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Independent Inquiry into Insecure Work in Australia  
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## **Carers NSW submission to the Independent Inquiry into Insecure Work in Australia**

Carers NSW welcomes the opportunity to provide a submission to the Independent Inquiry into Insecure Work in Australia. This submission will focus on the experience of carers in NSW, their tendency to part time and insecure work, and the potential impacts of insecure work on carers.

Carers NSW does not have extensive evidence specifically relating to carers experience of insecure work, but believes that carers as a group are more likely to be engaged in insecure work than other population groups due to the impacts of caring on their workforce participation, and the financial disadvantage that is associated with caring.

As this submission will illustrate, carers make a significant contribution to our community, often at great personal cost. It is unfair that caring should be rewarded with disadvantage, including exposure to insecure work and all of its ramifications.

### **About Carers NSW**

Carers NSW is the peak organisation for carers in NSW. It is a member of the national Network of Carers Associations and has an exclusive focus on supporting and advocating for all carers in the state.

The core work of Carers NSW is to:

- be the voice for carers in NSW
- undertake research, policy development and advocacy
- provide carer services and programs
- provide education and training for carers and services providers
- build capacity in the sector.

Carers NSW's vision is that caring is accepted as a shared community responsibility and that all carers in NSW are recognised, valued and supported by their communities and by governments.

## 1. About carers

Carers NSW defines a carer as any individual who provides unpaid care and support to a family member or friend who has a disability, mental illness, drug and alcohol dependencies, chronic condition, terminal illness or who is frail.

Carers are the main providers of care in the community, and have been described as the 'invisible workforce' by the National Health and Hospital Reform Commission. It is estimated that carers provide 74 per cent of the assistance required by aged people and people with disabilities.<sup>1</sup> In 2010 Access Economics estimated that the financial cost of replacing the care provided by carers would be over \$40 billion, for that year.

The 2009 Survey of Ageing, Disability and Carers (SDAC), undertaken by the Australian Bureau of Statistics, provides a snapshot of carers and their role:

- 12 per cent of the NSW population are carers (849,700 people).
- There are 264,300 primary carers in NSW (the person who provides the most informal assistance to an individual).
- Almost a third of primary carers in NSW have been caring for ten years or more.
- Seven per cent of primary carers have been caring for 25 years or more.
- 42 per cent of primary carers care for 40 hours or more per week.<sup>2</sup>

## 2. The impacts of caring

### 2.1 Physical and emotional wellbeing

Caring has significant detrimental impacts on the physical and mental health of carers. Carers Australia described caring as a 'health hazard' in their report on the 1999 *National Survey of Carer Health and Wellbeing*.<sup>3</sup> Over half of respondents to this survey had suffered a decline in physical health, a third had experienced a physical injury, and over half believed they had worse overall mental and emotional health.<sup>4</sup>

These findings have been supported by a significant body of evidence. For example, research by the Australian Institute of Family Studies published in 2008 found that carers experience high rates of mental health problems, poor physical health and relationship breakdown, among other impacts.<sup>5</sup>

The findings of the 2007 *Australian Unity Wellbeing Index Survey* are also telling. This survey found carers to have the lowest collective wellbeing of any known population group, with the wellbeing of carers who live with the care recipient being the lowest ever recorded for a large group of people. The survey found that carers have an average stress rating that is classified as moderate depression, are more likely to experience chronic pain than is normal and their wellbeing is more vulnerable to pain.<sup>6</sup>

## 2.2 Financial security

Caring is associated with significant financial disadvantage. The 2009 SDAC found that around 22 per cent of primary carers were in the lowest household income quintile, compared to 11 per cent of non-carers.<sup>7</sup>

Financial disadvantage arises from the direct financial costs of caring, which can be significant, and are exacerbated by the indirect financial costs incurred such as loss of wages through reduced employment or withdrawal from the workforce, and reduced savings and superannuation.

