

A juggling act: Older carers and paid work in Australia

December 2013

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National Seniors Australia (National Seniors) is a not-for-profit organisation that gives voice to issues that affect Australians aged 50 years and over. It is the largest membership organisation of its type in Australia with more than 200,000 members and is the fourth largest in the world.

National Seniors Productive Ageing Centre (NSPAC) is an initiative of National Seniors and the Australian Government. NSPAC's aim is to improve quality of life for people aged 50 and over by advancing knowledge and understanding of all aspects of productive ageing.

NSPAC's key objectives are to:

- Support quality consumer-oriented research informed by the experience of people aged 50 and over
- Inform government, business and the community on productive ageing across the life course
- Raise awareness of research findings that are useful for older people
- Be a leading centre for research, education and information on productive ageing in Australia.

For more information visit www.productiveageing.com.au or call 03 9650 6144.

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Executive Summary

Purpose of this report

This report presents the latest evidence in Australia on the issues facing older carers who are in the workforce or would like to be working.

Introduction

- The number of mature age Australians balancing work and informal caring roles will increase in the future. This will be driven by the policy objective of transferring the care of older people on to families, and by the increasing labour force participation, particularly of women.
- The care of elderly people presents different challenges to the care of children: the care burden increases with age, the person receiving care may not live with the carer, and care needs can be unexpected and difficult to plan for.
- Evidence shows that people who combine caring and working face many adverse consequences, including absences from the workforce, difficulties developing skills, financial stress, and poor physical and mental health.
- Recent legislative changes in Australia provide older carers with the right to request flexible work arrangements, such as flexible work hours and days, job sharing and working from home. However, there is a lack of data to determine how beneficial these flexible work options are to carers.
- This report presents the latest evidence in Australia on the extent to which caring responsibilities prevent people from working, the issues faced by carers in the workforce or looking for work, and possible factors that would enable them to work at all or work more hours.

Data and methods

- This report uses data from the 2011–12 Barriers to Employment for Mature Age Australians Survey, which involved 3,007 respondents aged between 45 and 74 years.
- Findings from the key variables are presented according to characteristics of the carer and the care recipient. Multivariate analysis was used to analyse some indicators.

Findings

- Among people aged 45–74 years, 28% provided care for someone; 17% cared for a child and 11% cared for an adult, and 55% provided care for 20 or more hours per week.
- Of these carers, 31% had an illness, injury or disability themselves and 49% provided care to someone with a long-term illness or disability. Women and carers who had an illness, injury or disability themselves were most likely to be providing care to someone with a long-term illness or disability.
- Care-giving responsibilities prevented 47% of non-employed carers of adults from working. Those most likely to be affected were carers with a low level of education and those caring for a person with a long-term illness or disability.
- Carers who had an illness, injury or disability were highly likely to experience some form of exclusion in the workplace or while looking for work.
- Of those whose caring responsibilities prevented them from working or working more hours, 60% stated that this had affected their ability to accumulate superannuation.
- Skill development is an issue for carers; 42% stated that they wanted to attend work-related training but could not.

- Of those non-employed carers whose caring prevented them from working, 61% (or 169,295 people) said they would be able to work for an average of 18 hours per week if flexible work arrangements were available. This would increase the number of employed people aged 45–74 years by 4%, assuming all were able to find employment.
- Of those part-time employed carers whose caring prevented them from working more hours 49% (or 135,242 people) said they would be able to work more hours if flexible work arrangements were available.
- Of those non-employed carers whose caring prevented them from working, 46% (or 169,295 people) stated that they would be able to work if suitable external care were available.

Discussion

- Caring responsibilities prevent many older carers from working at all or working more hours. People who care for adults are likely to be caring for a person with a long-term health condition, and this brings many challenges for people wishing to combine work and caring responsibilities. Many carers face exclusion in the labour market, suffer illness, injury or disability themselves, face difficulties in accumulating superannuation, and experience difficulties developing work-related skills.
- More accessible flexible work arrangements are believed to help carers to work. The effect of recent legislative changes on labour force participation will, therefore, be of much interest. Other assistance, such as practical help with legal and financial matters, can also help carers to join or remain in the workforce.
- Population ageing means that future care for the elderly could pose a greater issue than childcare for both workers and employers.



A juggling act: Older carers and paid work in Australia

Introduction

The number of Australians who are balancing paid work and informal caring roles is growing and will continue to do so, as both the population and the workforce age, women's participation in the labour force increases, and family composition changes. In particular, the number of mature age workers with elder care responsibilities will increase significantly in the coming years.¹ These trends bring significant policy challenges:

*The decreasing rate of institutionalisation of elderly persons is occurring whilst governments simultaneously try to contain the costs of community care. The policy solution to this dilemma has been to place greater responsibility for the care of older people into the private sphere. Families' increased caring burden conflicts, however, with another public policy objective promoting mature age workers (particularly women) to re-enter or stay in the workforce as long as possible, in order to bolster retirement savings and alleviate labour shortages.*²

The burden of elder care responsibilities falls disproportionately on women, especially those in their prime working years; for example, while the figures may vary with the definition of 'care', estimates suggest that 58% of all 45–54 year old carers are women (although the balance shifts after retirement; 54% of carers aged over 65 years are male).³ The Taskforce on Care Costs⁴ noted that the labour market relies increasingly on women in this 45–54 year age group, and that future workforce projections are based on increases in female participation rates, particularly among older working-age women.

The needs of those with elder care responsibilities are qualitatively different from those with childcare responsibilities. The burden of elder care increases over time and involves an emotional role reversal between parent and child; the person receiving care tends not to live with the carer, which can make care management more difficult; and elder care needs may arise unexpectedly and are difficult to plan for.⁵

Unpaid care helps significantly to support the formal care economy, and for an individual, the financial cost of replacing the work of unpaid carer with paid home care is substantial.⁶ However, caring responsibilities that prevent people from working also carry significant costs not only to individuals but to the wider economy. Analysis from Australia shows that the more hours people are providing unpaid care, the fewer hours they are likely to be in paid work; this is particularly so for people who are providing elder care for 20 or more hours per week.⁷

¹ Page A, Baird M, Heron A, Whelan J. *Taking care: Mature age workers with elder care responsibilities*. Sydney: Women and Work Research Group, 2009. Available at http://sydney.edu.au/business/__data/assets/pdf_file/0003/107967/Mature_Aged_Carers_Report_Oct09.pdf

² Ibid, p.10

³ Page et al, op cit; Spoehr J, Barnett K, Parnis E. *Experience works: The mature age employment challenge*. Adelaide: The Australian Institute for Social Research, 2009. Available at <http://www.productiveageing.com.au/site/publications.php>; see also OECD. *Help wanted? Providing and paying for long-term care*. Paris: OECD, 2011. Available at <http://www.oecd.org/health/health-systems/helpwantedprovidingandpayingforlong-termcare.htm>

⁴ Taskforce on Care Costs. *The hidden face of care: Combining work and caring responsibilities for the aged and people with a disability*. 2007.

