

SUBMISSION TO THE AUSTRALIAN PRODUCTIVITY COMMISSION

# LEAVE FOR INFORMAL CARERS OF OLDER PEOPLE AGING IN PLACE

PREPARED BY ZONTA CLUB OF TOOWOOMBA GARDEN CITY



SUBMITTED IN AUGUST 2022



# ABOUT ZONTA

**BUILDING A BETTER WORLD FOR WOMEN & GIRLS**

Zonta Club of Toowoomba Garden City (“Zonta TGC”) is grateful for the opportunity to provide a submission to the Productivity Commission’s Carer Leave Issues Paper in relation to the economic and social costs and benefits of providing an extended unpaid leave entitlement to informal carers of older Australians under the National Employment Standards (“NES”).

We belong to Zonta International, a global organisation committed to empowering women and girls for over 100 years. Zonta envisions a world in which women’s rights are recognised as human rights, where every woman is able to achieve her full potential, and where women have access to resources and decision-making positions on an equal basis with men.

There are over 1,000 Zonta clubs around the world with 28,000 Zontians on a mission to build a better world for women and girls. Individual Zonta clubs implement service and advocacy projects to improve the legal, political, economic, educational, and health status of women and girls in their communities and internationally. Zonta clubs fundraise to support their activities, with one third of all monies raised contributed to the Zonta International Foundation to support global projects.

Zonta TGC’s Advocacy Committee prepared this submission in alignment with the Zonta mission and the UN Sustainable Development Goal No 5: Gender Equality, which requires adopting and strengthening sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels.

As noted in the ABS data, about 70% of most primary carers of older people in Australia are women<sup>1</sup>. One in six Australians are aged over 65,<sup>2</sup> and half have a disability. About a quarter of these “needed

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<sup>1</sup> [Abs.gov.au/statistics/health/disability-aging-and-carers-australia-summary-findings/latest-release](https://abs.gov.au/statistics/health/disability-aging-and-carers-australia-summary-findings/latest-release); Disability, Ageing and Carers, Australia: Summary of Findings 2018, page 1.

<sup>2</sup> [Abs.gov.au/statistics/health/disability-aging-and-carers-australia-summary-findings/latest-release](https://abs.gov.au/statistics/health/disability-aging-and-carers-australia-summary-findings/latest-release); Disability, Ageing and Carers, Australia: Summary of Findings 2018, page 1.

some assistance with everyday activities”.<sup>3</sup> Generally, these numbers are increasing, however the percentage of Australians providing unpaid care has decreased in the period 2015 to 2018.<sup>4</sup>

Zonta TGC is concerned about the practical and economic obstacles to caring for older people as they age in place. Given women are disproportionately occupying these informal yet important roles at notable personal and economic expense, this is an issue of gender inequity. Our submissions are designed to alter the perceived value of caring roles from a social and economic perspective, to minimise existing barriers and empower both men and women to have the support and capacity to provide care for the older people in their lives should they choose to do so.

Please note, the following submissions do not respond to every “Information Request”. The selected questions to which we have responded are reproduced at the commencement of each section.

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<sup>3</sup> [Abs.gov.au/statistics/health/disability-aging-and-carers-australia-summary-findings/latest-release](https://abs.gov.au/statistics/health/disability-aging-and-carers-australia-summary-findings/latest-release); Disability, Ageing and Carers, Australia: Summary of Findings 2018, page 1.

<sup>4</sup> [Abs.gov.au/statistics/health/disability-aging-and-carers-australia-summary-findings/latest-release](https://abs.gov.au/statistics/health/disability-aging-and-carers-australia-summary-findings/latest-release); Disability, Ageing and Carers, Australia: Summary of Findings 2018.

# INTRODUCTION

## INFORMAL CARERS ARE THE FINANCIAL & SOCIAL FOUNDATION OF THE AGED CARE SYSTEM

Informal carers are the financial and social foundation of the aged care system. Like “second shift”<sup>5</sup> workers who return to formal employment in addition to “shouldering the responsibility for nearly all reproductive labour”<sup>6</sup>, informal carers of older Australians either work two positions (formal employment and informal carer) or forego fulltime paid employment to focus on providing complex care. This social structure is integral to saving Australian governments considerable funds and enabling older people to live as long as possible in familiar surroundings and communities.<sup>7</sup> According to The Australian Housing and Urban Research Institute research,<sup>8</sup> the average amount that an older person living at home receives in assistance is about \$15,600. The average in residential aged care is about \$67,000. The Royal Commission into Aged Care Quality and Safety heard that it could take up to two years for approval of a level 4 health care package.