Research conducted by the Social Policy Research Centre in 2011 has found that caring incurs substantial direct financial costs, and that carers have higher rates of poverty than non-carers.<sup>8</sup> The 2010 *Carers NSW Carer Survey* supports these findings. It found that 98 per cent of respondents had faced additional financial costs as a result of their caring role, including for medicines, travel and equipment. Almost 60 per cent of respondents had had to borrow money because of their caring role, and around 40 per cent had experienced difficulty in paying for basic items such as groceries and household bills.<sup>9</sup>

## 2.3 Workforce participation

Carers often withdraw from the workforce as a result of their caring responsibilities, or reduce their working hours and responsibilities. According to SDAC 2009, only 40 per cent of primary carers were employed compared to 66 per cent of those who were not carers.

Those carers who do remain engaged in the workforce often work fewer hours, and below their skill level. According to SDAC 2009, 48 per cent of employed primary carers worked part-time, compared to 31 per cent of employed people who were not carers.<sup>10</sup>

Research by the National Centre for Social and Economic Modelling (NATSEM) has identified significant differences in the employment patterns of female carers and other women. According to this report, over half of female primary carers aged 30–64 years were not in the paid labour force compared to less than a third of other women in the same age group. Further, of those women who did work, female primary carers spent fewer hours in paid employment than other women. Only one-fifth of female primary carers were in full-time employment compared to nearly two-fifths of other women aged between 30–64 years of age.<sup>11</sup>

The impacts on employment are often long term. It is likely that female carers who leave employment because of their caring responsibilities will not re-enter the labour force once their caring role ends.<sup>12</sup> The NATSEM report found that even caring for just one year has a negative impact on earnings, and can have sustained effects over the carer's lifetime.<sup>13</sup>

Young carers also experience significant impacts on their participation in education and the workforce. Three-quarters of 15–24 year old carers were fully engaged in employment and/or education compared to 82 per cent of 15–24 year olds who were not carers. Education and career pathways are often interrupted by taking on a caring role as a young adult, and can have life-long impacts which continue beyond the duration of the caring role.

### 3. Caring in Australia – women’s work?

There is evidence that caring in Australia is highly gendered.<sup>14</sup> Women are more likely than men to be carers, and are more than twice as likely to be primary carers.<sup>15</sup> Even amongst primary carers, women are more likely to have more intense caring roles. Almost 40 per cent of female primary carers care for 40 hours or more per week, compared to around 27 per cent of male primary carers. This is particularly significant given that there is an inverse relationship between caring and employment. As caring responsibilities increase employment rates decrease.<sup>16</sup>

Women are more likely than men to have caring responsibilities while of working age. The gender difference among carers was most pronounced for those aged 45–54, 16 per cent of men and 23 per cent of women in this age group were carers. Women are most likely to be carers whilst of working age (55–64), whereas men are most likely to be carers when aged 75 and over.

Male and female carers of working age have very different employment patterns, indicating that there are differences in their ability to combine caring and employment. The 2003 SDAC<sup>\*</sup> found that the labour force non-participation rate for female carers was 42 per cent, double that for males. Only 24 per cent of female carers worked full-time compared to 60 per cent of male carers. Female carers were twice as likely as male carers to work part-time (30 per cent compared to 15 per cent).<sup>17</sup>

Differences in the intensity of men’s and women’s caring roles, and the age when they occur, mean that caring is more likely to negatively affect the workforce participation of women.

### 4. Impacts of insecure work on carers

Carers NSW does not have any specific evidence or testimony from carers relating to the impacts of insecure work *per se*. However, based on what we know about carers, their workforce participation and financial disadvantage, they are likely to be a population vulnerable to exposure to insecure work, as they attempt to balance their caring role with employment.

The impacts on carers who find themselves in insecure work could be significant given that carers often experience very low health and wellbeing, high rates of financial stress, and often are balancing their employment with intensive caring responsibilities. Carers in this situation are unlikely to have the ability or opportunity to advocate for their own rights in the workplace.

