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CARE TO WORK?
EXPANDING CHOICE AND ACCESS TO WORKFORCE
PARTICIPATION FOR MATURE AGED WOMEN CARERS

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1. Introduction

Research ... indicates that approximately 25 per cent of all Australian women in their fifties are carers of other people. This reduction in the capacity of older women to participate in the paid workforce is yet another financial penalty for undertaking caring responsibilities... those who undertake unpaid work are presented with a financial penalty, leaving carers significantly vulnerable to poverty in retirement (Australian Human Rights Commission (AHRC), 2009:18-19).

This working paper reports commissioned by the HC Coombs Policy Forum as part of the *Visioning Australia's Future*. It aims to explore policies to enhance mature aged women's participation in the labour market, with a particular focus on fostering employment choices for women with current or past informal caring responsibilities. Informal carers are people who provide unpaid support or assistance for family members or friends with chronic illness, disability or frailty due to ageing. Mature aged persons in this report refer to those aged 45 to 70 years, which aligns with definitions used by the Australian Bureau of Statistics (ABS), where mature age may be classified as 45-64 or 45-74 years (eg ABS, 2005; ABS, 2008a).

Background

Over the life course, all will receive care, most will provide care and many will both receive and provide care, at multiple points in time. Caring activities are central to the functioning and sustaining of society and the economy through the provision of an 'invisible health workforce' that augments the aged, disability, mental health, palliative and community care systems (NHHRC, 2009:61). At any point in time, 2.6 million Australians over the age of 15 years provide informal care (ABS, 2012). Around 1.28 million mature aged Australians aged 45-70 years are informal carers, of whom 58 per cent are women (ABS, 2009). These carers foster the social and community participation of aged parents and spouses and children with disabilities or illness. However, the provision of care often competes with other life domains and constrains economic and social participation, placing carers at risk of social exclusion over the life course (Hill et al, 2010).

Care activities contribute significantly to the economy. In 2010, the economic value of caring was estimated at \$40.9 billion per year (Access Economics, 2010), representing an increase of 33 per cent over the previous 5 years (Carers Australia, 2010). Yet, short and long-term impacts of the provision of care on employment, financial security, health and well-being are not evenly distributed across society. The impact of caring on mature aged workers is considerable, and entails reducing hours of work, declining promotions, changing jobs and leaving employment (Page et al, 2009). Caring has a negative impact on mature aged carers' participation in employment (Colombo et al, 2011; Page et al, 2009; Spiess and Schneider, 2003) and few re-enter the workforce when caring ends (Lee and Gramotnev, 2007; Colombo et al, 2011; Page et al, 2009; Spiess and Schneider, 2003; Wakabayashi and Donato, 2006). The adverse consequences for those out of the workforce include reduced income (Colombo et al, 2011; Page et al, 2009; Wakabayashi and Donato, 2006), poor health (Colombo et al, 2011; Lee and Gramotnev, 2007; Page et al, 2009), loss of skills and a decrease in social interaction (Page et al, 2009).

A key policy challenge is to recognise and reconcile the social and economic need for the provision of informal care, which will increase in future years, with the vision of the Australian Government's *Social Inclusion Agenda* (Australian Government, 2009a), in which all Australian citizens, including carers, have opportunities and resources to participate across the spectrum of education, work, community and political spheres. Addressing this challenge requires an understanding of the policies that facilitate or hinder choices around work and care for all citizens over their life course, and particularly the choices available for mature aged women.

The current Australian policy framework situates individuals' choices around work and care at the nexus of the two policy agendas: the *Social Inclusion Agenda*, which envisages all citizens as active participants in a range of spheres including unpaid care and family life, and activation and labour market policies, which emphasise workforce participation to address anticipated labour shortages, enhance productivity and fund the costs associated with an ageing population (Australian Government, 2009a). The interaction of these two policies raises three crucial questions: 1) if workforce participation increases, will this hinder the provision of care?; 2) if citizens are to have the right/opportunity to care and to participate in multiple spheres in order to be socially included, how will these often competing claims be reconciled? and (3) what factors affect choices and to what extent do these policies underpin genuine choices to engage in work and/or care?

With respect to mature aged women, it raises the specific questions of, to what extent do the policies support choices for these women in different circumstances including: remaining, or taking on, a caring role without participating in the labour market; participating in paid work and having other sources provide the necessary support; or some combination of participation in paid employment and unpaid care provision. In addition, it focuses attention on the question of how the needs and challenges of mature aged women carers, either employed or not employed, might differ from carers and mature aged carers in general.

Further, while acknowledging that the demands of both care and employment may remain stable or require adjustment over time, to what extent do the policies support the different stages in decisions about engagement in care and work such as:

- > early intervention and prevention to avoid a care or work crisis
- > premature exits from the labour market at the onset of caring
- > retention in paid work
- > reintegration from caring into employment at the relinquishment or adjustment of caring roles?

This policy tension between the Social Inclusion Agenda and workforce participation agenda will become more pressing due the intersection of a number of socio-demographic trends, medical, technological and policy developments which will increase the demand for care:

Population ageing: It is estimated that the proportion of the population aged 65 and over will almost double and the proportion of very old people aged 85 and over, will quadruple by 2050 (Australian Government, 2010a).

Increases in female labour force participation: Rates of female labour force participation have significantly increased since the 1980s, predominantly in part-time employment (House of Representatives Standing Committee on Family and Human Services (HRSCFHS, 2006).

Changes in family composition: The trend towards delayed childbearing and a reduction in the number of children per household may place greater demands on women's time in multiple spheres, involving paid work, child care and elder care (Hugo, 2009).

Advances in medical technology and healthcare: Increasing numbers of people are living longer, but also advances in technology enable people with high levels of physical, mental and developmental disability, and other long-term health conditions to remain at home (House of Representatives Standing Committee on Family, Community, Housing and Youth (HRSCFCH&Y), 2009).

Home and community care: Since the 1980s there has been a shift from institutional care to care in the community, which is underpinned by the support provided by unpaid informal carers, in response to the preferences of older people to remain in their own homes and to reduce expenditure on aged care (Borowski et al, 2007; HRSCFCH&Y, 2009). Also, the impact on mature aged carers of the emphasis on consumer-directed care policies and individualised funding models designed to increase independence and decision-making with respect to care for people with disability and the frail aged is, as yet, unknown (Yeandle, Kroger and Cass, 2012).

Current activation and labour market policies: Activation policies in social security, evident since the mid-1980s, have emphasised market participation and introduced incentives, particularly for mature aged women, to remain in the labour force for longer in response to the challenges of population ageing (Borowski and Olsberg, 2007; Australian Government, 2010a). A number of initiatives have been introduced to increase the labour force participation of older people including: retraining and reskilling programs and enhanced assistance (Australian Government, 2010a); and increasing the age at which women are eligible for the age pension to 65 years. Hugo (2009:194) states that ‘the need to provide care may militate against contemporary policy imperatives to increase workforce participation, especially among older people’. This constitutes a contradictory assemblage of public policy and familial obligations which impacts in particular on the lives of older women.

These demographic trends and the competing policy agendas of enhancing workforce participation and ensuring the social inclusion of carers in their caring role suggest that many mature age women will face the challenges of balancing and coordinating these dual roles, as well as other aspects of their lives. Mature aged women have the highest rates of informal care provision (ABS, 2008b) and the need to care for ageing and frail parents and partners with ill-health or disability will continue and possibly grow in the future, especially in the context of population ageing (AIHW: Jenkins et al, 2003; AMP.NATSEM, 2006). Mature aged women carers may also face specific challenges in remaining in and re-entering employment. The social and policy context frames the options available for women regarding the extent of participation in paid work and unpaid care at any point in time in their lives. This context also frames the transitions between work and care and the possibilities for moving from care to work. Developing a policy environment which supports a range of paid work and unpaid care choices is crucial, as the inability to reconcile paid work and unpaid care responsibilities can undermine the social inclusion of this group, with long-term ramifications for the individuals involved in these contradictory responsibilities, for family members requiring care and support and for the wider society.

Outline of the paper

The following section of the paper provides an overview of the current Australian policy context in which mature aged women make choices and decisions about paid work and care. The demographic characteristics of mature aged carers are then described together with their care situations. Next, data analysis is conducted to describe the prevalence of mature aged women carers, their socio-demographic characteristics and their care situation. The analysis then considers the impact of caring on employment and social inclusion outcomes. Following this, international legislation and policies designed to facilitate carers to reconcile work and care responsibilities are discussed. The final section of the paper identifies a possible set of integrated policies to enhance carers’ options in relation to social inclusion understood as participation in multiple spheres.

2. Current policy context: Matured aged women and choices about care and employment

Introduction

Mature aged women's choices and opportunities around paid work and unpaid care are framed by the contemporary policy environment. Key among these policies are the Australian Government's *Social Inclusion Agenda*, which is the overarching policy impelling the *National Carer Recognition Framework* that includes the *Carer Recognition Act 2010* and the *National Carer Strategy*. The development of the *National Disability Insurance Scheme* (NDIS) and *National Disability Strategy*, and other policy initiatives with respect to mental health have implications for the services available to people with disability and illness and their informal carers, both in and out of the paid workforce.

Alongside these policies specifically targeting carers and the people for whom they care, are the National Employment Standards (NES) within the *Fair Work Act 2009* (Cth) which have provisions regarding the right to request flexible work and leave arrangements of particular relevance for carers engaged in paid work. In addition, carers who reduce hours of paid work or experience the necessity to leave paid employment have choices that are shaped by eligibility criteria and restrictions of the income support system. Current retirement incomes policies, which prioritise occupational superannuation, imply that carers' decisions to reduce or leave paid work at any point in time have both immediate and long-term financial consequences. These policies intersect with the Australian Government's long-term agenda articulated in the *Intergenerational Report 2010*, in which enhancing the participation of mature aged workers through a range of policies is a key element in responding to the effects of an ageing population (Australian Government, 2010a).

In this section of the paper we outline the current policy framework and consider how the policies influence decisions about taking on a caring role, and thus affect who will provide care. In addition, we explore the factors within policies that support or impede opportunities to reconcile paid work and care.

A key element to consider is how the policy context shapes choices with respect to employment opportunities for all carers, what factors constrain and facilitate choices for mature aged carers in general, and what additional elements need to be considered when examining the choices available to mature aged women carers.