If socially and financially it is considered desirable to facilitate independent living of older Australians in their familiar community unit area, then the informal carer will be integral in the implementation of any plans. AHURI research found that, although preferences for independent living were most significant, family discussions around achievement outcome were reported as provoking tensions.<sup>9</sup> This suggests that application for assistance may be delayed as a result of family dynamics, in which case, government assistance will lag behind need, putting increased interim responsibility on informal carers. Government spending cuts on aged care compound the issue of access and increase reliance on informal care.

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<sup>5</sup> Hochschild, A., Machung, A. 2003 [1993]. *The Second Shift: Working Families and the Revolution at Home*. New York: Penguin.

<sup>6</sup> English C; Campbell R; Striking from the ‘Second Shift’: Lessons from the ‘My Mum is on Strike’ Events on International Women’s Day 2019.

<sup>7</sup> Known as “ageing in place”, this concept refers to facilitating older Australians to continue to live in a community (not necessarily in the house where they have lived for years) with a degree of independence.

<sup>8</sup> As adjusted to 2018 dollars by IRT <https://www.irt.org.au/the-good-life/ageing-in-place-what-does-it-mean/>.

<sup>9</sup> Olsberg D and Winters M; “Ageing in Place: intergenerational and intrafamilial housing transfers and shifts in later life” AHURI Research and Policy Bulletin; Issue 67 October 2005.



**ARE DIFFERENT GROUPS OF INFORMAL CARERS  
(FOR EXAMPLE, WOMEN, YOUNG PEOPLE, OLDER  
CARERS, ETC) MORE OR LESS LIKELY TO BE  
AFFECTED? WHY?**

Zonta TGC accepts the premise that most informal care is provided by family, often from a sense of family responsibility. It seems likely that, in most cases, such carers have little or no formal training in caring for older people with complex medical needs including cognitive deficits. Zonta TGC submits that informal carers are therefore less likely to be in a position to assess what constitutes sufficient or adequate levels of care and may feel obliged to provide levels of care that are beyond their capacities. This is likely to lead to burnout and possibly resentment and guilt.

We submit that the Commission should investigate the training requirements of carers to realistically assess the level of care that they can personally provide. There will be instances, possibly many, where the care expectations of the older person, due to their own life experiences or cognitive inability to analyse the overall obligations of the carer, will differ from those which the carer is able to meet. There may be an emotional power imbalance in the relationship. There may be demands made of the carer to cease work outside the care relationship. To manage the expectations or needs of the older person with the needs and capacities of the carer, the Commission ought to consider the impact of providing training to assist carers in formulating strategies to manage the differences between expectations of the recipient of care and capacities of the provider of care.

Groups most likely to be affected by lower labour force participation, or incomes, or poorer health and wellbeing are those groups with a power deficit in the relationship. Caring is historically seen as the responsibility of women, who return from work in the “industrial factory, only to enter the social factory”<sup>10</sup> to provide meals, clean environments and care for children and elders and siblings and partners. Zonta TGC acknowledges that not only women experience power deficits, however, this is in the experience of its members, the most common dynamic.

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<sup>10</sup> English C; Campbell R; Striking from the ‘Second Shift’: Lessons from the ‘My Mum is on Strike’ Events on International Women’s Day 2019.



**WHEN DO EMPLOYEES USE PAID OR UNPAID LEAVE OR REQUEST FLEXIBLE WORKING ARRANGEMENT TO CARE FOR AN OLDER PERSON? IN WHAT CIRCUMSTANCES ARE THE PROVISIONS INADEQUATE?**

Zonta TGC consider that the current entitlement are likely to be inadequate for women with caring responsibilities, particularly those who are in full time employment.

To manage the caring responsibilities, which may arise unexpectedly during the course of any given day as a result of failure to formal caring arrangements, unexpected medical needs or simply failure to provide adequate notice of the needs of the day, women in the workforce need to access unpaid leave or, more usefully flexible working arrangements, to meet these needs. The difficulty with both of these options is that most working days are not planned to with “emergency spare time” so that hours spent providing care need to be taken from other, probably already allocated, time.

Paid leave is often already allocated for various needs, including health needs of the carer. Unpaid leave and flexibility are currently dependent on the support of employers. The current provisions of the NES are not adequate to deal with these situations and, in all likelihood, neither is workplace discrimination legislation.

The idea of supplementing the available paid leave with unpaid leave has its own drawbacks. It presumes that working carers are able to absorb the loss of income implicit in the arrangements. Given that the societal utility of enabling older Australians to remain living in the community for as long as possible, some financial support and significant cultural support is justified. In providing these supports there are financial benefits to the community and by promoting a culture of recognising the value of informal caring the savings to the community will be greater in terms of money and quality of life than in failure to enable older Australians to remain in their homes.