⁵ Page et al. op cit, citing Smith P. Elder care, gender, and work: The work-family issue of the 21st century. *Berkeley Journal of Employment and Labor Law*, 25(3), 2004, pp 351.

⁶ Australian Human Rights Commission. *Investing in care: Recognising and valuing those who care. Volume 1 Research Report*. Sydney: Australian Human Rights Commission, 2013; Neal MB, Wagner DL. *Working caregivers: Issues, challenges, and opportunities for the aging network*. Washington: NFCSP, 2002. Available at <http://www.caregiverslibrary.org/Portals/0/Working%20Caregivers%20-%20Issues%20for%20the%20Aging%20Network%20Fin-Neal-Wagner.pdf>

⁷ Austen S, Ong R. Employment retention and re-entry among older women: Do health and caring roles matter? Paper submitted to the 38th Conference of Economists, Adelaide, 28–30 September, 2009. Available at http://www.melbourneinstitute.com/downloads/hilda/conf-papers/Ong_Austen_Employment_Retention.pdf; OECD 2011, op cit.

An Australian estimate suggests that carers forgo \$4.9 billion in potential income due to their caring responsibilities,⁸ while US data shows that the changes employees make to their working arrangements due to elder care responsibilities cost the economy between US\$17.1 billion and US\$33.6 billion in lost productivity.⁹

Evidence from both Australia and overseas shows that people who combine caring and working may face a number of adverse consequences, including decreased productivity, unpaid leave of absence, early withdrawal from the labour market, loss of work skills, and significantly decreased lifetime earnings.¹⁰ According to the OECD,¹¹ carers have lower levels of full-time employment, they work on average two hours less per week than non-carers, and they are over-represented in part-time and temporary work. Although many carers want to work part-time, an Australian study found that over two-fifths (44%) had taken a role below their skill level because it gave them the flexibility they needed to balance work and care.¹² Of those carers who leave the workforce, only a minority re-enter it, despite many wanting to work.¹³ In an Australian survey, more than a third (34%) of carers surveyed reported that their job or career had suffered as a result of the competing demands of caring.¹⁴ Carers' careers are almost three years shorter than those of non-carers.¹⁵

The financial consequences of balancing caring and paid work can be substantial. Australian evidence shows that carers have poorer economic outcomes than non-carers,¹⁶ and their lack of wage income and reliance on government pensions puts them at risk of poverty and a poorer quality of life.¹⁷ Female carers are particularly vulnerable to the risk of poverty.¹⁸ International data shows that women who begin caring for their parents earlier in life have higher poverty levels later in life, compared to other women.¹⁹ Not being able to work as much as they wish can also affect carers in other ways: paid work can provide respite from care-giving, as well as personal benefits such as increased self-esteem, role satisfaction, competence and mastery of skills, and a sense of being needed or useful.²⁰

Evidence from Australia also shows that carers have poorer physical and mental health than the general population, especially in middle age.²¹ The OECD²² found that:

- 'Intensive carers' tend to be older, less educated and poorer than 'non-intensive carers', and they are also more likely to have an illness themselves, leaving them to face significant challenges in combining work and care-giving responsibilities
- Care-giving adversely affects mental health, even when controlling for pre-existing mental health problems.

⁸ Page et al, op cit.

⁹ Ibid

¹⁰ Neal and Wagner, op cit; Page et al, op cit.

¹¹ OECD, op cit.

¹² Taskforce on Care Costs, op cit.

¹³ Page et al, op cit; OECD, op cit.

¹⁴ Taskforce on Care Costs, op cit.

¹⁵ OECD, op cit.

¹⁶ Bittman M, Hill T, Thomson C. The impact of caring on informal carers' employment, income and earnings: A longitudinal approach, *Australian Journal of Social Issues*, 42(2), 2007, pp 255–272.

¹⁷ Taskforce on Care Costs, op cit.

¹⁸ OECD, op cit.

¹⁹ Page et al, op cit.

²⁰ Neal and Wagner, op cit.

²¹ Lee C, Gramotnev H. Life transitions and mental health in a national cohort of young Australian women. *Developmental Psychology*, 43(4), 2007, pp 877–88.

²² OECD, op cit.

In Australia, people who provide longer hours of caring have a dramatically higher prevalence of mental health problems.

Flexible work arrangements such as flexible work hours and days, job sharing, and working from home can help to address carers' difficulties in being able to work. Such arrangements can improve productivity, reduce absenteeism, enable workers to maintain their skills, and allow employers to retain staff.²³

Recent legislative changes in Australia aim to make flexible work arrangements more accessible to older carers. Changes to the Fair Work Act 2009 mean that, from 1 July 2013, people who are eligible to request flexible work arrangements under the National Employment Standards now include those aged 55 years and over, and carers of the elderly or people with a disability or illness. Previously, only parents with children of pre-school age or children under 18 years with a disability could make such a request.²⁴ The right to request flexible work has the potential to help carers remain in the workforce;²⁵ however, Australian data is lacking on whether flexible work arrangements will appeal to carers and how such arrangements may affect workforce participation. Government income support arrangements also promote carers' ability to work.²⁶

Given the challenges faced by working carers, this study uses up-to-date evidence from a nationally representative survey in Australia to:

- Describe the characteristics of older carers, whom they care for and how much care they provide
- Examine carers' participation in the labour force, and the extent to which caring responsibilities prevent people from working
- Identify some of the issues faced by carers in the labour force, including financial problems, training and skills development, and exclusion in the workplace
- Analyse factors that may enable carers to work more, including the option of flexible work arrangements.

Purpose

This report presents the latest evidence in Australia on the issues facing older carers who are in the workforce or would like to be working.

²³ Fair Work Ombudsman. *Best Practice Guide – Work and Family: The right to request flexible working arrangements*. Canberra: Commonwealth of Australia, 2013a. Available at <http://www.fairwork.gov.au/BestPracticeGuides/01a-The-right-to-request.pdf>; Taskforce on Carers, op cit; Australian Human Rights Commission, op cit.