All carers

Overall, carers and primary carers have lower rates of labour force participation than non-carers: in 2009, 42.3 per cent of primary carers were in the labour force compared to 65.3 per cent of other carers and 69.7 per cent of non-carers (ABS, 2012:17, Table 5). However, Australian evidence suggests that lower rates of labour force participation should not be inferred as the result of 'choice' without reference to the structural constraints on employment imposed by caring responsibilities (Gray et al, 2008:34). An analysis of female recipients of Carer Allowance (indicative of their substantial caring responsibilities) showed that despite relatively low labour force and employment rates compared with non-carers, almost 70 per cent of these carers who were not in paid employment indicated that they wanted to work (Gray et al, 2008:34). Carers who wanted to work cited 'difficulty in arranging working hours and the lack of alternative disability care arrangements' as the most common barriers to employment (Gray et al, 2008:34).

One factor that may affect the employment of all carers is their higher rates of disability (33 per cent) compared to non-carers (16 per cent) (ABS, 2012). Young carers also have lower rates of Year 12 completion than their non-carer peers (Hill et al, 2009; Cass et al, 2011), which may affect their employment opportunities, transitions to work and career trajectories.

Access to flexible work arrangements, including the right to request flexible hours and access to paid and unpaid leave (Hill et al, 2008; Pavalko and Henderson, 2006; Phillips, Bernard and Chittenden, 2002; Yeandle and Buckner, 2007) and supportive workplace cultures (Yeandle et al., 2006) are key elements that might assist all carers to balance care and paid work responsibilities and maintain attachment to the labour market. In addition, evidence suggests that carers who access formal services are more likely to remain in employment (Thomson et al, 2008). However, employed carers' access to income support is limited due to the strict eligibility criteria (Ganley, 2009), a factor that may constrain options for all individuals facing choices around work and care.

Mature aged carers

Mature age itself is a compounding factor affecting the experiences of older workers and job seekers, 'who may face multiple and intersecting difficulties in entering or re-entering paid employment' (Australian Law Reform Commission, 2012:62). This observation must be placed in the context of the overall increase in the labour force participation of mature age people over the period 2000-2010 (Temple et al, 2011). However, while labour force participation rates have increased considerably for both men and women, the rates for women remain considerably lower than for men: in the age range 50-54, men's participation was 87.9 per cent, while women's was 76.8 per cent; in the age range 55-59 the gender gap in participation increases, with men's rate at 80.2 per cent, compared with women's at 64.6 per cent; and in the age range 60-64 the gender gap is even more pronounced, with men's rate at 61.6 per cent and women's at 42.8 per cent (Temple et al, 2011:12). The Australian and international literature suggests that the gender gap in women's and men's labour force participation in mature age is derived partly from women's relatively higher rates of informal caregiving throughout the life course, which increase with age (Carmichael et al, 2008; Gray et al, 2008; Australian Bureau of Statistics (ABS), 2012).

Although labour force participation rates have increased overall, but with a significant gender gap in participation increasing with older age, a number of barriers have been identified which continue to constrain/prevent labour force participation for mature aged people. As noted by Temple et al, some of these barriers are (listed alphabetically):

- > caregiving responsibilities
- > discrimination in employment on the basis of age
- > flexibility of employment arrangements
- > job search assistance
- > mismatch of skills and experience with industry demands
- > physical and mental illness, injury and disability
- > retraining and up-skilling barriers
- > workplace barriers.

(Temple et al, 2011: 14)

The Australian research indicates that while many of these factors pertain, often in interaction, to the barriers which constrain/prevent labour force participation for mature age people, these factors are exacerbated by caregiving responsibilities (Gray et al, 2008; Spoehr et al, 2009; Kimberley and Bowman, 2011).

Factors specific to the experiences of all mature aged workers and jobseekers, including carers, encompass the issue of age discrimination in recruitment and in the workplace in retention, in performance evaluations and in access to training (Taylor, 2011:47-48). Age-based stereotypes about the various attributes of older and younger workers have been found to affect employers' perceptions of employees, although the extent of the impact of such perceptions on older workers' experiences is not conclusive (Taylor, 2011: 50-52). Actual or perceived age discrimination affects potential employees looking for work. Older people who become unemployed are likely to remain unemployed for longer than those in younger age groups (ABS, 2010:5) and the main difficulties in re-entering employment identified by unemployed older people was employers' perceptions that they were too old (ABS, 2010:6), a factor more commonly reported by men (36 per cent) than women (28 per cent) (ABS, 2010:6). The perception that employers regarded older age to be a negative factor in recruitment was felt to be a barrier for 64 per cent of discouraged job seekers in the older age group (aged 55 years and over) (ABS, 2010:7). In the workplace, actual and perceived age discrimination may affect conditions of work: twenty per cent of older workers (aged 55 years and over) cited 'being considered too old by employers' as the reason for not being able to increase their hours of work in line with their preferences (ABS, 2010:5). Policies and practices addressing perceived and actual age-based discrimination are crucial to supporting the retention and re-entry of all mature aged workers.

A key factor cited by employers as a barrier to employing older workers is the 'perceived lack of appropriate skills' (Taylor, 2011:53). Lack of education or relevant skills may thus be a factor affecting choices about types of employment, and possibilities of combining paid employment and unpaid care in mature age for particular groups. Policies supporting opportunities for retraining and updating skills would foster the employment of all mature aged carers. Existing education qualifications may affect opportunities to remain in employment. Employment rates for older people (aged 55 years and over) with tertiary qualifications are 76 per cent compared to 53 per cent for older people without a post school qualification (ABS, 2010:5). Another key factor affecting the employment opportunities of mature aged people and mature aged carers is their health, with ill health being a key reason for the retirement of men and women (Warren, 2008 in McDonald, 2011:34). Policies aimed at enhancing the physical and mental wellbeing of older people would assist in supporting employment retention and re-entry (Earle and Heymann, 2011).

Mature aged women carers

The gender gap in labour force participation rates for mature aged men and women, noted above, draws attention to the relevance of caregiving responsibilities as a barrier to mature aged people's participation, which has salience for all carers, but in particular for women carers. Australian studies show that living arrangements and caregiving responsibilities impact significantly on mature aged people's ability to secure and retain employment, and this is especially the case for women carers (Gray et al, 2008, Spoehr et al, 2009; Temple et al, 2011).

The specific issues for mature aged women carers arise due to both the needs and challenges facing women in this age group, alongside the gendered social norms and social structures in which decisions about taking on caring roles are made. These gendered norms and social structures, including intra-household inequalities in income and paid and unpaid work, gender pay inequities, occupational segregation and discrimination in the labour market, generate personal, social and employer expectations and perceptions of obligation, and also influence decision making about who is responsible to take on caring roles in families and within the community.

These gender norms are evident in the unequal division of domestic labour across life course transitions. Australian research shows the transitional stages in cohabitation and marriage partnerships and transitions to parenthood which have substantial impact on changes in the gender division of domestic labour. In a major article, Baxter et al (2008) examine the effects of transitions in marital and parenthood status on 1,091 men's and women's housework hours using two waves of data from an Australian panel survey titled *Negotiating the Life Course*. They examine transitions between cohabitation and marriage, and from cohabitation or marriage to separation, as well as transitions to first and higher-order births. The research shows extraordinary stability in men's housework time across most transitions but considerable change for women in relation to transitions in parenthood. The results suggest that the transition to parenthood is a critical point in the development of an unequal gap in time spent on household labour. It is evident that there are life course connections between the greater level of domestic work and childcare responsibilities undertaken by women in households, women's lower rates of labour force participation, especially when children are dependent, and the increased propensity of women taking on caregiving responsibilities for children and adults with disability, chronic illness and for frail older relatives and friends. This entrenched gendering of caregiving responsibilities is particularly evident in later life (Dentinger and Clarkberg, 2002). The compounding of gendered care responsibilities is likely to result in the accumulation of employment and financial disadvantages through the years of adulthood and into mature age (Australian Human Rights Commission (AHRC), 2009).

The specific issues for mature aged women carers encompass:

- **Intermittent attachment to the labour market due to parenting, partnering and/or caring histories.** Mature aged women with more years of labour market experience have higher rates of participation than women who have been employed for fewer years throughout their life (Gilfillan and Andrews, 2010:105). In addition, with respect to women with caring responsibilities, primary carers (those with the most responsibility to care for a person with disability, illness or the frailties of ageing) have fewer opportunities to participate in employment and have poorer earning potential over their working life. However, the gap in both employment and earnings between women primary carers and non-carers 'is narrowed with improved educational attainment and better health status' (Nepal, et al, 2011:102). It is evident that education, training and retraining policies that assist women to maintain labour market attachment, accumulating human capital and work experience, throughout periods of caring for children and other caregiving responsibilities may have longer term effects with respect to women's participation in employment in later years.
- **Educational and career outcomes affecting occupational trajectories and, hence options for flexible work.** Mature aged women are concentrated in a number of industries and occupations, which may affect their capacity to access flexible work. In 2009, nearly half of mature age women employees were working in the 'health care and social assistance, education and training and retail' industries and nearly two-thirds worked as 'clerical and administrative workers, professional and community and personal service workers' (Gilfillan and Andrews, 2010:63).
- **Partnership formation and dissolution and consequences for current and retirement income.** Decisions as to whether to participate in employment may be affected by marital status and the employment status of mature aged women's partners. Gilfillan and Andrews (2010) found some evidence that older women without partners were more likely to be employed than women in couples and that older women with employed partners were more likely to be in employment themselves (2010:87-89). Policies affecting access to pensions and superannuation for women may also create incentives to leave or stay in the labour market (Gilfillan and Andrews, 2010:47).
- **Caring responsibilities for grandchildren – either in child care or as primary caregiver.** Policies enhancing opportunities for flexible working and adequate child care services may be of assistance in helping mature aged women with responsibilities for caring for children also balance informal care and employment (Gilfillan and Andrews, 2010:45).

These specific issues for mature aged women carers interact with the current policy settings and environment to shape their choices around paid work and care.

Contemporary policy environment

Social Inclusion Agenda

The Australian Government's *Social Inclusion Agenda* is based on a statement that 'all Australians have the right to learn, work, be part of their community and be heard on issues which matter to them' (Australian Government, 2011a:3). It identifies six priority areas (Australian Government, 2009a, 2011a) with Priority 4 aimed at 'improving outcomes for people living with disability or mental illness and their carers' (Australian Government, 2011a:3).

The report outlining the government's actions with respect to the six priority areas *Foundations for a Stronger, Fairer Australia* states that:

Carers play a critical role in helping people with disability, but because of the intensive support they give, carers are among the most disadvantaged and socially excluded people in Australia. Carers are more likely to be socially isolated and disconnected from their peers and more likely to suffer from poor health and increased financial and emotional stress (Australian Government, 2011a:19).

