiver scheme in Canada (Williams 2009)—the main difference being that caregivers in Canada are required to work for the same employer for two years. An important constraint when looking at adding caregivers for the elderly to the LTSSL is, however, that employers would have to offer a minimum base salary of NZ\$45,000 per annum. In addition, qualifications must be comparable with the standard of a New Zealand qualification. Currently, there is no standard qualification for caregivers for the elderly in New Zealand.

Residency	<p>Samoan Quota (SQ)/Pacific Access Category (PAC)</p>	<p>The SQ allows for up to 1,100 Samoan citizens, including partners and dependent children, to be granted residency in New Zealand each year.</p> <p>The PAC allows up to 250 citizens of Tonga, 75 citizens of Tuvalu and 75 citizens of Kiribati (including the spouses, de facto partners and dependent children of principal applicants) to be granted residency in New Zealand each year.</p> <p>Applicants in the SQ and the PAC must have an acceptable offer of employment before arrival in New Zealand, be aged 18–45 years and meet the required health, character and minimum income requirements if they have dependants. Places in this quota are balloted.</p>
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The SQ and PAC are part of the international/humanitarian residency stream and are restricted in terms of absolute numbers and Pacific source countries.

The SQ and PAC could be modified to enable more migrants from the Pacific to work as caregivers for the elderly in New Zealand. This would mean that the number of allocated spaces would need to increase.

In addition to this, the PAC source countries could be diversified so that migrant caregivers for the elderly can be sought from other Pacific source countries, including the Federated States of Micronesia, Papua New Guinea, Kiribati, Nauru, Palau, Republic of Marshall Islands, Solomon Islands and Vanuatu.

Temporary Recognised
Seasonal
Employer (RSE)

The RSE policy allows horticultural and viticultural businesses to supplement their New Zealand workforce with non-New Zealand citizen or resident workers when labour demand exceeds the available New Zealand workforce and employers have made reasonable attempts to train and recruit New Zealand citizens and residents.

The RSE aims to promote best practice in the horticultural and viticultural industries to support economic growth and productivity of the industries as a whole, while ensuring that the employment conditions of New Zealand and non-New Zealand citizen or resident workers are protected and supported.

The RSE encourages economic development, regional integration and good governance within the Pacific by allowing preferential access to workers who are citizens of eligible Pacific countries: Federated States of Micronesia, Papua New Guinea, Kiribati, Nauru, Palau, Republic of Marshall Islands, Solomon Islands, Tonga, Tuvalu, Samoa and Vanuatu.

The RSE is an example of circular migration, whereby temporary migrants come into New Zealand for seasonal work. A migration model similar to the RSE in terms of providing training and adequate pastoral care is essential. The RSE model, being temporary, will not work for migrants working as caregivers for the elderly because, unlike the RSE, which is market led, caring for the elderly is demographically driven. As the demand for caregivers is not seasonal and given labour supply constraints, the local labour supply will not be able to meet demand.

Temporary Work

Work permits allow employers to recruit temporary workers from overseas to meet particular or seasonal work shortages that cannot be met from within New Zealand, while protecting employment opportunities and conditions for New Zealand workers.

This is the existing model through which caregivers for the elderly are entering New Zealand. Under this policy, migrant caregivers are recruited directly by the employer. In the case of most migrant caregivers, labour market-tested work permits would have been issued. This means that the employer must demonstrate that they tried to recruit locally but were unsuccessful.

This mode is useful to employers as they are able to recruit caregivers from anywhere in the world; however, it does not protect migrant caregivers and does not ensure consistent quality of care to the elderly as standards and procedures differ by employer and caregiver.

Source: Williams, J., 2009. *Low skill temporary migration in New Zealand: labour market and human rights law as a framework for managing future migration*, IPS Working Paper 09/09, Institute of Policy Studies, Wellington.

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some suggestions for how current policies and pathways could be modified in order to facilitate the migration of caregivers for the elderly (Table 4).

Internationally, there are examples of schemes through which low-skilled workers can transition from a temporary work permit to permanent migration. As already noted, one of relevance to caregivers of the elderly is Canada's Live-In Caregiver Program (LCP), which was instituted in 1992 (Williams 2009). Under this scheme, 1,500–2,000 foreigners a year, who do not qualify under the normal requirements (or are far back in the queue), can come to Canada if they agree to work for two years as live-in domestic caregivers. The design of the scheme addresses the needs of families who require in-home assistance caring for children, people with disabilities or the elderly, and allows those who participate in the program to apply for permanent residency status and eventually citizenship after working under the auspices of the program for 24 of 36 months (*Canadian Immigration and Refugee Protection Act* [2001:c.27]; Canadian Immigration and Refugee Protection Regulations, PC 2002-997:Part 6, Div.3). Applicants to the program must have a high school education, speak one of Canada's official languages, possess relevant experience or certification from a special caregiver training course and have a bona fide job offer from a Canadian employer.