²⁴ de Flamingh J, Tuck K, Forysth A. *Fair Work Act Amendments passed by parliament, with delayed start-up for anti-bullying provisions*. Sydney: Corrs Chambers, Westgarth Lawyers, 2013. Available at <http://www.corrs.com.au/publications/corrs-in-brief/fair-work-act-amendments-passed-by-parliament-with-delayed-start-up-for-anti-bullying-provisions/>; Fair Work Ombudsman. 2013a, op. cit; Fair Work Ombudsman. *Requests for flexible working arrangements and the National Employment Standard*. Canberra: Commonwealth of Australia, 2013b. Available at <http://www.fairwork.gov.au/factsheets/FWO-Fact-sheet-Requests-for-flexible-working-arrangements-NES.pdf>; Tuck K, Forysth A. *Fair Work Amendment Bill 2013 introduced into parliament*. Sydney: Corrs Chambers, Westgarth Lawyers, 2013. Available at <http://www.corrs.com.au/publications/corrs-in-brief/fair-work-amendment-bill-2013-introduced-into-parliament/>.

²⁵ Page et al, op cit.

²⁶ Carers who receive the Federal Government's Carer Payment, which provides income support for people who provide constant care for a person who is ill, frail or has a disability, can work or study up to 25 hours per week while they receive the payment (Department of Human Services. *Carer Payment*. Canberra: Commonwealth of Australia, 2013. Available at <http://www.humanservices.gov.au/customer/services/centrelink/carers-payment>)

Data and methods

Design

This report uses data from the 2011–2012 Barriers to Employment for Mature Age Australians Survey. The survey was:

- Commissioned by the Consultative Forum on Mature Age Participation, comprising representatives from seniors' organisations, business, training bodies and trade unions
- Developed by the National Seniors Productive Ageing Centre in collaboration with ORC International
- Conducted by ORC International, with fieldwork carried out between November 2011 and January 2012.

The purpose was to collect information on the experiences, attitudes and perceptions of the barriers to employment for Australians aged between 45 and 74 years. A further task was to provide advice to the Australian Government on practical solutions to address the barriers to labour force participation for older Australians.²⁷ Detailed findings from the survey are presented elsewhere.²⁸

Participants

A total of 3,007 respondents were surveyed. The sample was stratified according to place of residence (capital city or rest of state). The number of interviews conducted within each stratum was determined approximately according to that stratum's share of the Australian population aged 45–74 years. Quotas of males and females were set equally. Final results are presented as weighted to the Australian estimated resident population as at June 2011, according to age, sex and stratum.²⁹

Methods of analysis

The findings from the key variables under analysis are presented according to characteristics of the carer and the care recipient. Multivariate analyses in the form of logistic regression were used to examine the socio-economic and demographic predictors of:

- Caring for someone with a long-term illness or disability
- A carer having an illness, injury or disability
- Caring responsibilities preventing the carer from being able to work at all, or work more hours.

Predicted probabilities are also presented using the multivariate findings.

²⁷ National Seniors Productive Ageing Centre. *Ageing and the barriers to labour force participation in Australia: Report prepared on behalf of the Consultative Forum on Mature Age Participation*. Canberra: NSPAC, 2011.

²⁸ National Seniors Productive Ageing Centre. *Barriers to mature age employment: Final report of the Consultative Forum on Mature Age Participation*. Canberra: NSPAC, 2012.

²⁹ Australian Bureau of Statistics. *Australian Demographic Statistics, June 2011*. Cat. No. 3101.0. Canberra: ABS, 2011.

Findings

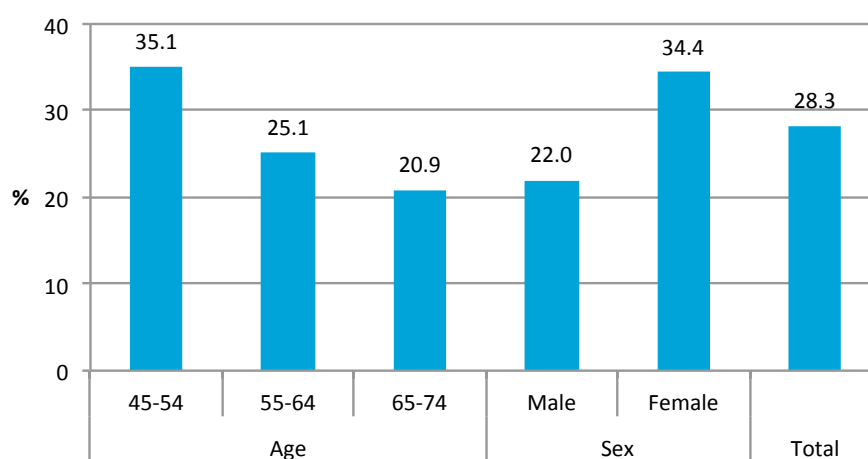
Older carers and the care they provide

The survey showed that carers comprised:

- More than a third of people aged 45–54 years (35%)
- A quarter of people aged 55–64 years (25%)
- A fifth of people aged 65–74 years (21%) (Figure 1).

Women were significantly more likely than men to be carers.

Figure 1: Currently a carer (% of population), by age and sex



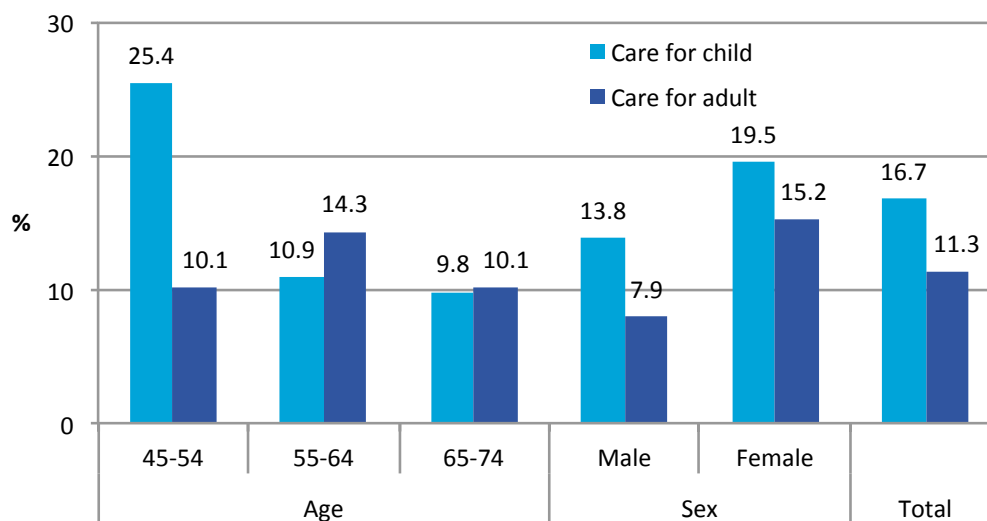
People aged 45–59 years were most commonly caring for their own child (18%), with a smaller number (8%) caring for a parent (Table 1). People aged 60–74 years, by contrast, were most commonly caring for a grandchild (7%), with slightly smaller numbers caring for a spouse or partner (7%) or a parent (5%).