In acknowledging the additional challenges carers face due to their care responsibilities, the *Social Inclusion Agenda* aims to enable them as citizens 'to have the opportunity to work, learn and enjoy life' (Australian Government, 2011a:3). *The Social Inclusion Agenda* articulates a vision that caring should not impede participation in employment, education or community life; however, little recognition is given to the strategies, policies and resources required for carers to choose genuinely to combine different forms of participation and the contradiction involved in these choices, particularly for mature aged women. Indeed no mention is made of gender or the combination of gender and older age in posing additional challenges to workforce participation or employment re-entry for mature aged women, and hence, opportunities for that component of social inclusion.

National Carer Recognition Framework

To address the social inclusion of carers, the Commonwealth Government developed the *National Carer Recognition Framework*. This framework sits within the Government's overarching *Social Inclusion Agenda* and comprises the *Carer Recognition Act 2010* (Cth) and the *National Carer Strategy* (Australian Government, 2011b).

The development of the *National Carer Recognition Framework* was in response to claims for recognition, respect and redistribution, through statutory recognition of caring responsibilities; claims from carers themselves and through advocacy associations over the last 20 years for income support and financial transfers recognising the costs of care, both direct and indirect; and entitlements to supportive services (Williams, 2010; Yeandle, Kroger and Cass, 2012). In Australia, carers first gained legislative recognition in 1985 with respect to income support in the social security system with the introduction of the Carer Pension, subsequently renamed the Carer Payment in 1996 (Ganley, 2009), and from the 2000s, increased emphasis was placed on carer support in community services.

Carers Associations have been active in lobbying and advocacy for carers' interests and needs for income support, community services, information and recognition as 'partners in care' with formal aged care, disability care and health care services. They also highlighted the benefits of care and the costs of care to carers' employment participation, health and wellbeing (Access Economics, 2005; Carers Australia, 2007; Cummins et al, 2007). This advocacy influenced the establishment of the 2009 Parliamentary Inquiry into Better Support for Carers (HRSCFCH&Y, 2009). One of the key recommendations of this inquiry was that the Commonwealth Government 'develop a nationally consistent carer recognition framework' (HRSCFCH&Y, 2009:xxii) and a national carer strategy to establish statutory rights and policies recognising carers (HRSCFCH&Y, 2009).

The *Carer Recognition Act 2010* (Cth) formally acknowledged the vital role of carers in Australia and established a framework of principles outlined in the *Statement for Australia's Carers*, for the recognition of the contribution of carers. It recognises that: carers are entitled to the same rights as other Australians; they contribute economically and socially; are individuals with their own needs; are partners in the provision of support; should be treated with dignity and respect; and acknowledges the caring relationship. In addition, and most salient for employed mature aged women or those attempting to re-enter paid employment with caring responsibilities, it acknowledges that 'carers should be supported to achieve greater economic wellbeing and sustainability and, where appropriate, should have opportunities to participate in employment and education' (Australian Government, 2011b:13).

Access to services is an important factor for carers attempting to reconcile care and paid employment (Edwards et al, 2008; Thomson et al, 2008). The Act also articulates how carers should be supported by publically provided services and that 'support for carers should be timely, responsive, appropriate and accessible' (Australian Government, 2011b:13). However, the 'act does not establish carers' rights or create legally enforceable obligations for carers, public service care agencies or associated providers' (Phillips and Magarey, 2010:2) and differs from the United Kingdom legislation in this respect.

The *National Carer Strategy*, designed 'to give effect to the principles of the *Carer Recognition Act 2010*' (Australian Government, 2011b:7), aims to improve the ways in which governments and the system of community services support carers (Australian Government, 2011b). It is organised around 'six priority areas for action: recognition and respect, information and access, economic security, services for carers, education and training, health and wellbeing' (Australian Government, 2011b:7).

Under the priority of economic security, the Strategy sets out the policy direction to 'improve supports to carers so that they have more options to participate in paid work' (Australian Government, 2011b:23). The Strategy states that:

There are many reasons why carers find it difficult to balance work and their additional responsibilities. Inadequate or expensive alternative care options, inflexible employment conditions, and lack of employer support are all reasons why carers find it difficult to balance a paid job with informal care. At the end of caring, many people find it difficult to return to work after years out of the workforce (Australian Government, 2011b:23).

In the current policy framework, the Strategy states that: 'Job Services Australia provides support to carers seeking to enter or re-enter the workforce and for people returning to the workforce when their caring roles end' (Australian Government, 2011b:23).

All these official documents directly targeting carers simultaneously seek to accord respect, recognition and support for carers, while at the same time noting the perilous financial circumstances and debilitating social isolation of individuals who, due to the intensity and demands of their caring roles, are excluded from participation in employment and social activities. Alongside respect and recognition are major concerns about the economic security of carers (Australian Government, 2011a:20). While seeking to support carers in their caring role, one of the paths to economic security envisaged in the contemporary policy environment is through labour force participation and some strategies are outlined to increase carers' opportunities to engage in employment (Australian Government, 2011b:23). However, the specific issues confronting mature aged women carers are not addressed. These official documents thus encapsulate the dilemma for mature aged carers and the clear policy contradictions.

Services to support carers

Access to services and support has the potential to assist mature aged carers to better balance paid work and care responsibilities. Research shows that carers tend to only use services when they have reached a crisis (Thomson et al, 2008) and overall use is low (Edwards et al, 2008; Thomson et al, 2008). In Australia a number of services and care packages are available through the Home and Community (HACC) program including:

- > Community Aged Care Packages (CACPs) program which provides personal care and other support to people at home with complex needs
- > Extended Aged Care at Home (EACH) program which provides coordinated and managed packages of support tailored to meet the needs of people with complex needs who require residential care but who want to live at home
- > Extended Aged Care at Home Dementia (EACHD) program which provides coordinated and managed packages of support tailored to meet the needs of people with complex needs with dementia who need residential care but who want to live at home (Australian Government, 2011c; AIHW, 2011)
- > The National Respite for Carers Program (NRCP).

The CACPs, EACH and the EACHD programs, although providing some assistance to carers are not specially designed to support them. However, a range of services are designed to meet carers' needs, such as those provided under the National Respite for Carers Program (NRCP) which includes: over 600 community based respite services, a network of Commonwealth Respite and Carelink Centres; the National Carer Counselling Program, and the Carer Advisory Service (Australian Government, 2011d).

Commonwealth Respite and Carelink Centres provide information to people in need of support. Information on respite services, community aged care, disability and other support services are provided. The centres also assist carers to access respite (short-term and emergency). Respite can be provided in the home for a few hours or overnight, in day care centres or in residential facilities (Australian Government, 2011d). From July 2012 the Commonwealth will take responsibility for the funding and administering of services for older people (except in Victoria and Western Australia) under the National Health Reform Agreement (Australian Government, 2011e).

Another initiative, consumer directed care for older people and their carers, was introduced in 2011 by the Commonwealth government. Consumer Directed Care for carers, known as Consumer Directed Respite Care (CDRC), is designed to give carers more control over the types of respite received and the way services are delivered (Australian Government, 2011f). The evaluation of the Consumer Directed Care Initiative found that CDRC assisted carers 'to continue their caring' and had a 'positive impact' on their participation in social activities, community engagement and their health and wellbeing (KPMG, 2012:4). However, the impact of CDRCs on facilitating carers to combine paid work and care responsibilities was not reported. Although this initiative also has the potential to ameliorate some of the negative impacts of caring on employment for mature aged women, unless the needs of these carers as paid workers are considered the impact will be minimal.

Aged care reform package

In April 2012 the Commonwealth Government released its 'Living Longer. Living Better' aged care reform package. It sets out a 10 year reform program which aims to 'create a flexible and seamless system that provides older Australians with more choice, control and easier access to a full range of services, where they want it and when they need it' (Australian Government, 2012a:1). The system will be designed to provide support ranging from information, to low intensity support at home and Home Care packages, to residential care to meet the needs of people at various levels of intensity. A new Commonwealth Home Support program will be developed that integrates current programs such as the Commonwealth HACC program, the National Respite for Carers Program (NRCP) and the Day Therapy Centres.

A new website, *My Aged Care*, will be established to provide a 'gateway to the aged care system' (Australian Government, 2012b:22). It will offer information on aged care services in conjunction with a national call centre to assist people to access individualised information and referrals to local services, who will then conduct further assessments (Australian Government, 2012b).

The critical role of carers in enabling older people to stay at home rather than move to residential care is acknowledged in the aged care reform package including additional counselling services through the National Carer Counselling Program and respite services via the National Respite for Carers Program. A network of Carer Support Centres will be set up to provide information, counselling, education and training, as well as referrals to appropriate support services. These services are intended to complement the national call centre and the new Aged Care website (Australian Government, 2012c). Although the proposed additional services available to carers through the aged care reform package will bring much needed support, none are specifically designed to assist employed carers, nor mature aged carers, to maintain employment and balance multiple responsibilities or assist those attempting to re-enter paid work. In addition there is no formal provision for carers to access an assessment of their needs and be referred to services, in contrast to the UK where this right is embedded in legislation and carries obligations for service providers in local authorities.

Services for the people for whom they care

The aged care reform package contains provisions to increase and improve the support available for those who want to remain at home. The Government plans to significantly increase the number of Home Care Packages and mainstream consumer-directed care. These new packages contain two new types: 1) for people with intermediate needs (providing a level of support between the CACPs and the EACH packages); and 2) for those with basic needs (Australian Government, 2012c). Once again this additional funding will provide increased support to carers, albeit vicariously, but does not address employed carers' needs or offer assistance to facilitate access to workforce participation for mature aged women.

Another major reform currently underway which may have implications for the support of mature aged carers and their ability to reconcile paid work and care responsibilities is the development of the National Disability Insurance Scheme (NDIS). The NDIS 'will support choice for people with disability, their families and carers, and put people in control of the care and support they receive, based on need' (Australian Government, 2012d:1). It will be aimed at those who have a permanent disability with respect to communication, mobility, self-care or self-management and focus on intensive early intervention. Funding will be provided on the basis of assessed need rather than a past budget allocation. It will include an information and referral service (Australian Government, 2012e). However, the implementation of the NDIS is currently at the stage of pilot programs in various sites, and implementation is neither sufficiently extensive nor is there a sufficient time frame for assessing effectiveness for carers.