In particular, Carers NSW is concerned that carers in insecure work would have:

- Limited or no access to paid leave, which they will need because of the demands of their caring role, and their own health and wellbeing, which is likely to be poor.

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<sup>\*</sup> The 2003 SDAC results are used here as the 2009 SDAC has not provided equivalent data.

- Limited or no job security, which would add to the stresses already being experienced as a result of their caring role and its impacts.
- Low and variable income, which can cause considerable financial stress, particularly when combined with the direct costs arising from the caring role.
- Increased risk of an unsafe workplace and of injury and ill-health, which would further compromise their health and wellbeing.

Carers NSW continues to advocate for improvements to working conditions for carers, including the right to request flexible working arrangements, to improve the ability of carers to maintain their employment. Carers NSW also advocates for increased availability of affordable and flexible care services which are critically important for carers to be able to continue in employment. If real improvements were made in these areas, the number of carers withdrawing from the workforce or entering into insecure work would decrease.

Carers NSW recognises that in the absence of major improvements to both working conditions and alternative care services, many carers will continue to resort to insecure work. It is of the utmost importance that these individuals, and all others who find themselves in insecure work, experience improved conditions and greater protection of their rights and wellbeing.

## **Conclusion**

Carers NSW appreciates the opportunity to provide a submission to this Inquiry.

For further information about Carers NSW's submission please contact Alison Parkinson, Senior Policy and Development Officer on 02 9280 4744 or email [alisonp@carersnsw.asn.au](mailto:alisonp@carersnsw.asn.au).

Yours sincerely



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## Endnotes

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- <sup>1</sup> The Allen Consulting Group, *The Future of Community Care*, Report to the Community Care Coalition. Melbourne: 2007.
- <sup>2</sup> Australian Bureau of Statistics, *Survey of Disability, Ageing and Carers*, Canberra, 2009.
- <sup>3</sup> Carers Association of Australia, *National Survey of Carer Health and Wellbeing*, Canberra, 2000.
- <sup>4</sup> Ibid.
- <sup>5</sup> Australian Institute of Family Studies, *The nature and impact of caring for family members with a disability in Australia*, research report no. 16, Melbourne, 2008.
- <sup>6</sup> R Cummins et al, *The wellbeing of Australians – Carer Health and Wellbeing*, Australian Unity Wellbeing Index Survey 17.1 Special Report, 2007.
- <sup>7</sup> Australian Bureau of Statistics, *Survey of Disability, Ageing and Carers*, Canberra, 2009.
- <sup>8</sup> T Hill, C Thomson, B Cass, *The costs of caring and the living standards of carers*, Social Policy Research Paper no. 43, Social Policy Research Centre, University of New South Wales, Sydney 2011.
- <sup>9</sup> Carers NSW, *Carers NSW 2010 Carer Survey*, Sydney, 2010.
- <sup>10</sup> Australian Bureau of Statistics, *Survey of Disability, Ageing and Carers*, Canberra, 2009.
- <sup>11</sup> National Centre for Social and Economic Modelling. *Women Carers in Financial Stress Report*, Canberra, 2008.
- <sup>12</sup> A Page, M Baird, A Heron and J Whelan, *Taking Care: Mature age workers with elder care responsibilities*, University of Sydney, Sydney. 2009.
- <sup>13</sup> C Thomson, T Hill, M Griffiths, and M Bittman, *Negotiating caring and employment*, Final report for the Australian Research Council Linkage Grant Program, University of NSW, Sydney, 2008.
- <sup>14</sup> Australian Human Rights Commission, *Accumulating poverty? Women's experiences of inequality over the lifecycle*, An issues paper examining the gender gap in retirement savings, Sydney, 2009.
- <sup>15</sup> Australian Bureau of Statistics, *Caring in the Community, Australia*, 4436.0, Canberra, 2011.
- <sup>16</sup> C Thomson, T Hill, M Griffiths, and M Bittman, *Negotiating caring and employment*, Final report for the Australian Research Council Linkage Grant Program, University of NSW, Sydney, 2008.
- <sup>17</sup> Ibid.