Table 1: Type of person currently receiving care (% of population), by age

	45–59	60–74
Spouse/partner	2.8	6.5
Parent	8.4	4.6
Grandparent	0.2	0.1
Other elderly person	0.6	0.8
Own child/baby	17.9	3.3
Grandchild	2.2	6.8
Other child	1.8	0.6
Other family	1.5	1.8
Other	0.9	1.1

More people were caring for children (17%) than for adults (11%) (Figure 2). The majority of those caring for adults were women. Only 7% of carers provided care for both an adult and a child, indicating that relatively few in the study sample were part of the ‘sandwich generation’ (data not shown).

Figure 2: Care for adult or child (% of population), by age and sex



Note: Care for adults includes people who care for: spouse/partner, parent, grandparent or other elderly person. Care for child includes people who care for: own child/baby, grandchild or other child.

Long hours characterised care for children (Table 2):

- Over two-thirds of older people who cared for a child (68%) provided care for more than 20 hours per week
- Over two-fifths of those caring for adults (41%) provided care for more than 20 hours per week.

Overall, women provided more hours of care than men.

Table 2: Hours of care provided per week (% of all carers), by selected characteristics

	0–19 hours	20+ hours	Total
Age of carer			
45–54	35.6	64.4	100.0
55–64	52.9	47.1	100.0
65–74	56.9	43.1	100.0
Sex of carer			
Male	50.3	49.7	100.0
Female	41.0	59.0	100.0
Age of person cared for			
Care for child	32.6	67.5	100.0
Care for adult	59.0	41.0	100.0
Person receiving care has long-term illness or disability			
Yes	46.7	53.3	100.0
No	42.5	57.5	100.0
Carer has illness, injury or disability			
Yes	45.1	54.9	100.0
No	44.3	55.7	100.0
Total	44.5	55.5	100.0

A significant minority of carers, especially those aged 65–74 years, had an illness, injury or disability (31%) (Table 3). Carers with an illness, injury or disability themselves comprised:

- Just over a quarter of people caring for a child (26%)
- Almost two-fifths of those caring for an adult (39%)
- Over two-fifths of those caring for a person with a long-term illness or disability (41%).

Of those caring for someone without a long-term illness or disability, only 22% had an illness, injury or disability themselves.

Table 3: Carer with current illness, injury or disability (% of population), by selected characteristics

	%
Age of carer	
45–54	29.9
55–64	28.4
65–74	40.8
Sex of carer	
Male	28.0
Female	33.3
Age of person cared for	
Care for child	26.0
Care for adult	39.4
Person receiving care has long-term illness or disability	
Yes	40.6
No	22.4
All carers	31.2
Non-carers	30.6

A logistic regression analysis of data from all respondents showed that the carers who were most likely to have a current illness, injury or disability themselves were women, people aged 45–54 years, carers who were not working, and people earning less than \$20,000 per year (Table 4).

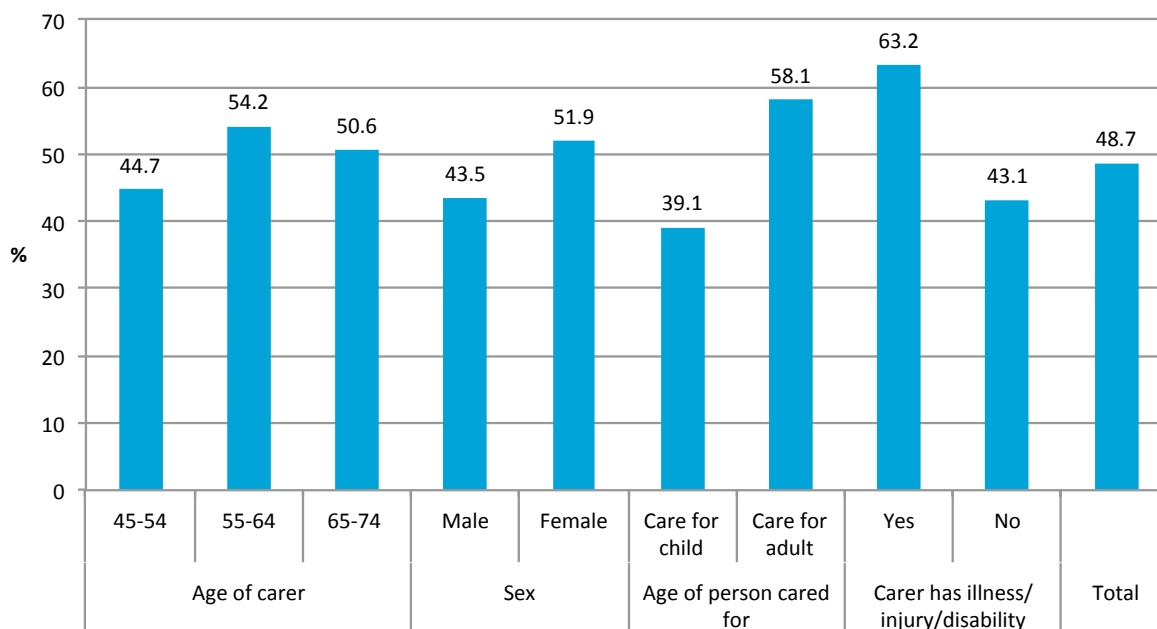
Table 4: Logistic regression of being a carer with a current illness, injury or disability

	OR	P-value
Sex		
Male	1	
Female	1.788**	0.000
Age		
45–54	1	
55–64	0.492**	0.000
65–74	0.506**	0.002
Marital status		
Married	1	
Not married	0.804	0.157
Employment status		
Employed	1	
Not employed but not retired	2.433**	0.000
Retired	1.904**	0.002
Education		
Not finished HS	1	
Finished HS	0.994	0.973
Bachelor +	0.954	0.808
Country of birth		
Australia	1	
Other English speaking	1.252	0.222
Non-English speaking	1.208	0.472
Place of residence		
Capital city	1	
Not capital city	1.085	0.575
Personal income		
Up to \$20,000	1	
\$20,001–\$36,400	0.714	0.121
\$36,401–\$65,000	0.785	0.290
\$65,001+	0.358**	0.001
Not stated	0.576**	0.004

* $p < 0.05$ ** $p < 0.01$ OR: odds ratio. All respondents included in analysis.