The Australian Government is also implementing a reform package within mental health services which aims to improve outcomes for people with mental illness, their families and carers through providing integrated assessment, additional services and additional community mental health workers. The reforms encompass focusing on early intervention, increasing primary mental health services, increasing services for children and young people, working across health and non-health sectors and private and non-government organisations, increasing the social and economic participation of people with mental illness through the provision of personal helpers and mentors and the implementation of the National Partnership Agreement in Mental Health (Australian Government, 2011g; COAG, 2012). These reforms also have the potential to assist carers to provide support and enable them to participate in employment, although as with the other reforms discussed above, the needs of mature aged employed carers are not specifically addressed.

Fair Work Act and National Employment Standards

Providing care can adversely impact on carers' participation in employment, and this is especially the case for women carers (Edwards et al, 2008; Gray et al, 2008; HRSCFCH&Y, 2009). Flexible working arrangements are one strategy that can facilitate carers' ability to combine caring and employment (Hill et al, 2008, Pavalko and Henderson, 2006). The National Employment Standards (NES) outlined in the *Fair Work Act 2009* (Cth) consist of '10 minimum standards of employment' (Australian Government, 2010b:1). Two of the ten minimum standards relate, in particular, to the employment conditions of employed carers by recognising the need for employment conditions to take account of caring responsibilities: the standard pertaining to 'requests for flexible working arrangements'; and the standard pertaining to 'personal/carer's leave and compassionate leave' (Australian Government, 2010b:1).

Requests for flexible working arrangements

Parents or carers of children under school age or children with disability under 18 years old are entitled to request a change in working arrangements to help them care for their child under the NES. Four important matters must be noted about this minimum national employment standard:

- > Employees who are caring for a child as set out above can only request a change in working arrangements if they have been employed continuously for 12 months or more. Casual employees can request a change in work arrangements if they have been employed on a 'regular and systemic basis' for 12 months or more (Australian Government, 2010c:1). These eligibility criteria do not pertain to carers who have had intermittent, interrupted employment, or are seeking to enter employment after an absence from the workforce; both circumstances likely to be relevant to carers.
- > This standard does not apply to employees who are carers of people with disability, either an offspring, a spouse, or an older parent or other relative who is over the age of 18. These employees do not have the right to request flexible working arrangements under the Act as it currently stands. This is of particular salience for older carers.
- > This national employment standard is unlikely therefore to apply to older women carers, since the person or persons for whom they are providing care are likely to be older than 18, and because, even if they meet the criterion of the age of the person for whom they care, they may not have been in continuous employment.
- > Employees who meet the criteria have a right to request flexible working arrangements, but employers do not have an obligation to accept the request. 'Employers must give the employee a written response to the request within 21 days, stating whether the employer grants or refuses the request. The employer may refuse the request only on reasonable business grounds' (Australian Government, 2010c:2). It should also be noted that the right to request flexible working arrangements does not contain an enforcement mechanism.

With respect to the need to remedy the gaps in the right to request flexible working arrangements for carers of adults with disability and frailty due to ageing as noted in submissions to the Inquiry for *Better Support for Carers* (HRSCFCH&Y, 2009), the National Carer Strategy states that the Australian Government will 'consult with stakeholders on expanding the right to request under the *Fair Work Act 2009* (Cth). This would include consideration of expanding the right to request flexible working arrangements to employees caring for older people and those caring for a person with a serious long-term illness or disability' (Australian Government, 2011b:24).

It would be reasonable to conclude therefore that this national employment standard, while establishing an important statutory basis for the concept of employees' right to request flexible working arrangements in order to help balance their work and family responsibilities, would require considerable extension if it was to be beneficial for other employees who are carers of adults with disability, such as employed mature aged carers. It would also, as the employment criteria currently stand, not provide the possibility of flexible working arrangements for mature aged carers (or those who have been carers) who have been in intermittent employment or who have been absent from employment and seeking to enter or re-enter the workforce.

In 2012, the Australian Government released *Towards More Productive and Equitable Workplaces: An Evaluation of the Fair Work Legislation*, which notes with respect to the National Minimum Standard Right to request flexible working arrangements that:

submissions made by employee representatives, academics and other organisations about the right to request flexible working arrangements generally sought to broaden and strengthen the provisions. Peak employer representatives advocated maintaining the status quo in relation to the right to request. (Australian Government, 2012f:95).

The evaluation noted the perspective of the ACTU who considered the provision inadequate for the purposes of balancing work and family:

as access to the provisions is too narrow, excluding 'workers who care for school-aged children; those caring for adult dependants with a disability; and those caring for elderly parents—despite the fact that these workers constitute a significant proportion of those employees with caring responsibilities'. (Australian Government, 2012f:95).

In addition, the evaluation noted that the Australian Human Rights Commission and Carers Australia both argued for extension of the right to request to all carers of people with disability, illness and frailty due to older age (Australian Government, 2012f:95-96).

In response, the evaluation recommended that:

s. 65 (of the Fair Work Act) be amended to extend the right to request flexible working arrangements to a wider range of caring and other circumstances, and to require that the employee and the employer hold a meeting to discuss the request, unless the employer has agreed to the request. (Australian Government, 2012f:99)

Enactment of an amendment of this nature to the NES in the Fair Work Act would substantially extend the right to request flexible working arrangements for employees with caring responsibilities; an extension which would be of substantial benefit to all carers, and in particular mature age women carers, for whom sustaining labour force participation is significantly adversely impacted by caring responsibilities.

Personal/carer's leave and compassionate leave

The *Fair Work Act 2009* (Cth) sets out a minimum national standard for employees (excluding casual employees) of ten days of paid personal/carer's leave for each year of service, and this entitlement 'accrues progressively during a year of service according to the employee's ordinary hours of work, and accumulates from year to year' (Australian Government, 2012g:127, s96(2)).

In addition, 'an employee is entitled to two days of unpaid carer's leave for each occasion (*a permissible occasion*) when a member of the employee's immediate family, or a member of the employee's household, requires care or support because of: a personal illness, or personal injury... or an unexpected emergency...' (Australian Government, 2012g:129, s102).

These paid and unpaid leave entitlements are of considerable importance and benefit for employees with caring responsibilities. However, carers whose caregiving responsibilities are continuous and may become periodically more intensive may find these leave entitlements insufficient to meet both their employment and caregiving responsibilities. In addition, caregivers may use all of their paid leave entitlement over the year for care and support of other family and household members, and have no personal leave entitlement remaining when illness or injury affect their personal health. This is of particular importance given the evidence that carers have a relatively high rate of disability and ill-health themselves, and this is especially the case for older carers (ABS, 2012:3; HRSCFCH&Y, 2009; Ganley, 2009). This problem of the extent to which carers' employment leave entitlements are sufficient to facilitate their continuing employment is likely to be a significant reason why carers, particularly mature aged carers, leave the workforce or reduce the hours of their paid work.

The evaluation of the Fair Work legislation considered submissions calling for the extension of personal/carers leave (from the ACTU, Carers Australia and the Australian Human Rights Commission, among others) but determined that 'the existing provisions appear to be operating as intended' and therefore no recommendations for change were made (Australian Government, 2012f:104). This determination leaves unaddressed in the short-term (and indeed the medium-term) the question of extension of the period of paid and unpaid employment leave.

Income support

As noted above, historically, recognition and opportunity for the citizen to provide care was, to some degree, first created by social security legislation, which accorded recognition to carers in the form of Carer Pension introduced in 1985, the precursor to Carer Payment in 1996 (Ganley, 2009). Carer Payment is paid 'to provide financial support if you are unable to work in substantial paid employment because you are providing full-time care' (Australian Government, 2012h). Eligibility criteria for Carer Payment are based on income and assets, tested on both the income of the care provider and the income of the care receiver, who must also meet an assessment of disability (Australian Government, 2012i, 2012j). An additional 'supplementary payment', Carer Allowance, which is neither income nor assets-tested, is available for carers of an adult or child with disability (Australian Government, 2012k). Despite being paid at the higher pension rate, similar to age pension and disability pension, compared with other Allowances, like Newstart, for people of workforce age, carers whose main sources of income are Carer Payment and Carer Allowance are likely to be living in a low income household (ABS, 2008b), and thus the level of recognition and value accorded to the citizen carer through this payment is limited. The level of payment and eligibility criteria may impact on decisions about whether an individual can financially afford to care. Individuals with caring responsibilities who do not meet the eligibility criteria for Carer Payment may receive another form of income support, including for example, age pension and disability pension (ABS, 2008b) and these forms of payment may be especially relevant to mature aged women carers.

The conditions attached to Carer Payment with respect to paid work, education and training provide the opportunity to participate in employment, education and training for up to 25 hours per week, and there is a relatively generous taper rate, as for other pensions; thus theoretically facilitating some combinations of participation in both paid work and care. Nevertheless, analysis of data on Carer Payment recipients indicates that less than one quarter (23 per cent) had received earnings in the last fortnight period (Ganley, 2009:46). Evidence provided to the Parliamentary Inquiry suggested that the 25 hours rule acted as a disincentive to increase hours of employment and acquire additional earnings, given the cost of replacement care (HRSCFCH&Y, 2009, xxiv).

The transition from care to work may be challenging for mature aged women carers if they have been out of the workforce for long periods (Australian Government, 2011b:23). Carer Payment is not subject to activity tests or activation policies, although carers are eligible for support in the forms of 'training, skills development, work experience and... tailored assistance' from Job Services Australia (Australian Government, 2011b:24). At the cessation of care, carers are eligible to continue to receive this pension-type payment for 14 weeks following the death of the person they care for (Australian Government 2012i:5). Although this provides some period of grace, during an emotionally difficult time, before transition to another income support payment (with potentially lower payments and more onerous conditions), this amount of time may not be sufficient to facilitate the workforce re-entry of a person especially an older person, who has been outside the workforce, often for a considerable period of time, because of caring responsibilities.

