Work/life balance: an issue of relevance to all employees
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Overview

• Demographic and policy context of informal care in Australia
• Theoretical Framework: four major aspects of care
• Methodology of Negotiating Caring and Employment Project
• Impact of caring
  ➢ Caring and social participation
  ➢ Caring and employment
  ➢ Caring and income poverty
  ➢ Caring and financial stress
• Barriers and facilitators of carers’ employment
  ➢ Workplace characteristics
  ➢ Access to services
• Recommendations from the Better Support for Carers (2009) report
• Policy developments in UK
• Conclusions: effective ways to enhance carers work/life balance
Informal Care in Australia

- Informal carers are people providing unpaid help, support or assistance to family members or friends due to disability, frailty due to ageing, chronic illness, mental illness, other illness, or alcohol or other drug problems.
- Recent estimates suggest that around 16 per cent of the adult population (over 15 years) or 2.5 million people provide informal care at one point in time. (ABS 2008)
- Estimated that:
  - Informal carers provide 1.2 billion hours of care per year
  - Value of informal care is $30.5 billion per year if it were replaced by formal services (Access Economics 2005)

Cultural and gender differences in rates of caring

Rates of Caring (from Census 2006)

- **For Non-Indigenous people**
  - Male carers proportion of all NI males: 8.8%
  - Female carers proportion of all NI females: 13.4%

- **For Indigenous people**
  - Male carers proportion of all Indigenous males: 10.4%
  - Female carers proportion of all Indigenous females: 15.7%

**Cultural Differences**: Indigenous Australians aged 15-34 were about 1.8 times more likely to be carers than non-Indigenous people; and those aged 35-44 years were 1.4 times more likely to be carers than non-Indigenous people

- Related to earlier onset of long-term health conditions and disability in Indigenous population. The carer rate after 65 years was similar for Indigenous and non-Indigenous people.

**Gender differences**: In both Indigenous and non-Indigenous population, women have significantly higher rates of care-giving than men
Australian demographic and policy context

- Contradictory effects of demographic and policy changes
  - Demographic changes
    - Ageing of the population and increased longevity
    - Women’s increased labour force participation and smaller family size: from male breadwinner to adult worker family form. How can care and employment be better supported?
  - Policy changes
    - Policy shift in mid 1980s from institutional care to community care (care work primarily done by women)
    - Policies promoting labour force participation due to labour shortages and concerns about the costs of an ageing population- Includes activation policies for low income parents, some people with disability and unemployed people across age spectrum, later age of eligibility for age pension

Theoretical Framework: Four Major Aspects of Care

- Care is labour: requiring consideration of whether care is paid or unpaid, formal or informal and the different social policies determining these porous and interconnected activities. Informal care of older people and people with disability or severe illness involves time that involves work. In 2003, almost half of primary carers (48%) had hours of caring at least equivalent to a traditional full-time paid job of 40 hours or more per week (ABS, 2008).
- Care is located within a normative framework of obligations and responsibility. It is misleading to consider care only within the framework of labour. Care is a relationship: many informal carers do not identify themselves as carers and do not use available services, because their care-giving is embedded in a deep sense of obligation.
Theoretical Framework (cont)

- Care is an activity with financial and emotional costs: direct costs and opportunity costs: reduction of labour force participation, leaving the labour force entirely, reducing hours of employment, reduction of personal and household income, increased experience of indicators of deprivation compared with people who do not provide care; emotional and health-related costs (Hill and Thomson et al, 2008). May result in difficulties with labour force re-entry when caring responsibilities cease, and negative effects on retirement incomes. Cost borne predominantly, but not entirely, by women as primary carers.

- Informal care-giving and employment are juggled in different ways depending on the type of care provided: combinations of care provided by the same caregiver, predominantly women with child care and elder care responsibilities; the stage of the life-course; caregiver’s employment circumstances, educational qualifications and earning capacity, and the availability of formal services for care recipients and providers (framework adapted from Daly and Lewis, 2000).