About half of all carers (49%) were caring for a person with a long-term illness or disability (Figure 3). The majority of people with an illness, injury or disability who were receiving care were adults. There is a strong relationship between a carer having a current illness, injury or disability and the person receiving that care having a long-term illness or disability.

Figure 3: Carer for person with a long-term illness or disability (% of all carers), by selected characteristics



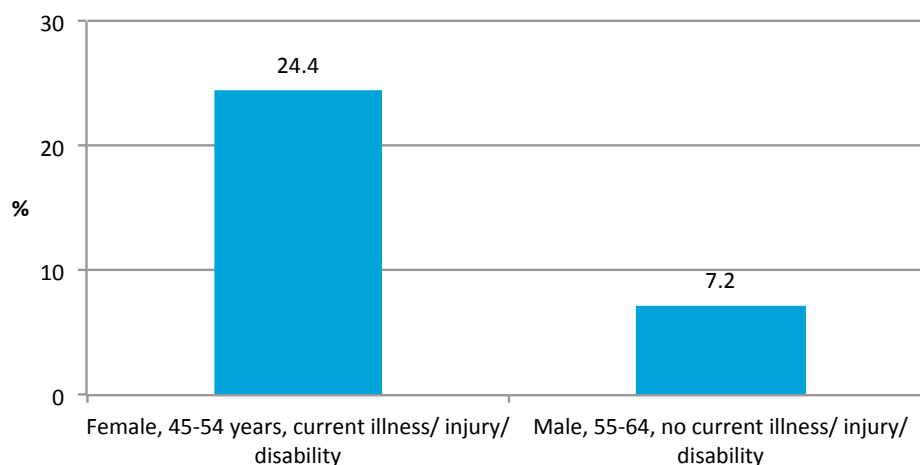
A logistic regression analysis of data from all respondents (Table 5) showed that carers most likely to be caring for a person with a long-term illness or disability were women, people aged 45–54 years, those who were married, those who were not employed but not retired, and those with a current illness. Predicted probabilities from the regression showed that a woman aged 45–54 years with a current illness had a 24% likelihood of caring for a person with a long-term illness or disability, compared to a 7% likelihood for a man aged 55–64 years without an illness (Figure 4).

Table 5: Logistic regression of caring for a person with a long-term illness or disability

	OR	P-value
Sex		
Male	1	
Female	2.214**	0.000
Age		
45–54	1	
55–64	0.804	0.148
65–74	0.575**	0.003
Marital status		
Married	1	
Not married	0.539**	0.000
Education		
Not finished HS	1	
Finished HS	1.005	0.972
Bachelor +	1.320	0.068
Employment status		
Employed	1	
Not employed but not retired	2.185**	0.000
Retired	1.249	0.179
Country of birth		
Australia	1	
Other English speaking	0.716	0.056
Non-English speaking	1.165	0.471
Place of residence		
Capital city	1	
Not capital city	0.984	0.895
Personal income		
Up to \$20,000	1	
\$20,001–\$36,400	1.044	0.822
\$36,401–\$65,000	0.957	0.828
\$65,001+	0.762	0.242
Not stated	0.797	0.184
Currently has illness, injury or disability		
Yes	1	
No	0.663**	0.001

Note: * $p < 0.05$ ** $p < 0.01$ OR: odds ratio. All respondents included in analysis.

Figure 4: Predicted probabilities of caring for a person with a long-term illness or disability (% of population)



Workforce participation

Overall, carers were more likely to be working than not working, and more likely to be working full-time rather than part-time (Table 6). Non-carers and carers had similar levels of working, both full-time and part-time. Work participation, however, varied across different groups of carers:

- Those caring for adults were less likely to be working than those caring for children, but still over half (51%) were working, compared to nearly two-thirds (63%) of those caring for children
- Almost one-third (32%) of those caring for 20 or more hours per week were working full-time
- Carers who reported that they had an illness, injury or disability themselves were least likely to be in paid employment, but over two in five (42%) were working at least part-time
- Over half (52%) of carers of a person with a long-term illness or disability were working at least part-time.

Table 6: Workforce participation of carers (% of population)

	Work full-time	Work part-time	Not working	Total
Hours of care per week				
Care 0–19 hours	38.5	24.1	37.4	100.0
Care 20+ hours	32.4	21.7	46.0	100.0
Age of person receiving care				
Care for child	38.7	24.7	36.7	100.0
Care for adult	28.4	22.9	48.7	100.0
Person cared for has long-term illness or disability				
Yes	29.8	21.8	48.3	100.0
No	39.8	24.5	35.7	100.0
Carer has illness, injury or disability				
Yes	24.0	17.8	54.2	100.0
No	39.7	25.5	34.8	100.0
All carers	34.8	23.1	42.1	100.0
Not a carer	37.2	20.7	42.1	100.0

Many carers saw their care-giving responsibilities as a barrier to working (Table 7):

- Over one-third (36%) reported that caring prevented from them working at all
- Almost one-third (31%) reported that caring prevented from them working more hours
- Those caring for an adult (47%) were more likely than those caring for a child (27%) to report that caring prevented them from working at all
- Women were much more likely than men to report that caring prevented them from working at all or working more hours
- Those caring more than 20 hours per week were far more likely than those caring for fewer hours to report that caring prevented them from working at all, or working more hours.

Table 7: Care-giving responsibilities prevent carers from being able to work at all, or work more hours (%), by selected characteristics

	Work	Work more hours
Age of carer		
45–54	43.6	32.4
55–64	38.6	31.8
65–74	28.0	6.3
Sex of carer		
Male	29.6	27.0
Female	39.1	34.7
Hours of care per week		
Care 0–19 hours/week	14.7	20.0
Care 20+ hours/week	50.4	45.4
Age of person receiving care		
Care for child	27.4	34.5
Care for adult	46.8	29.6
Person receiving care has long-term illness or disability		
Yes	51.4	33.8
No	17.4	29.3
Carer has illness, injury or disability		
Yes	41.7	29.5
No	32.2	31.8
Total	36.3	31.3

Note: Work refers to % of carers not working, work more hours refers to % of carers working part-time.