Retirement incomes

The current retirement incomes architecture in Australia is based on the age pension, occupational superannuation and private savings. No specific recognition of informal carers exists within this framework. Carers of workforce age in receipt of income support, like other income support recipients, are not eligible for superannuation contributions connected with these payments, although they may also be in employment which has superannuation entitlements connected with it. The decision to leave paid work to care and rely on income support in order to provide care thus has short-term and long-term financial consequences. The value of retirement incomes, and the avoidance of poverty in older ages, is strongly connected to the capacity to make occupational superannuation contributions, which are linked to lifetime earnings (AHRC, 2009; ABS, 2011; Preston and Austen, 2001). Occupational superannuation thus benefits most those employees who have strong labour market attachment, preferably full-time attachment, over a full working life, and is therefore gender-biased, since this typification of labour force attachment does not capture the employment/care life trajectories of most women (Preston and Austen, 2001:273). Levels of superannuation contributions are linked to level of earnings and the predominance of women in part-time, casual and low waged work means that, 'not only do women generally have lower levels of superannuation coverage over their lifecycle, but when they do engage in paid work, they accumulate lower levels of superannuation' (AHRC, 2009:1).

The impact of the retirement income system in Australia provides a disincentive to leave work in order to care and to generate a penalty in later life for those who do take on caring roles. It acts as a constraint both on the choice to undertake care and to attempt to reconcile paid work and care. The issue of superannuation contributions and negative impacts on retirement incomes is likely to be highly salient for mature aged women approaching retirement and influential on decisions about workforce participation.

Workforce participation and labour market policies

The *Intergenerational Report 2010* outlines the Australian Government's strategy of fostering stronger economic growth through increasing productivity and labour force participation and ensuring sustainable population increases, in order to address the fiscal impact of the structural ageing of the population (Australian Government, 2010a:xii-xv). Increasing the labour force participation rates of the working age population, including women's participation and mature age participation, is a key priority of this strategy (Australian Government, 2010a:xiv).

In describing trends in participation rates, the *Intergenerational Report 2010* notes an overall increase in the labour force participation of the working age population over recent decades, particularly increases in older women's participation (Australian Government, 2010a:11). However, the report argues that Australia's mature age participation rate is lower than some other comparable countries (United States, the United Kingdom, New Zealand and Canada), and therefore, has scope for improvement (Australian Government, 2010a:29).

As a key Government statement about participation, the *Intergenerational Report 2010* does recognise the important contribution of mature age carers in their volunteer capacity, and the ‘complex mix of factors’ that affect work and retirement decisions, and states that policy should aim to ‘enhance opportunities’ (Australian Government, 2010a:30). The report also includes a recognition of the importance of promoting social inclusion, as articulated in the *Social Inclusion Agenda* (Australian Government, 2010a:xxvi), yet does not speak directly to the challenges to reconcile workforce participation with caregiving responsibilities for this age group nor address the complex factors influencing carers’ choices.

In outlining policy directions to enhance mature age labour force participation, the *Intergenerational Report 2010* argues for ‘ongoing policy effort to identify and remove the barriers for those who wish to remain in the workplace’ (Australian Government, 2010a:30). As noted previously, the report prepared for The Consultative Forum on Mature Age Participation, a forum comprising representatives from key stakeholders established to develop and trial new policies, identified a range of barriers to mature age employment (Temple et al, 2011). Ranked in order of importance by the members of the Forum, the barriers were:

physical illness and disability, discrimination in employment on the basis of age, issues around private recruitment firm practices, mismatch of skill and experience with industry demands, re-training and up-skilling barriers, caregiving responsibilities, flexibility of employment arrangements, superannuation, tax transfer system, re-entry of the very long-term unemployed, mental health, job search assistance, leisure time trade-off, and workplace barriers (Temple et al, 2011:15).

While noting services and supports available for informal carers generally, the entitlements for carers under the National Employment Standards, and the potential of flexible arrangements to facilitate caring and employment, the report did not explore in-depth how the specific barriers are experienced by mature aged women and how they may interact with their caregiving responsibilities.

Specific challenges facing older women carers have been highlighted in Australian research examining the Household, Income and Labour Dynamics in Australia (HILDA) Survey data, which noted lower retention in employment following either increases in time spent in care or declining health among individuals in the group of mature aged women (Austen and Ong, 2010). Significantly, this study also found that, once out of the workforce, reducing care or improving health, were not associated with a return to work (Austen and Ong, 2010). The asymmetrical findings in this study underscore the importance of strategies to prevent a decision to leave work due to caring responsibilities if mature age women carers are to have opportunities to participate in the labour market in the future. A key current policy response to enhance mature age participation is *Experience+*, a Productive Ageing Package designed to assist older jobseekers to search for paid employment, and to support older workers to retain their current position or shift into a different role (DEEWR, 2012). The programs for jobseekers align with the emphasis since the mid-1990s of an ‘activation’ model within social security policy for those of workforce age in receipt of Newstart Allowance and including people who are unemployed, parents no longer eligible for Parenting Payment and people with a disability not eligible for Disability Support Pension. The programs include career advice and planning, opportunities to train or re-skill, and in Priority Employment Areas, opportunities to transition to less physically demanding jobs (DEEWR, 2012). While carers eligible for, or in receipt of, income support are not subject to ‘activation’ requirements, they might reasonably participate in many of these programs, but as yet, none of the *Experience+* programs indicate that they specifically target mature aged women with caregiving responsibilities. Although *Experience+* provides on the job support for older people with disability or illness ‘who are at risk of losing their job’, this support for job retention does not extend to workers with caregiving responsibilities if they do not meet the other criteria (DEEWR, 2012).

Future policies to address the challenges faced by carers might be usefully framed within the concept of 'work ability' (Ilmarinen, 2001, 2007), which considers the interactions between characteristics of individuals and the characteristics of workplaces in identifying opportunities and barriers to participation. This comprehensive perspective may illuminate the specific needs, and combinations of factors and policies, that will support the retention and re-entry of mature aged women carers and their capacities to make choices in relation to care and paid work and to make transitions from care to work.

Legislation and policies, including those relating to recognition, services, employment arrangements, income support and retirement incomes, frame the paid work and unpaid care choices for mature aged women carers. It is evident that the choice for carers in their mature years (where women are over-represented) to either remain in or leave employment, or reduce the hours of their employment, or seek to re-enter employment, is a choice with ramifications not only for present earned income, but also for longer-term accumulation of superannuation income in retirement and older age.

3. Characteristics of mature aged women carers

Within the broad policy context outlined, fostering genuine choices for mature aged women to participate in care and paid work requires an understanding of the socio-demographic characteristics of this group, the impact of their care situations on employment participation, arrangements used to maintain employment and unmet needs. The analysis below outlines some of these characteristics and also considers the outcomes of various choices between combinations of care and employment on indicators pertaining to social inclusion.

Socio-demographic characteristics

In 2009, 23.5 per cent (or around 736,000) of women and 17.6 per cent (or around 542,000) of men among the mature aged population aged 45-70 years were informal carers (ABS, 2009). Within the mature aged population, 8.8 per cent of women and 4.1 per cent of men were the main carer of a person with a need for core activity assistance, or a primary carer (ABS, 2009). Among mature aged employees around one in five women and around one in six men had informal care responsibilities, totalling around 387,000 employed women and 348,000 employed men (ABS, 2009).

Carers in the mature aged population are less likely to be employed than non-carers. Overall, just over half (52.6 per cent) of the female carers were employed compared with 61.5 per cent of women who were not carers (ABS, 2009). The comparable figures for men are around two-thirds (64.2 per cent) of carers and three-quarters (75.5 per cent) of non-carers who were in employment (ABS, 2009). Figures 1 and 2 outline the labour force status of mature aged men and women. Primary carers and carers in this population have significantly lower rates of full-time employment and higher rates of nonparticipation in the labour force than their non-carer counterparts. Substantial and similar differences in employment rates by gender are apparent in all caring categories in this age group. Female primary carers and carers, like female non-carers, are less likely to be employed and more likely to be working part-time than their male counterparts, with the gendered patterns of employment persisting across caring categories. These employment patterns for mature aged women and women carers may be indicative of other caring responsibilities for grandchildren or children, an outcome of the domestic division of unpaid and paid work in couple households or gendered norms about participation in paid work, or indicative of forms of sex and age discrimination in employment for women. Future research could use qualitative and quantitative methods to explore the reasons for the persistence of gendered patterns of employment across caring categories.

Figure 1
Mature aged women

Source: ABS
SDAC 2009,
Authors calculations

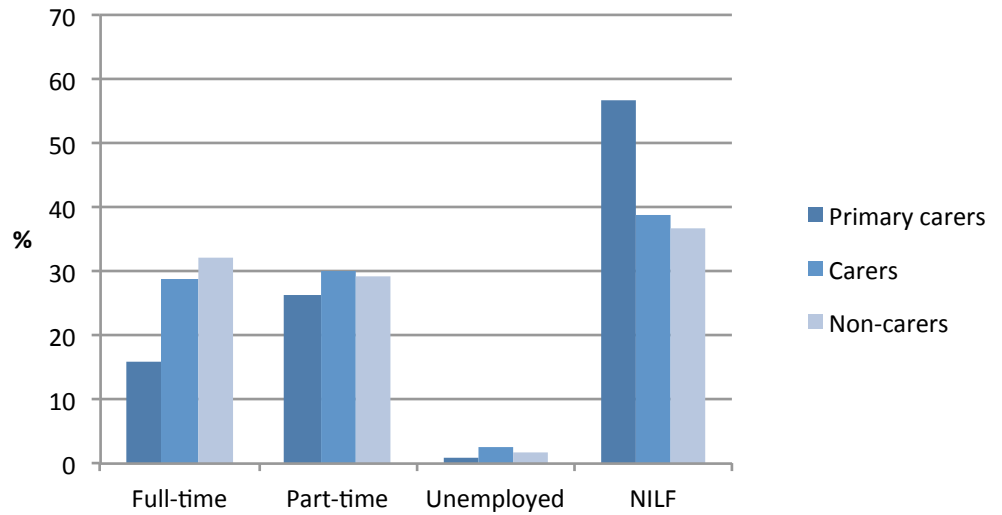
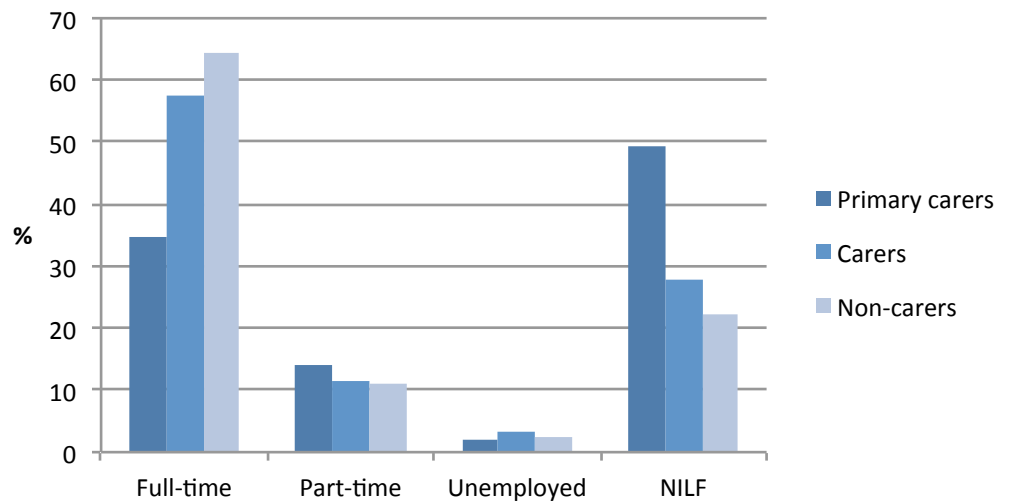


Figure 2
Mature aged men

Source: ABS
SDAC 2009,
Authors calculations



The socio-demographic profile of mature aged women carers of differing employment status is very similar to the profile of women who are non-carers in this age group (Table 1). Among this population, employed carers, like their non-carer counterparts, were more highly educated. Similar to non-carers also in this age group, carers who were in full-time employment were less likely to be married than those working part-time or not employed. Around one in six carers working part-time had dependent children under the age of 15 years, compared to one in ten carers working full-time or not in the labour force. Nearly half of the non-employed carers had a disability and just under one third had a long-term health condition. One in ten carers employed part-time also received a government pension as their main source of income.