Negotiating caring and employment project

- Australian Research Council Linkage project – research partners included NSW government departments and carer advocacy non-government organisation

- Project team: Michael Bittman, Cathy Thomson, Trish Hill and Megan Griffiths

- Mix of qualitative and quantitative methods

- Qualitative component involved a number of focus groups
  - Employed and non-employed
  - Public and private sector employees

- Quantitative component involved cross-sectional and longitudinal analysis of two nationally representative data sets:
  - ABS Survey of Disability, Ageing, and Carers (SDAC)
  - Household Income and Labour Dynamics in Australia Survey (HILDA)

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1 This presentation reports on research which is part of an Australian Research Council Linkage Project (LP0455391). The research partners include the Department of Premier and Cabinet, Office for Women and Public Sector Workforce Office, the NSW Department of Ageing, Disability and Homecare, NSW Health, the Office of Industrial Relations and Carers NSW. Nevertheless, the views expressed in this presentation are those of the authors and do not necessarily reflect the view of the above departments or the responsible Ministers, including the Minister for Ageing, the Minister for Disability Services and the Minister for Health, or the NSW state government.

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2 This presentation uses unit record data from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Project was initiated and is funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and is managed by the Melbourne Institute of Applied Economic and Social Research (MIAESR). The findings and views reported in this presentation, however, are those of the authors and should not be attributed to either FaHCSIA or the MIAESR.
Issues in balancing paid work and care

- There are approximately 2 million carers of working age in Australia in 2003.
- Two-thirds of working age carers were employed.
- In contrast, approximately three-quarters of working age non-carers were employed (ABS 2004).
- Around 5 percent of employees aged between 45 and 64 and 2.5 percent of employees under 45 years become carers each year. (Thomson, Hill, Griffiths and Bittman, 2008)
- Work/life balance for these carers is becoming an increasingly important social policy issue.

Impact of caring

- Satisfaction with caring role
  I'm finding it [caring] quite gratifying... Time constraints can be awkward at times (4.C2).
- Maintaining attachment to the labour market was important for carers
  You get a lot of self worth out of it [work] that you don't at home (1.C1)
- Limited time and energy resulted in a contraction of social activities
  I was working. I didn’t...put enough energy into the social things... I just felt too busy...I just couldn't cope with it all, so something had to give (1.C2).

Thomson, Hill, Griffiths and Bittman, (2008)
What is the effect of caring on employment rates?

![Bar chart showing employment rates for primary carers, carers, and non-carers.]


What is the impact of juggling care and work?

- Carers find it difficult to balance care and paid work
  
  *One of the major things for me was that you’re both the housekeeper, the gardener; you’re everything. Plus you hold down a full time job.* (1C.1)

- Financial impact of leaving paid work
  
  *We’re not earning superannuation so we retire on a pension and we’re a marginalised disadvantaged group already. So where’s the equity in that?* (3.C2)

Thomson, Hill, Griffiths and Bittman (2008)
What is the impact of caring and employment on income poverty?

Source: HILDA, Thomson, Hill, Griffiths and Bittman (2008)

What is the effect of caring and employment on financial stress?

Source: HILDA, Thomson, Hill, Griffiths and Bittman (2008)
Why do carers leave employment?

- No alternative care arrangements available: 33%
- Preferred to care full-time: 31%
- Emotional obligations: 16%
- Other reason: 20%

21 per cent of primary carers


Main perceived barrier to re-entering the labour market

- No alternative care arrangements: 30%
- Other difficulty: 24%
- Age: 13%
- Difficulty in arranging work hours: 11%
- Disruption to main recipient of care: 12%
- Loss of skills from being out of the work force: 9%

Employment and caring facilitators: job characteristics

- Job characteristics that helped carers stay in employment
  - Flexible working arrangements including:
    - Permanent part-time work
    - Home-based work
    - Carers' leave
    - Flexible start and finish times
  - Larger firms
  - Permanent employees
  - Higher level occupations
  - Supervisory role
  - Union membership
  - Job security and autonomy at work

  Source: HILDA, Hill, Thomson, Bittman and Griffiths (2008)

Employment and caring facilitators: job characteristics

- Access to flexible work hours
  I suppose with my work I've been very lucky. I've had a fantastic boss who has been able to accommodate my needing to take off. Sometimes at a minutes notice I've had to leave when something's happened (3.C3).