Multivariate analysis showed that carers of adults whose caring responsibilities prevented them from working were most likely to have lower education and care for a person with a long-term illness or disability (Table 8). Bivariate statistics showed that 58% of carers of a person with a long-term illness or disability were prevented from working, compared to just 19% of those caring for a person with no long-term illness or disability (Table A.1).

Table 8: Logistic regression of care-giving preventing carer of an adult from being able to work

	OR	P-value
Sex		
Male	1	
Female	1.228	0.563
Age		
45–54	1	
55–64	2.095	0.242
65–74	0.897	0.857
Marital status		
Married	1	
Not married	1.018	0.967
Education		
Not finished HS	1	
Finished HS	0.371*	0.023
Bachelor +	0.269*	0.011
Country of birth		
Australia	1	
Other English speaking	1.988	0.260
Non-English speaking	1.465	0.518
Place of residence		
Capital city	1	
Not capital city	0.981	0.956
Carer has illness, injury or disability		
Yes	1	
No	0.555	0.094
Person cared for has long-term illness or disability		
Yes	1	
No	0.091**	0.000

Note: * $p < 0.05$ ** $p < 0.01$ OR: Odds ratio All non-employed carers included in analysis. Bivariate statistics shown in Table A.1.

Exclusion in the workplace or when looking for work

There are a number of ways in which people can be excluded in the workplace or while looking for work; these are listed in Tables 10 and 11 respectively.

Among carers and non-carers who had worked during the last five years, some form of exclusion in the workplace was reported by:

- Half of the carers (50%)
- A little over two-fifths of the non-carers (43%) (Table 9).

The carers most likely to report workplace exclusion were those with an illness, injury or disability (61%). The most common forms of workplace exclusion that carers reported were: receiving insulting jokes or comments, being paid less than other workers in similar roles, and feeling they were being forced out (Table 10).

Among those who had looked for work during the last five years, some form of exclusion was reported by over two-thirds of both carers (68%) and non-carers (71%); the difference between the two groups was not statistically significant (Table 9). Again, carers with an illness, injury or disability were the most likely to report such exclusion (78%). Carers and non-carers reported similar types of exclusion while looking for work (Table 11).

Table 9: Experienced any exclusion in the workplace or during job search in the last 5 years (%), by selected characteristics

	Workplace	Job search
Hours of care per week		
Care 0–19 hours/week	48.3	70.0
Care 20+ hours/week	51.9	65.9
Age of person cared for		
Care for child	51.0	68.0
Care for adult	46.4	68.9
Person receiving care has long-term illness or disability		
Yes	52.3	64.2
No	48.0	71.5
Carer has illness, injury or disability		
Yes	60.5	78.0
No	46.7	64.9
All carers	49.9	68.4
Not a carer	43.0	71.2

Note: Workplace: % of people who have worked in the last 5 years; Job search: % of people who have looked for work in the last 5 years.

Table 10: Type of workplace exclusion experienced in the last 5 years (%), by carer status

	All carers	Not a carer
Been unfairly excluded from work-related training or education opportunities	10.9	13.4
Been denied a job promotion	10.4	11.1
Been given lesser responsibilities	10.7	14.6
Been paid less than other workers in similar roles	16.0	20.7
Received an unfair job evaluation	12.2	14.6
Been denied work-related benefits	7.1	9.6
Felt as though you were being either forced out, forced to retire early or targeted in restructures	18.0	18.5
Received insulting jokes or comments	17.3	22.2

Note: % of people who have worked in the last 5 years.

Table 11: Type of exclusion during job search experienced in the last 5 years (%), by carer status

	All carers	Not a carer
Been passed over for a job interview when you were qualified for that job	35.7	38.6
Been unsuccessful at the job interview stage when you were qualified for that job	39.8	44.6
Been told you were 'too qualified' for a job	28.2	32.9
Been asked your age during the job application process	32.1	27.3
Put off applying for a job because the job advertisement asked for a 'dynamic worker' or similar	22.0	22.9

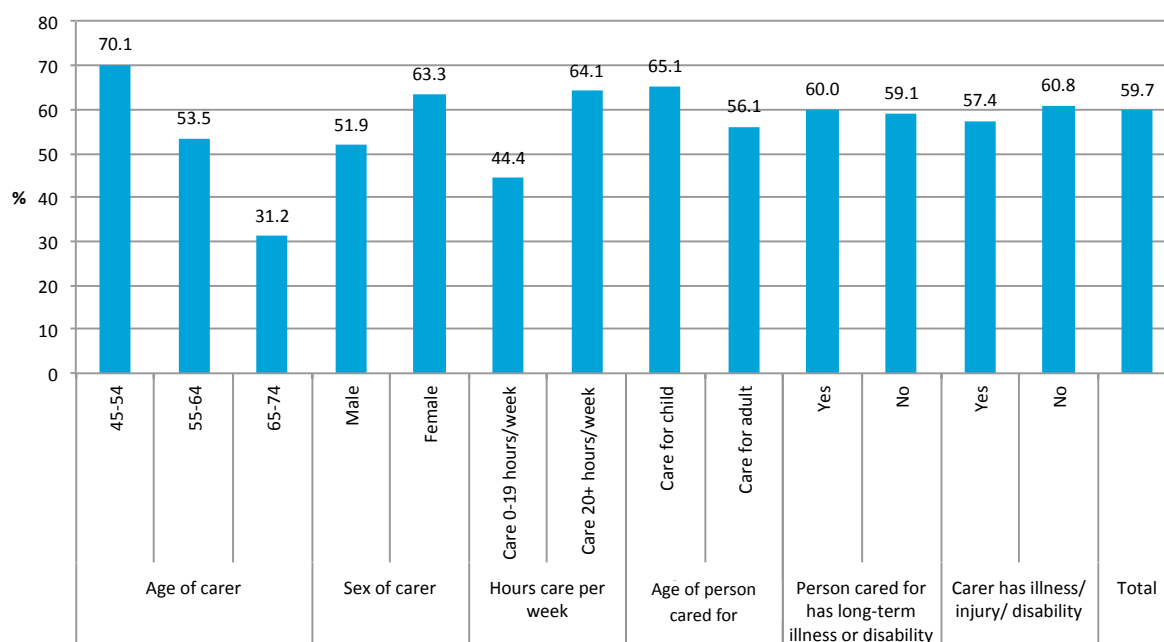
Note: % of people who have looked for work in the last 5 years.