Table 1: Socio demographic characteristics of all mature aged women carers

	Carers			Non-carers		
	Not employed	Employed part-time	Employed full-time	Not employed	Employed part-time	Employed full-time
Degree or more	10.6	22.9	33.0	12.3	22.8	29.9
Year 12 or less	66.7	44.4	34.9	67.3	46.1	40.9
Married	71.7	75.7	60.3	65.7	71.4	61.8
With dependent children under 15 years	9.4	16.7	10.6	7.5	18.3	11.0
Has disability	46.8	25.0	16.8	40.1	17.0	12.7
Long-term health condition	30.8	37.1	39.5	33.3	33.5	32.6
Main source of cash income is government pension or benefit	68.0	10.5	1.1	55.2	4.9	0.6

Source: ABS *Survey of Disability, Ageing and Carers 2009*, Authors calculations

Care situations and employment

How do factors in the care situation affect the capacity of mature aged women carers to participate in the labour force? The nature of the relationship pre-existing the caring role may affect the degree of obligation to take on a caring role and the extent of that role. As outlined in Table 2, nearly three-quarters of mature aged women who were primary carers and caring for their spouse were not in employment compared to half of the primary carers who cared for parents, children or others. The intensity of the caring role also affects the capacity to engage with the labour market. Long hours of care were inversely related to participation in employment, with three-quarters of the group caring for more than 40 hours per week not employed. The duration of the caring role appeared to have little relationship to participation in employment.

Table 2: Employment rates of mature aged women primary carers by care characteristics

	Not employed	Employed part-time	Employed full-time	Total
Cares for:				
Spouse	72.7	19.6	7.7	100
Parent	48.2	30.2	21.6	100
Child	47.9	31.0	21.1	100
Other	51.4	29.6	19.0	100
Hours per week caring:				
1-19	46.9	32.1	21.1	100.1
20-39	53.4	32.1	14.5	100
40 or more	75.4	15.5	9.1	100
Duration of care provision:				
Less than one year	56.1	21.3	22.5	99.9
One to five years	58.2	28.7	13.2	100.1
Five to nine years	55.1	28.7	16.3	99.9
Ten years or more	59.4	23.9	16.7	100

Source: ABS Survey of Disability, Ageing and Carers 2009, Authors calculations

Impact of care on mature aged women's participation in employment

Overall, 58 per cent of mature aged women primary carers were not in employment (ABS, 2009). Of this group, 42 per cent had worked prior to taking on the caring role (ABS, 2009). Among the non-employed primary carers, around one quarter indicated that they would like to be in paid employment while caring for their main recipient (ABS, 2009). Barriers to re-entering the workforce identified by primary carers were lack of alternative care arrangements, disruption to person receiving care, age, difficulty in arranging work hours, and loss of skills (ABS, 2009).

Forty-two per cent of mature aged women primary carers were employed and nearly one third of this group had changed their hours since taking on the caring role (ABS, 2009). Workplace arrangements and other supports may assist carers to retain their employment role. Around 60 per cent of this group had used some form of workplace arrangement to help care for someone in the previous six months (ABS, 2009). The most common arrangements used were: flexible working hours (27 per cent), paid leave (22 per cent), unpaid leave, working from home, part-time work and an informal arrangement with their employer (10 per cent each) (ABS, 2009).

Around half the employed mature aged women primary carers identified unmet needs for additional support: these included more financial assistance (22 per cent); more emotional support (19 per cent); more physical assistance (15 per cent); more respite care (14 per cent); aids, equipment and training to help with caring role (12 per cent); and improvement in the carer's own health (12 per cent). These factors may contribute to preventative strategies to assist carers to remain in their caring role.

Impact of care on social inclusion

Understanding the factors that shape genuine choices for carers also requires an understanding of the consequences of differing combinations of care and employment. Table 3 describes a preliminary analysis to consider outcomes relating to aspects of social inclusion for mature aged women carers by their employment status. We draw on Wave 9 of the HILDA Survey (see Wooden and Watson, 2007 for details) to consider five outcomes of relevance to social inclusion for carers. Carers in the HILDA Survey are defined as respondents who indicated in the personal interview that they provided care to a person living within or outside their household who had a need for assistance with self-care, communication or mobility tasks due to a long-term health condition, ageing, or a disability. The HILDA Survey for Wave 9 (2009) comprises a sample of 327 mature aged women carers, including over 280 respondents to each of the outcomes below. Non-respondents to each outcome question are excluded from the analysis for that question. For each of the outcomes we construct a binary variable which indicates whether the carer experienced the outcome as follows:

- (1) **Subjective poverty:** carer identifies that they are just getting along, poor, or very poor in response to the question: 'Given your current needs and financial responsibilities, would you say that you and your family are?'
- (2) **Financial stress:** carer indicates that they have experienced two or more of the following outcomes due to a shortage of money:
 - > could not pay electricity, gas or telephone bills on time
 - > could not pay mortgage or rent on time
 - > pawned or sold something
 - > went without meals
 - > was unable to heat home
 - > asked for financial help from friends or family
 - > asked for help from welfare /community organisations.
- (3) **Time pressure:** carer identifies that they often or almost always feel rushed or pressed for time.
- (4) **Social connectedness:** carer identifies that they get together socially with friends or relatives not living with them about once a month or less often.
- (5) **Social support:**
 - > Lonely: carer scores a five, six or seven on a seven point scale in response to the statement 'I often feel very lonely'.
 - > Support: carer scores a five, six or seven on a seven point scale indicating that 'I have no-one to lean on in times of trouble'.

In the analysis of the variables we generate weighted estimates and compare the percentage of carers in each of the employment status groups who report the outcome (Table 3). Chi-squared tests for significant differences between the groups of carers were undertaken. These preliminary results suggest that different combinations of caring and employment may have different outcomes for carers. Non-employed carers had higher rates of subjective poverty and lower rates of social connectedness than carers working full-time. No significant differences in financial stress for carers were apparent. Carers who were working had relatively high rates of time pressure compared to non-employed carers. On the social isolation measures, carers who worked full-time were less likely to report that they were lonely and or lacked support than non-employed carers, but the differences were not statistically significant in a chi-squared test. These results, however, should be interpreted with some caution, as other factors not included here may contribute to the social inclusion outcomes for carers and the sample size of carers is relatively small.

Future research could explore this question further by using multivariate analysis to control for other factors to identify whether specific combinations of caring and employment are associated with these and other social inclusion outcomes and by using more waves of HILDA to compare results across different years. Future research could also consider whether mature aged women carers are specifically disadvantaged on these measures compared to carers in general and mature aged male carers.

Table 3: Percentage of mature aged women carers with poor social inclusion outcomes by employment status

	Not employed	Employed part-time	Employed full-time
Subjective poverty	41.6	32.2	15.6
Financial stress	11.5	5.0	7.3
Time pressure	42.4	70.5	52.3
Social connectedness	30.0	39.6	8.3
Social support			
Lonely	27.9	20.7	8.6
Support	21.3	14.6	10.0

Source: *Household Income and Labour Dynamics in Australia Survey 2009, Authors calculations*

4. Key international policies to reconcile work and care

The previous sections demonstrate starkly the impact of caring on participation in employment and the short and long-term implications of contradictory policy priorities on mature aged women who provide unpaid care. We know that attachment to the labour force protects women against poverty and long-term financial disadvantage. We also know that caring is gendered, as women are more likely than men to provide care. The provision of care is not static, women move in and out of care situations and paid work over the life course. This has a negative impact on their retirement income as the retirement income system, particularly superannuation, is linked to engagement in paid work (AHRC, 2009). It is clear that these multiple caring roles have a cumulative negative effect on various life domains such as health and wellbeing and employment culminating in social exclusion for many mature aged carers (Keefe, 2004). How best to ameliorate these adverse outcomes by reconciling competing claims on their time and resources and provide mature aged carers with the opportunity to participate in multiple spheres and combine them to varying degrees remains elusive. Assisting carers to remain in or re-enter employment is one of the possible options to protect them against social exclusion. The following section outlines key policies implemented internationally designed to support carers' choices to work or care or to both work and care and to protect them against economic disadvantage. Available evidence is then discussed pertaining to the effectiveness of these policies in the Australian context in achieving their objectives and their relevance to mature aged women carers with respect to sustaining attachment to and re-entering the workforce.

Legal recognition of the role of carers

Despite the acknowledgement by governments of the significant financial and social contribution of informal care, few overseas countries have formally recognised this through specific carer recognition legislation at a national level. One exception is the UK, which was the first country to do so. The *Carers (Recognition and Services) Act 1995* recognised the role of carers and made provisions for an assessment of their ability to provide care. The *Carers and Disabled Children Act 2000* extended the rights of carers to an assessment of their needs and to access support to assist them in their caring role. It also extended the right to carers to access direct payments; cash payments to the carer instead of providing formal services to the person in need of support. The *Carers (Equal Opportunities) Act 2004* required Social Services to inform carers of their rights and to conduct an assessment of their needs, and also to take account of whether they worked or wanted to work. Most recently the *Equality Act 2010* (Carers Association Southern Staffordshire (CASS), 2012) was introduced to prevent discrimination or harassment due to caring responsibilities. Australia has also introduced specific care recognition legislation, as outlined previously. In contrast to the UK legislation, however, the Australian legislation does not give carers a right to an assessment of their needs or access to services. If mature aged carers cannot access appropriate services and support, their ability to reconcile work and care responsibilities will be compromised.