- Job security is an important factor
  I have two employers who are both as patient as the day is long and very understanding. I had a lot of sick days off in the first year of doing this job … Straight after I got back to work [care recipient] got sick and I had to take carer's leave. And they were exceptional. I didn't expect to keep the job, to be truthful. I thought they would smile nicely and say 'see you later kid'. But they didn't. They've been wonderful and as a result I've gone out of my way to give them extra hours and extra bits and pieces (5.C2).
Employment and caring facilitators: services

• Carers have a complex relationship to the services
• Service use is relatively low (Edwards et al 2008)
• All carers
  ➢ Use of any formal services by care recipient is associated with increased likelihood of employment
• Primary carers
  • More likely to be employed if:
    ➢ Formal services are used by the care recipient
    ➢ A fallback informal carer is available


• With respect to caring, employment and education
  Recommendations include:
  • Extending the right to request flexible working arrangements to all employees with care responsibilities, including those caring for adults or children with disability, mental illness, chronic illness or who are frail aged
  • Recognising the needs of carers seeking employment and supporting employers to provide employment opportunities
  • Implement programs to support the needs of people seeking to enter or re-enter the workforce
  • Increase funding for respite care services, paying attention to availability, accessibility, affordability and responsiveness to the needs of carers and care recipients in regional, rural and remote areas
  • Develop flexible education policies for students to combine education and caring
Carers Policy Developments from United Kingdom

• Recently implemented new rights and entitlements for carers in UK:
  • the right to leave from work to deal with emergencies and caring crises
  • the right to request flexible working arrangements
  • the right to a Carers Assessment which respects a carer’s desire to work as well as to care
  • the right to access education, leisure, training and employment
  • These developments and most legislation has had all-party support in both Houses of Parliament
  • Policy-makers and care professionals have mostly welcomed the shift to explicit focus on carers’ situations
  • Over time, employers’ representative organisations have become supportive of new rights for carers in the workforce, with some prominent employers joining together as Employers for Carers, an employer-led forum launched in 2008 (Cass and Yeandle, 2009)

Conclusions: strategies to enhance carers’ work/life balance

• Promoting Work/life balance for carers: Effective policies and workplace arrangements

  Access to carer-friendly workplace provisions
  • Flexible working arrangements:
  • Permanent part-time work
  • home-based work
  • carers’ leave
  • flexible start and finish times
  • Job security and autonomy at work

  Service usage
  • Access to formal services for care recipient
Conclusions (continued)

- **Recommendations from Australian Parliamentary Inquiry Report**
  - Extend the right to request flexible working arrangements to all employees with care responsibilities
  - Recognise and address the needs of carers seeking to enter or re-enter the workforce and support employers to provide employment opportunities
  - Increase funding for respite care services, paying attention to availability, accessibility, affordability and responsiveness to the needs of carers and care recipients in regional, rural and remote areas

- **Policy ideas from UK policies for carers**
  - right to leave from work to deal with emergencies and caring crises
  - right to request flexible working arrangements
  - right to a Carers Assessment which respects carer’s desire to work as and care
  - Engage employers and employer organisations, unions, governments and carers associations in developing and supporting policies and programs to enhance work/life balance

References

- ABS (2008) *A Profile of Carers in Australia*, Cat. No. 4448.0, Canberra
- Access Economics (2005), *The Economic Value of Informal Care: Report for Carers*