Building superannuation

Where caring prevented people from being able to work or work more hours, it also affected their ability to accumulate superannuation (Figure 5). Among this group of carers, difficulty in accumulating superannuation was reported by:

- Almost two-thirds (65%) of those caring for children
- Almost two-thirds (64%) of those caring for more than 20 hours per week
- Over half (56%) of those who were caring for an adult and for whom caring affected their ability to work
- Almost two-thirds (63%) of female carers, compared to just over half (52%) of male carers.

Figure 5: Unpaid caring responsibilities affecting the ability to accumulate superannuation (%), by selected characteristics



Note: % of carers whose caring prevents them from being able to work or work more hours.

Retired carers were slightly more likely than retired non-carers to report that they did not have enough superannuation for retirement (Table 12). Those who were least confident that they had enough superannuation were retired carers who were:

- Ill themselves (51% not at all confident)
- Caring for more than 20 hours per week (35% not at all confident)
- Caring for adults (34% not at all confident).

Table 12: Confidence levels among retired people regarding having enough superannuation for retirement (%), by selected characteristics

	Extremely	Somewhat	Not very	Not at all
Hours of care per week				
Care 0–19 hours/week	24.6	40.1	17.3	17.3
Care 20+ hours/week	17.8	30.1	13.7	35.4
Age of person cared for				
Care for child	20.6	38.3	17.1	21.9
Care for adult	22.1	30.2	11.6	33.8
Person receiving care has long-term illness or disability				
Yes	23.6	30.6	10.9	33.2
No	17.4	37.8	17.8	24.4
Carer has illness, injury or disability				
Yes	16.5	14.4	16.0	50.8
No	22.8	47.2	12.8	15.1
All carers	20.4	34.4	14.0	29.0
Not a carer	22.0	35.5	13.8	24.1

Note: % of retired. Rows add to 100% – ‘can’t say’ answers not shown.

Overall, people who were not yet retired were less confident than those already retired that they had enough superannuation for their retirement (Table 13). Those who reported the least confidence in their superannuation were carers who:

- Had an illness, injury or disability themselves (51% of retired carers and 43% of non-retired carers not at all confident)
- Were caring for a person with a long-term illness or disability (38% of non-retired carers not at all confident).

Table 13: Confidence levels among non-retired people regarding having enough superannuation for retirement (%), by selected characteristics

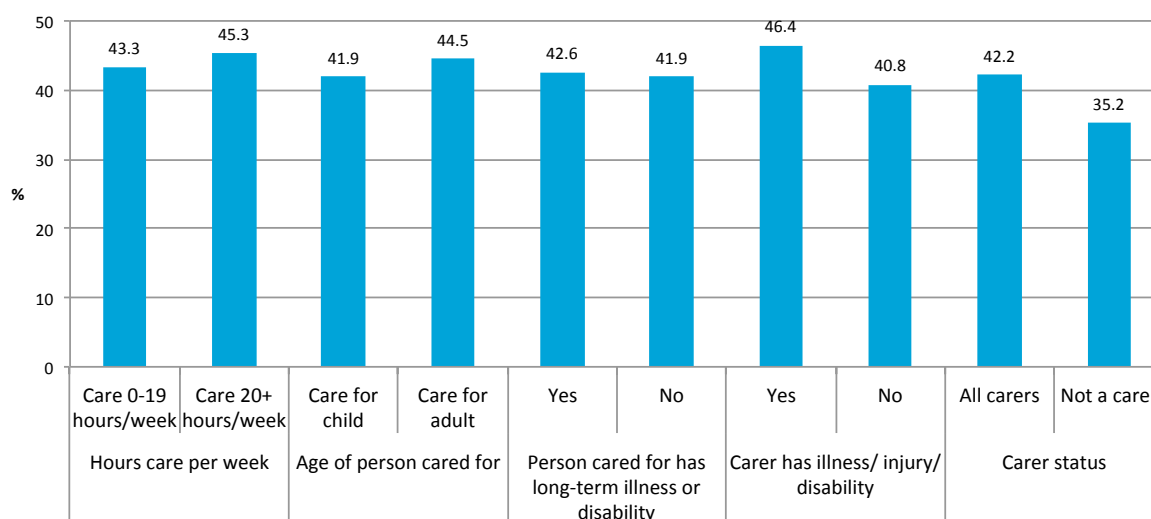
	Extremely	Somewhat	Not very	Not at all
Hours of care per week				
Care 0–19 hours/week	7.7	28.5	25.7	35.1
Care 20+ hours/week	5.6	32.8	28.0	32.6
Age of person cared for				
Care for child	6.7	35.5	25.3	30.4
Care for adult	5.8	27.7	26.3	37.4
Person receiving care has long-term illness or disability				
Yes	6.2	27.9	25.0	38.2
No	6.8	33.7	27.8	29.7
Carer has illness, injury or disability themselves				
Yes	6.8	24.2	24.2	43.1
No	6.4	33.4	27.3	30.3
All carers	6.5	31.1	26.5	33.6
Not a carer	10.3	32.9	25.3	29.7

Note: % of non-retired. Rows add to 100% – ‘can’t say’ answers not shown.

Work skills and training

Caring roles affect a person's access to training and skill development. More than two-fifths of carers (42%) reported that they had wanted to attend some form of training but could not (Figure 6), compared to just over one-third of non-carers (35%). The ability to access training was similar across the different groups of carers.

Figure 6: Those who wanted to attend training but could not (%), by selected characteristics



Note: % of people who have worked in the last 5 years.

What would enable carers to work or work more hours?

The survey made it clear that carers were less able to work and to undertake training than non carers, and had relatively poor finances. It also asked questions about what might help to alleviate these problems.

Flexible work

Overall, carers considered that the opportunity to work flexible hours would substantially increase their ability to work (Table 14).

Of the carers who worked part-time, just under half (48.6%, equivalent to 135,242 people) reported that more flexible work arrangements would enable them to work more hours.

There were different patterns among carers whose caring responsibilities prevented them from working at all:

- Just over three-fifths (61%) stated that flexible work would enable them to work, at an average of 18 hours per week. This is equivalent to 169,295 people. If all these people were able to find employment, the number of employed people aged 45–74 years would increase by 4%
- People caring for children (74%) were more likely than those caring for adults (52%) to state that flexible work hours would enable them to work. This is consistent with flexible work arrangements being most likely to enable younger cohorts to work
- Less than three-fifths (55%) of those who cared for a person with a long-term illness stated they could work if flexible arrangements were available, compared to more than four-fifths (84%) of those who cared for someone without a long-term illness or disability. This indicates that many people with significant caring responsibilities need more than flexible employment options to be able to work.