Other countries have not enacted specific carer recognition legislation but have revised existing legislation to include support for carers. In Sweden, for example, revisions to the Social Services Act in 2001 stated that municipal Social Welfare Boards '*should assist*' carers by providing support services for them (Albin, Siwertsson and Svensson, 2011:68). In 2009 the Act was revised again so that municipal Social Welfare Boards '*have to assist*' carers by providing support (Albin, Siwertsson and Svensson, 2011:68). The Australian legislation does not include any obligation to provide such support to carers.

Workplace arrangements

Flexible work arrangements

In contrast to legislation that formally recognises the contribution of carers, internationally the majority of developed countries have some form of legislation that assists carers to vary their working arrangements. For example in the UK the *Work and Families Act 2006* extended the right to request flexible working arrangements to carers of a dependent adult (Hegewisch, 2009). A similar approach was adopted in New Zealand in 2008 through an amendment to the Employment Relations Act 2000. In other countries such as Belgium, France, Germany and the Netherlands the right to request flexible working arrangements is extended to all employees, regardless of their care responsibilities (Colombo, et al, 2011). Survey data in the UK showed that the introduction of the Right to Request was not accompanied by an increase in the proportion of employees requesting changes to their working arrangements. Carers of people with disability or chronic illness, however, were not included in these surveys so at this stage no information is available about the impact of extending the Right to Request to this group of employees (Hegewisch, 2009). Studies have shown that employees make a similar number of requests for different types of flexible arrangements, such as part-time work and flexitime, and that flexitime is highly valued by employees (Holmes et al, 2007; Hooker et al, 2007 cited in Hegewisch, 2009).

In most countries employers can refuse requests for flexible working hours due to reasonable business grounds (Hegewisch, 2009; Colombo, et al, 2011). Some countries such as Belgium, France, Germany and the Netherlands have provided legal avenues of appeal for employees if an employer refuses their request for flexible working arrangements, unlike the UK. Hegewisch (2009) notes that ‘The UK “soft” approach to flexible working, which does not allow employees to challenge employer business reasons for a refusal in court, is unique in measures targeting work-family reconciliation. Yet in all jurisdictions, employers are able to refuse requests if they can demonstrate substantive business reasons’ (Hegewisch, 2009:12). As discussed previously, in Australia carers of older people and people with disability currently do not have the right to request changes in their work arrangements under the *Fair Work Act 2009* (Cth). However, if the Australian Government amends the relevant National Employment Standard (Section 69) in the Fair Work Act to extend eligibility to make a request for flexible employment arrangements, as recommended by the evaluation of the Fair Work legislation (Australian Government, 2012f:99), carers, including mature aged carers, of adults over 18 with disability, would be assisted to maintain their attachment to the labour market.

Paid and unpaid leave provision

Care of people with disability, chronic illness or frailty, is often unpredictable, episodic and can either increase or decrease over time, unlike the care of children, which tends to be intensive in the early years and tapers over time (except when children have a disability). Carers therefore may need to have time off paid work at short notice to deal with emergencies, or to attend medical appointments (Colombo, et al, 2011). Access to paid and unpaid leave while employed is another mechanism that can assist mature aged carers to reconcile care and employment responsibilities.

Many developed countries have both paid and unpaid leave policies for carers. For example, in Sweden employed carers can access leave of up to 60 days and ‘the level of payment is 80 per cent of the income qualifying the person for sickness benefit’ (Johansson, 2004:35). In Denmark municipalities reimburse employers, the minimum equivalent of around 80 per cent of the sickness benefit, if they continue to pay full wages to carers during their leave (Colombo, et al, 2011). In countries such as Germany, employees are entitled to up to 10 days paid leave to care for a relative and unpaid leave for up to six months for those working in companies with 15 or more employees. In France employed carers of a relative with disability or who is older and in need of support (when the carer has worked continuously for an employer for two years) can access unpaid leave for up to three months. This leave can be extended to a maximum of one year over their working career (Cullen and Gareis, 2011).

Research evidence on whether access to unpaid or paid leave assists carers to reconcile paid work

and care responsibilities is limited. Data from the *Establishment Survey on Working Time and Work-Life Balance* collected from companies in European countries show that 37 per cent of companies offer leave to employees to care for family members who are ill. In contrast nearly all companies offer parental leave and over half of the employees have taken it in the last 3 years. Sixty per cent of companies provide access to care leave in Scandinavian countries and Poland compared to around 25 per cent in Southern European countries (Colombo, et al, 2011).

Data also show that the sector of work impacts on access and use of care leave. Public sector organisations and large companies were most likely to offer long-term carers leave. Organisations in the service sector, in contrast to the manufacturing sector, are more likely to offer carers leave. Companies with more female employees and more skilled workers were also more likely to offer carers leave (OECD, 2007 cited in Colombo et al, 2011).

In practice many carers do not access their leave entitlements because of concerns around career development and loss of household income (Thomson et al, 2008; Colombo et al, 2011). Carers may only access care leave that is a statutory right when the care needs are intense. Carers often use sick leave or recreation leave, instead of carers leave, particularly if they are concerned about career prospects and income in circumstances when compensation for taking carers leave is low (Thomson et al, 2008; Colombo et al, 2011).

The successful implementation of flexible workplace arrangements and policies is influenced by the workplace culture, the support of managers and human resource professionals, effective team work and trust (Phillips, Bernard and Chittenden, 2002; Yeandle et al, 2006; Yeandle and Wigfield, 2011). In addition to assisting carers to remain in employment, these arrangements offer benefits to employers as well (Yeandle et al, 2006).

For employers, the benefits include: reduced staff turnover and increased staff loyalty and commitment. One company estimated an increase of 21 per cent in productivity which equated to £5-6 million per year, when employees access flexible workplace arrangements (Yeandle, et al, 2006). Further research within the Australian context is required to examine mature aged carers' access to and use of flexible workplace arrangements and employer responses to the issues faced by mature aged workers (Page et al, 2009:8).

In addition some employers, particularly in the United States, provide innovative supports to assist employed carers, such as flexible spending accounts, where employees can place income before tax to pay for expenses associated with care, referral services, counselling services, in-home assessments, and services to provide back-up support for unanticipated needs (Cullen and Gareis, 2011). In Europe a number of companies provide similar supports, in addition to linking carers to support groups, contracting services which staff can access and assistance with direct service provision (Cullen and Gareis, 2011). However, limited evidence is available about the effectiveness of such strategies. Cullen and Gareis note that 'A stronger evidence base is needed to inform policy and action in this field' (2011:3). These types of innovative strategies have the potential to support mature aged carers to remain in employment in Australia, although further research is required to assess their effectiveness.

Other mechanisms to support employed carers

Carer Credits

Research shows that caring can lead to gender inequality in lifetime earnings and retirement incomes (AHRC, 2009). Carer credits are a potential mechanism to assist older carers to combine caring and employment more flexibly and enable them to move in and out of the workforce and thereby reduce the long-term penalty associated with caring and retirement income. Vlachantoni (2008) notes that there can be a number of motivations underpinning the introduction of carer credits. Carer credits can aim to encourage a more equal distribution of paid and unpaid work, assist with the re-entry or entry of carers into paid work, and/or reduce the financial disadvantage in old age (Vlachantoni, 2008).

In recognition of unpaid caring work, pensions reforms have included carer credits towards a carer's pension contribution in the public pension system in many European Union countries (Jankowski, 2011; Vlachantoni, 2008). Carer credits involve crediting a carer with an amount of time in months or years to their work record while they are providing care. This enables carers to build qualifying years for state pensions or contributory schemes. Although many OECD countries have implemented caregiver credits for the care of children, only a few countries such as Germany, UK, Ireland and the Czech Republic have introduced credits specifically for carers of older people or people with disability or chronic illness (Jankowski, 2011; Vlachantoni, 2008).

Germany, for example, introduced carer credits in 1995. Carers receive pension credits for unpaid care for a minimum of 14 hours or more per week, if they work less than 30 hours per week and the care recipient is in receipt of a benefit. The amount of the carer credit is determined by the number of hours spent providing care and the level of need of the care recipient. The credits are funded by the long-term care insurance (Jankowski, 2011).

In the UK, Carer's Credits, were introduced more recently in 2010. The UK State Pension consists of two parts: a flat rate basic pension and an earnings related additional pension. Entitlement to the State Pension relies on the number of qualifying years based on payments to the National Insurance contributions. If a person has 30 qualifying years they are entitled to a full basic State Pension. If a person does not earn enough to pay a National Insurance contribution it is still possible to build up entitlements to the State Pension and the additional State Pension through Carer's Credit. The National Insurance credit system means that carers will not have gaps in their Insurance record if they take on caring responsibilities. To be eligible for the Carer's Credit care must be provided to one or more person(s) with disability for 20 hours or more per week, when the carer is not in receipt of the Carer's Allowance. Prior to Carer's Credits, if someone was caring full-time for a person with disability or illness the Home Responsibilities Protection (HRP) protected their right to a State Pension (Directgov, 2012).

Career breaks

In some countries such as Belgium, employees can take breaks from work of up to 12 months for a number of reasons including caring responsibilities. In 1985 the Belgium federal government introduced a career break system where every employee could stop work or reduce work hours for a limited time period with the consent of their employer. The aim of this policy was to redistribute labour and assist with work, family and personal life balance (Debacker, De Lathouwer and Bogaerts, 2004; Devisscher, 2004). Initially this was introduced in the private sector and a small part of the public sector and later it was available to the whole of the public sector (Devisscher, 2004:3).

In the mid-1990s three thematic leaves were introduced: palliative care leave (1995), parental leave (1997) and leave for carers of a family member with a serious illness (1998), in order for employees to take leave for specific reasons, unlike the career break. If employees took these types of leave they were entitled to a benefit (at a higher rate), maintained their social security rights and could not be dismissed. These specific types of leave could be taken in addition to the regular types of leave over a career (Debacker, De Lathouwer and Bogaerts, 2004; Devisscher, 2004).