The current provisions do not require the following to be provided in the workplace:

- Flexibility in day-to-day work arrangements to facilitate unexpected care needs.
- Adequate time allowances to attend to all carer commitments for family care.

- Envisages that leave only needs to be taken in large, possibly day length, chunks whereas the reality is that, except in the case of emergencies, care is provided in shorter, probably more frequent, allocations of time.
- Time to attend to appointments with older people usually occurs during the traditional working day, the same time frame when employment expectations are highest.
- Does not take into account that care is usually a very individualised support, affected by family dynamics, cultural expectations and physical capabilities.

Support from employers may be at its most useful when it comes in the form of expectation management of the needs of clients and service recipients. Management of these expectations within the workplace would contribute to the increased reduction of stress of carers in providing care and increased appreciation for and contribution to the employers' business.



## ARE THERE BARRIERS THAT LIMIT INFORMAL CARERS OF OLDER PEOPLE FROM USING THE ENTITLEMENTS?

Unless entitlements can be accessed by the use of them in timeframes that are small, often less than half a day, theoretical access to the number of hours is likely to be of limited use in a daily setting. The current concept of provision of a set number of days for personal leave ignores the reality that care may be needed in more diverse time frames. Needs of older people are lineal not episodic. They often do not require periods of concentrated time in the same way that illness does. Older people often require regular if not always predictable assistance.

The definition of the relationships that attract personal leave is inadequate and may not be culturally inclusive. There may be extended family members who required care or people who are unrelated except by membership of a community.

Other barriers include ones that have been referred to earlier such as financial losses. There may also be a loss of status in a work environment because of a devaluation of the role of a carer, so that when a person takes on a caring role, their life choices are seen as not being consistent with the values of the business in which they work. This lack of understanding and valuing of the role of the carer is one which needs positive cultural and society discrimination to reverse. The more socially acceptable the role of carer, the greater the pool of workers available to take on the role will be.

Self-employed workers are at an even greater disadvantage in many ways. Whilst they have flexibility in hours, they do not necessarily have flexibility in their customer expectations. Zonta TGC submits that a cultural change in the perception of the utility of carers would assist with managing this dynamic. An understanding of the contribution carers provide to the financial wealth as well as the cultural wealth of Australia is likely to be persuasive in many circumstances.



# ALTERNATIVE POLICIES

## TO SUPPORT INFORMAL CARER OF OLDER PEOPLE

This is an area of society where TIME is the most valuable commodity because of its scarcity, followed closely by KNOWLEDGE. Unless carers have Time to work through the complexities of My Aged Care forms and wait in Centrelink phone queues for lengthy periods of time, they will not be able to effectively and successfully apply for **all** the care assistance which might be available for their elders through a carefully worded and targeted application. Carers who have greatest advantage in this world are either those with pre-existing profession insider Knowledge, such as nurses or workers in the aged care sector.

To level up all players in the Aged Care Game, requires, at the very least:

1. Education about the most advantageous manner to navigate schemes for Aged Care Packages (what is available, what evidence needs to be provided and where to find it). This means education delivered in a format that can be accessed by carers who are also working full time and meeting family commitments to other, often young, family members. This might involve formal presentations over a period of weeks and incorporate practical workshop activities. It might involve online attendance with interactive panels or practical workshops with tips on wording to optimise the effectiveness of the application. To be successful, it must provide interactive dialogue, that is more than extensive writing explanation in an online format.
2. Time to facilitate relationship building and idea exchanges between carers with similar situations so that solutions can be shared. Information hubs, in person and remote would assist with this.
3. Improved access to knowledge will also lead to increased available time because precious hours will not be spent trying to acquire knowledge which could be made easily available in formats accessible to all.

4. Time for life enriching event access would improve the mental health of both the carer and the recipient of care, indirectly leading to improved community and societal conditions.
5. Provision of financial support for all informal carers. Some of the savings from the differential cost between informal and formal care could be allocated to financially assist informal carers. The Commonwealth Government funds carers leave for parents because the social utility and personal financial cost primarily to women, is recognised. There is a parallel to this social utility and financial cost in provision of care to older people. To minimise the impact of such leave on employers, and in recognition that much of the current savings in aged care is benefitting the federal and state governments, supported financial relief needs to be available from governments. This could take the form of tax deductions for carers, access to a Carers Allowance and funded leave.

# SUMMARY

## OF SUBMISSIONS

Zonta TGC submits that:

1. The federal government ought to actively create an environment of positive discrimination in favour of carers to alter the perceived value of the role from both a societal and employment perspective;
2. Flexible working hours and financial supports are essential to free carers to take up the role of informal carers while minimising the impact on their work and health; and
3. Non-financial supports such as provision of education, life enriching contact and community carer hubs will assist in enabling informal carers to provide the best quality care that they can.