Table 14: *More flexible work opportunities would enable carers to work or work more hours (%), by selected characteristics*

	Enable to work	Enable to work more hours
Age of carer		
45–54	75.0	47.8
55–64	64.0	49.6
65–74	38.7	*
Sex of carer		
Male	57.0	35.8
Female	62.1	54.1
Hours of care per week		
Care 0–19 hours/week	58.0	27.9
Care 20+ hours/week	64.2	52.4
Age of person cared for		
Care for child	74.4	52.4
Care for adult	51.5	34.4
Person receiving care has long-term illness or disability		
Yes	54.5	54.5
No	84.2	43.4
Carer has illness, injury or disability themselves		
Yes	53.0	34.2
No	69.1	51.8
Total	61.0	48.6
No. of (extra) hours/week	18.2	12.7

*Note: Enable to work: % of carers not working whose care-giving prevented working at all. Enable to work more hours: % of carers working part-time whose care-giving prevented working more hours. No. of (extra) hours/week: the average of how many hours per week carers could work, or the extra hours they could work, if flexible work opportunities were available. * Not enough cases to produce a reliable estimate.*

³⁰ Australian Bureau of Statistics. Labour Force, Australia, Detailed – Electronic Delivery, Sep 2013. Cat. No. 6291.0.55.001. Canberra: ABS; 2013.

External care

Carers were also asked about whether suitable external care would increase their ability to work (Table 15):

- Of those whose care-giving prevented them from working at all, 46% stated that external care would enable them to work, for an average of 24 hours per week. There was little difference between the different groups of carers. (In comparison, 61% thought more flexible work arrangements would enable them to work, for an average of 18.2 hours per week)
- Of those whose caring prevented them from working more hours, 49% stated that suitable external care would enable them work more. Those most likely to state that external care would enable them to work more were people caring for someone with a long-term illness (60%).

Table 15: Suitable external care would enable carers to work or work more hours (%), by selected characteristics

	Enable to work	Enable to work more hours
Hours of care per week		
Care 0–19 hours/week	47.6	42.3
Care 20+ hours/week	45.6	51.5
Age of person cared for		
Care for child	44.6	49.8
Care for adult	42.7	47.4
Person receiving care has long-term illness or disability		
Yes	47.3	60.2
No	40.2	39.1
Carer has illness, injury or disability		
Yes	41.5	39.1
No	50.1	51.7
All carers	45.8	49.0
No. of (extra) hours/week	23.9	15.2

Note: Enable to work: % of carers not working whose care-giving prevents working. Enable to work more hours: % of carers working part-time whose care-giving prevents working more hours. No. of (extra) hours/week: the average of how many hours per week all carers could work or work more if suitable external care were available.

Discussion

This study demonstrates that older carers make a major contribution to Australian society. Many spend long hours providing caring while also contributing to the economy through paid work, often full-time. As noted elsewhere,³¹ there is likely to be increasing conflict between, on the one hand, policies aimed at increasing women's participation in the labour force and prolonging working life and, on the other hand, government policies aimed at supporting ageing at home, which rely on informal care provided by women as a substitute for formal care provided by the state or privately.

For many older carers, their caring responsibilities prevent them from working at all or working for more hours. Many experience some form of exclusion at work due to their caring responsibilities, and this may adversely affect their income and well-being. The study showed that those caring for over 20 hours per week have particular difficulties engaging in paid work, supporting evidence from the OECD. Many people who care for adults are caring for a person with a long-term illness, and this raises additional challenges for people who wish to combine paid work and caring. Finally, many carers suffer from an illness, injury or disability themselves, and so are particularly affected by barriers both to being able to work, and to finding a job. As a result, carers – especially women – can have difficulty accumulating enough superannuation. They can also have problems in developing skills through work-related training, a significant problem given that re-skilling and training are vital to remaining employed or finding a job.³²

Older carers want to contribute more to the Australian labour market, and have the potential to do so. This study finds that carers would be more engaged in the workplace if suitable external care and, in particular, flexible work options were available. For employers, particularly those whose staff have an older age profile, it is more cost-effective to retain the skills and knowledge of those carers in the workforce than to train new employees.³³ It is yet to be seen whether the recent legislative changes in Australia giving carers the right to request flexible work will affect their participation in the labour force, and to what extent employers will facilitate these working arrangements. UK evidence suggests that a right to request flexible work helps in putting into practice policies that promote flexible work arrangements.³⁴ Support for flexible work arrangements could also form part of employees' transition to retirement.³⁵ Carers could also benefit from other areas of support, such as information and assistance, emotional support and practical assistance with legal and financial matters.

This survey has provided information on the hours of care that carers provide each week, but it would be useful also to know about the timing of this care; for example, whether it is for a few hours each day, or 2–3 full days each week, or whether carers need to take extended breaks from work – and how this may be facilitated by part-time or flexible work arrangements. Another area needing further exploration is the relationship between poor health and caring; it may be that people with poor health self-select into caring roles as they are not already in the labour force.³⁶

As the Australian population and workforce continue to age, and the care burden of older individuals and families continues to grow, the challenges of balancing paid work and unpaid caring will continue to increase. In coming years, issues of elder care are likely to overshadow those of childcare for both workers and employers.³⁷ Both employers and policymakers will need to take action to maximise work opportunities for carers and avert problems of labour supply.

³¹ eg Page et al, op cit.

³² Australian Human Rights Commission, op cit.

³³ Australian Human Rights Commission, op cit; Neal and Wagner, op cit; Tilly J, O'Leary J, Russell G. *Older Women Matter: Harnessing the talents of Australia's older female workforce*. Sydney: Diversity Council, 2013.

³⁴ Page et al, op cit (p. 45), citing evidence from Hegewisch A. *Flexible working policies: A comparative review*. London: EHRC, 2009.

³⁵ Tilly et al.

³⁶ Lee and Gramotnev, op cit.

³⁷ Neal and Wagner, op cit.

Appendices

Appendix Table A.1: Bivariate statistics of care-giving preventing carers of adults from working, % of non-retired people

	%
Sex	
Male	48.2
Female	46.2
Age	
45–54	46.7
55–64	51.3
65–74	41.9
Marital status	
Married	45.7
Not married	50.9
Education	
Not finished HS	53.0
Finished HS	40.3
Bachelor +	30.0
Country of birth	
Australia	45.1
Other English speaking	54.6
Non-English speaking	56.1
Place of residence	
Capital city	43.7
Not capital city	51.2
Carer has illness/injury/disability	
Yes	53.1
No	41.7
Person cared for has long-term illness/ disability	
Yes	57.8
No	18.9
Total	46.8



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