In order for a low-skill migration scheme for caregivers to be viable, a systematic approach is needed to decide on the type of scheme introduced (permanent versus temporary) and the source countries targeted. As already discussed, there are some advantages of focusing on the Pacific. For New Zealand, the current Samoan Quota (SQ) and Pacific Access Category (PAC) schemes could easily be adapted to facilitate a constant source of migrant caregivers for the elderly. Currently,

New Zealand employers recruit directly from the Pacific and provide legitimate job offers to SQ and PAC migrants.

The SQ and PAC schemes could be adapted so that employers from the aged-care sector could also recruit directly from the Pacific through these current migration models. Modifications could also involve training being given before coming to New Zealand (similar to the RSE scheme), which would continue to aid development in the Pacific. Looking to wider areas of the Pacific—primarily Melanesia—would open up new issues, as historically there has been little migration from these areas. With a focus on the Pacific, however, employers might feel that their freedom of choice had been unfairly constrained—particularly if they had become accustomed to recruiting staff from, for example, the Philippines.

While temporary migration might be more politically acceptable than permanent migration—not least to ease fears about the burden on social services—the desire for continuity, particularly for caregivers for the elderly, could change this. There are a number of challenges that arise from bringing relatively low-skilled workers into New Zealand as permanent migrants. First, migrants can quickly move to other jobs—therefore not meeting the demand for domestic work or care-giving labour. One way around this problem is a scheme that begins with the workers being temporary migrants but with the potential to become permanent migrants. Workers would be given relative freedom to shift between occupations but their visa would bond them to jobs where there are labour shortages—something akin to New Zealand's work-to-residency visa.

Another important issue for New Zealand with regard to permanent migration is the current trans-Tasman agreement with Australia. How would Australia react to New Zealand opening up a residency scheme for low-skilled migrants? On the

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one hand, Australia could react adversely as migrants from New Zealand are perceived to use New Zealand as a backdoor for entry into Australia. On the other hand, Australia could welcome migrant caregivers from New Zealand. As already discussed, Australia's population is also ageing and requires more caregivers (in absolute numbers) than New Zealand. Migrant caregivers for the elderly from New Zealand could be looked on favourably by Australia, as they would have gained work experience and vocational training in New Zealand, would have developed their English-language skills and ability, and would have an understanding of the cultural mores of New Zealand—which are not that dissimilar to Australia's.

There is a risk therefore that New Zealand could become a training ground for migrant caregivers for the elderly, only to have this workforce recruited by Australia (or other industrialised countries). While potentially a negative outcome for employers (and/or the New Zealand government, depending on where the recruitment costs fall), it would be a positive outcome for the individuals concerned, who would be able to seek opportunities elsewhere. In this situation, what would need to be considered is the time and contribution that the migrant caregivers would have given to New Zealand. For example, if the Canadian live-in caregiver scheme was applied to New Zealand, migrant caregivers would have to work as a caregiver for two years on a temporary work permit. After that they would be eligible to apply for residency. Once they had gained residency, they would have to wait for up to five years before they became eligible to apply for New Zealand citizenship (the likely precursor in most cases to migrating to Australia). It is likely that many, if not most, would continue to work in the same sector during that time.

Conclusion

Australia and New Zealand have ageing populations. Both face shortages of caregivers for the elderly and it seems highly likely that both will have to turn to low-skill migration to meet this demand. There are good historical, as well as continuing development, reasons for Australia and New Zealand to look to the Pacific—including Melanesia—as one possible major source of such labour. Given income differentials between Australia and New Zealand, however, it is likely that Australia might also see New Zealand as a possible source country. Given the ageing of their populations, both countries need to begin to develop policies for supporting low-skill migration. While temporary migration is one option, given that care of the elderly is not seasonal work and, for optimal care, generally requires the development of long-term relationships with clients, we suggest that programs that provide pathways to permanent migration might also be needed to provide the best outcomes for the sending countries, the host countries, the migrants themselves and to those who need care.

Notes

- ¹ Migrants can apply for a work permit to work as a nurse in New Zealand. Immigration New Zealand verifies the qualification and other necessary documents before granting a work permit. Once in New Zealand, migrant nurses need to gain registration with the New Zealand Nurses Council in order to work as a registered nurse.
- ² The Pacific Access Category and the Samoan Quota are examples of this and have facilitated the flow of migrants from the Pacific for residency in New Zealand.
- ³ The main migration avenue for migrants from this region would be through the skilled categories or as international students.

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