The career break system was revised in 2002 (Devisscher, 2004). In the private sector a new system was created called 'time credit', although the thematic career breaks were maintained. In the public system the original career break and thematic career breaks remained. In the time credit system in the private sector employees can interrupt their career or reduce working hours by 50 per cent for between three and 12 months. It is also possible to reduce working hours by 20 per cent for between six months and five years. Employees aged 50 years and older are entitled to reduced working hours without restrictions if they have worked for 20 years or more. Employees cannot be sacked from employment during their career interruption or reduced working hours. The time credit system is created through federal regulations and collective agreements negotiated within different sectors (Debacker, De Lathouwer and Bogaerts, 2004; Devisscher, 2004). Similar rights are available to employees in the public sector (Devisscher, 2004).

A new national agreement on time-credits, set for introduction in September 2012, is designed to entitle employees caring for young children, sick relatives or undertaking training to three calendar years' time credits. Employees can also access 12 months' time credits for other reasons. Time-credits may either be taken on a full-time basis or two years part-time, or five years on a one fifth time credit (or a combination of these periods). In addition, employees who have reached the age of 55 with 25 years working experience have the right to take partial early retirement – either on a four-day week or through an individually negotiated part-time arrangement (FedEE, 2012; Expatica.com, 2012).

In Australia, this type of system could potentially assist mature aged carers who want to reduce their hours of employment due to their caring responsibilities but want to remain attached to the labour market.

Formal support for carers

Formal services are another important form of support to assist carers to combine caring and employment. Services are usually accessed via an assessment process conducted by service providers. A number of countries such as Sweden and the UK have developed specific protocols to assess the needs of carers, after which they are referred to appropriate services and support. However, only the UK has enacted legislation that gives carers a right to an assessment, as outlined above, although this does not guarantee that all carers will be assessed nor receive services after being assessed (Yeandle and Buckner, 2007).

A number of countries have implemented programs that aim to provide a more holistic approach to supporting carers. For example, in Sweden carers are supported by programs that involve medical staff in institutions, private services, local communities, NGOs and relatives (Johansson, 2004). The programs can encompass counselling services, training and respite care including in-home respite care and day care. Carers can access free in-home respite offered through most of the municipalities. Drop-in services and weekend breaks are also available (Albin, Siwertsson and Svensson, 2011; Johansson, 2004).

However, these types of support are not necessarily designed to facilitate combinations of caring and employment. A comprehensive study in the UK on carers of working age found that 'Supporting working carers has been peripheral to most authorities' work on carers, with few carers being asked about their need for help in maintaining their jobs and careers, and most engagement with carers focusing on those outside the labour market' (Yeandle and Buckner, 2007:v). It is likely that the needs of mature aged carers, both those employed or attempting to re-enter the labour market, may also be overlooked. Internationally, policies to support carers remain attached to and re-enter the labour market frame the choices between paid work and unpaid care in different ways. Implementing some of the policy innovations outlined above may facilitate greater choice for mature aged women carers. In particular, access to an assessment of their needs and appropriate and affordable services are a vital component of a range of strategies required to enable mature aged carers to re-enter or remain in employment.

5. A vision for Australia's carers

The requirement to develop policies to foster genuine choices between combinations and sequences of unpaid care and employment is likely to grow as future cohorts of women with higher levels of education and greater commitments to careers move through the period of mature age. A vision for Australia's mature aged women carers needs to encompass an integrated system of supports that fundamentally recognises mature aged women as citizens with entitlements to choose to provide care and to choose to engage in paid work. Fundamentally, these choices should not be posed as mutually exclusive alternatives.

The principles underlying this vision and the design of integrated policy mechanisms to achieve it would be based on the principles of recognition, conferral of rights and redistribution of resources, as articulated in general by Nancy Fraser and Alex Honneth (2003), and in particular for carers by Fiona Williams (2010). Recognition would entail legislative and wider socio-cultural recognition of the value of care to care recipients, families, communities and economies and the costs of care borne by caregivers; the conferral of rights would entail carers' rights to have their particular needs recognised and assessed so that they can combine caregiving with a range of other life domains, in particular paid employment. Redistribution would entail redistribution of resources, benefits and services, so that the privately-borne costs of care are redistributed across the community/governmental/community services/employment relations spheres.

A crucial first step in this process is the recognition of carers by governments to support attitudinal change within the health and community services systems, and among employers, co-workers and carers themselves, of the challenges in balancing their potential multiple roles. This would require legislation that has legally enforceable obligations, in particular changes to the *Carer Recognition Act (2010)* that encompass access to assessments and formal services.

Beyond recognition of mature aged women as carers and paid workers, it is also required that the specific needs of this group are addressed. Australian policies to date have not focused on the specific needs of mature aged carers. While each caring situation is diverse requiring flexibility in responses and the question of specific needs of mature aged women carers is worthy of much further exploration in research, some key issues have been raised in the data examined in this paper. These include addressing perceived barriers to maintaining workforce participation and re-entry into the labour market by mature aged women carers such as:

- > Lack of alternative care arrangements that are not too disruptive for the care recipient: Services need to consider ways to provide a holistic approach to facilitating alternative care during working hours, which at the same time are respectful and sensitive to the needs of the care recipient, many of whom will be an offspring, spouse or parent of the carer
- > Options for flexible work to adjust employment hours to suit the care situation
- > Addressing perceived and actual age discrimination, and the ways in which discrimination affects older women.

Addressing these barriers will serve a dual purpose by assisting employed mature aged carers to sustain their attachment to the labour market and also supporting those trying to re-enter the labour market.

More specifically for mature aged women carers in employment, key additional needs for support identified were: financial assistance; own health improvements and emotional support; physical assistance, aids, equipment and training to help with their caring role; and more accessible, flexible respite care.

Specific strategies to assist mature aged carers to re-enter paid employment would encompass providing access to relevant education and retraining programs and courses that assist them to recognise and enhance their existing skills.

Drawing on lessons from best practice internationally, a comprehensive suite of supports for mature aged women carers would encompass a range of policies in the following domains:

- > Recognition of care through conferral of rights as a carer
 - Legal – strengthen anti-discrimination legislation for those with caring responsibilities
 - Establish a statutory right to a carer's assessment of their needs, with a particular focus on whether the carer seeks to remain in employment or re-enter employment
 - Public education campaigns to recognise the social and economic contributions of carers, such as the *Care Aware, National Carer Awareness Initiative* launched in 2012 (Australian Government, 2012m)

- > Workplace mechanisms
 - Flexible work hours, adjustable start and finish times, options to vary the location of work and work from home
 - Enhanced paid and unpaid leave options and opportunities for career breaks
- > Workplace culture
 - Recognition of, and support for, flexible work as the norm
 - Fostering team-work and multi-skilling within workplaces
 - Anti-discrimination training for employers and co-workers
- > Income support, pensions and superannuation benefits
 - Credits for employees with caring responsibilities in the superannuation system
 - Retirement savings and income contributions during periods of reduced employment or withdrawal from employment for caregiving
- > Support services
 - Community care, disability care and aged care services to provide options to facilitate carers participating in employment, ie to move beyond support of carers in their caring role to facilitation of employment/care combinations
 - Training for carers for their caring role, and for health and community care service providers to recognise carers as partners in care
 - Recognition and rights for carers in the health system
- > Training, re-training and education
 - Tailored support and employment services for mature aged women to remain connected with and re-enter employment during and after time spent caring

A range of principles would underpin any suite of integrated policies for carers in order to recognise caring as a valuable activity and carers as bearers of citizenship entitlements.

Policies should:

- > Support the *Social Inclusion Agenda* by assuming that paid work and care are two valued components of a citizen's life, among others
- > Recognise that the majority of persons (employees) are likely to be carers at some point or points in their life course, so policies must be framed in a dynamic life course perspective
- > Recognise that the social and economic contributions of the unpaid care in the 'household production' sector subsidise the operations and profits of the paid work 'market production' sector
- > Recognise a caring network rather than a single carer – a network that includes both formal and informal carers
- > Aim to enhance the relationships between informal and formal care sectors
- > Assume that informal carers are citizens with rights to meeting their own needs rather than a social and economic resource to be exploited and the main bearers of the costs of care
- > Ensure that all informal carers should have the options to participate in paid work to the degree that they decide is compatible with their caring role, permitting a spectrum of care and employment combinations and sequences
- > Seek to minimise the social, health, economic and career costs of choices at all points along the spectrum of unpaid care and work

The implementation of such an approach will first require recognition of carers within the public and service sectors and support for self-recognition as a carer, and second, require an integrated needs assessment of the care situation that aims to generate options for carers to be potential employees. Possible options to support the integration of policies for carers are:

(1) Build on the development of the *National Carer Strategy* to establish an interdepartmental network of key departments to develop mechanisms for public and service sector employers to be given obligations to recognise and support carers. This proposal aligns with the Government Response to Recommendation 5 from the *Report of the Inquiry into Better Support for Carers*, which called for the Department of the Prime Minister and Cabinet to 'establish a national office for carers, either within the Office of Work and Family or as a new office within the government' (Australian Government, 2009b:7). The government response indicated that the Commonwealth Government would 'establish a high level cross departmental forum to coordinate legislation, policy programs and services' with quarterly reporting obligations to relevant Ministers (Australian Government, 2009b:7). To address the issues raised in this paper, our proposed committee would include representation from departments with responsibilities for the portfolios addressing:

- > health care
- > support for people with disability
- > community care services
- > income support policies
- > employment and industrial relations
- > education and training
- > tax
- > retirement savings, including superannuation.

(2) Develop a carer identification and linking tool such as a 'Carer Card', which would be provided to a carer at the first point of contact with health, aged care or disability services to link carers to support options. The carer card would include a carer's assessment encompassing:

- > an inventory of specific care needs and the care situation
- > links to formal and informal supports.

This proposal builds on Recommendation 28 of the Report of the *Inquiry into Better Support for Carers* which called for Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to 'investigate the benefits of introducing a National Carer Card for recipients of Carer Payment and Carer Allowance in order to verify the relationship between a primary carer and a care receiver'. The aims of the card proposed in the recommendation included verifying the relationship between carer and care receiver, and use as a replacement concession card and also as a discount card (HRSCFCH&Y, 2009:146).

The overall approach of these two proposals would aim to raise carer awareness and carer recognition in all sectors so as to link carers with supports that may provide opportunities to participate fully as citizens and expand their choices to make transitions from care to paid work, and to combine employment with care, over the life course. This overall approach would enable the over-arching principles of 'recognition, rights and redistribution' to be embedded in policies for carers participating in multiple domains.

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