

## Taking Care:

# Mature Age Workers with Elder Care Responsibilities

A BACKGROUND BRIEFING PAPER



Alison Page,  
Marian Baird,  
Alexandra Heron  
and Jenni Whelan

Women and Work  
Research Group  
University of  
Sydney



The University of Sydney



Industrial  
Relations

April 2009

# **Contents**

## **Preface**

## **Executive Summary and Key Findings**

## **Introduction and overview of the report**

### **Section 1 Mature age workers with elder care responsibilities: outlining the issue**

1. The magnitude of the informal elder care issue in the workplace – page 12
2. The nature of ‘informal’ elder care – page 13
3. Who cares? The gendered nature of informal elder carers – page 14
4. The ‘sandwich generation’ - page 15
5. Costing elder care – page 16

### **Section 2 The impact of elder care on carers’ labour force participation and the carers themselves**

6. The impact of mature age workers’ elder care on labour force participation – page 19
7. The impact of informal elder caregiving on the carers – page 23

### **Section 3 Mature age workers with elder care responsibilities: some workplace responses**

8. The emergence of a life-cycle approach to elder care policies – page 27
9. Workplace approaches to employees with elder care responsibilities – page 28

**Section 4 Mature age workers with elder care responsibilities: a research agenda**

10. Research gaps and a suggested research proposal – page 34

**Section 5 Mature age workers with elder care responsibilities: a policy response**

11. Policy proposal for a right for workers with elder care responsibilities to request flexible work and issues for consideration – page 45

**Appendix A Annotated bibliography** – page 65

**Appendix B UK Right to Request flexible work– an overview of the procedure to be followed** – page 108

**References** – page 109

\*The authors wish to thank Dr Susan McGrath-Champ, and Dr Rae Cooper for their comments on and assistance with earlier drafts of this report

## Preface

This report comprises a background briefing document on mature age workers with elder care responsibilities for the Women's Equity Bureau (the Bureau) of the Office of Industrial Relations, Department of Commerce, NSW Government. It was prepared by the Women and Work Research Group of the University of Sydney to describe these workers and their situation, the difficulties they face in participating or attempting to participate in the workforce and policy responses to these difficulties. The paper draws on an extensive review of the literature in Australia and internationally and suggests a possible research agenda and policy response.

The Bureau in commissioning the paper sought a research base from which to consider responses to two competing policy issues, namely: (1) government policies to support ageing 'at home' with its reliance on informal care principally (in terms of caregivers under 65) provided by women; and (2) policies promoting mature age workers' (particularly women's) increased labour force participation with the purpose of meeting future labour market shortages and achieving self-sufficiency in retirement.

The overwhelming public response<sup>1</sup> to the inquiry into better support for carers conducted by the House of Representatives Standing Committee on Family, Community, Housing and Youth indicates the need for a range of policy initiatives to address carers' concerns. The Committee examined issues facing carers who it defined more widely than this report as 'individuals providing unpaid support for others with ongoing needs due to a long-term medical condition, a mental illness, a disability or frailty'.

Relevant to this report for the Bureau, however, is the Committee's recommendation 40 in its report (released on 1 May 2009 after this report was prepared) 'Who cares...? Report on the inquiry into better support for carers' (House of Representatives, 2009). This recommends that the Fair Work Act provision for a right to request flexible working arrangements<sup>2</sup> be extended to employees with recognised care responsibilities.<sup>3</sup> The

---

<sup>1</sup> Of the over 1300 written submissions to the inquiry, some 1200 were from individuals, the vast majority of whom identified themselves as current or former carers.

<sup>2</sup> S.65(1) Fair Work Act 2009

Committee acknowledged ‘the difficulties that many carers face when seeking to re-enter the workforce after a period of absence’ and also recommended that employment service providers make particular efforts to assist them in doing this.<sup>4</sup> Significantly, the Committee noted the social isolation and exclusion many carers face. It recognises that increasing their choice to participate in employment is one of the ways of addressing this problem (House of Representatives (2009): 8.63).

This report welcomes the provision made in the Federal Budget 2009/10 to provide certainty to Carer Allowance (and Payment) recipients by replacing bonus payments with an annual \$600 supplement.<sup>5</sup>

---

<sup>3</sup> The report also urged the government to evaluate extending the NES entitlements to personal/carers and compassionate leave in ways which would assist carers.

<sup>4</sup> Recommendations 41 and 42.

<sup>5</sup> Carer Allowance recipients receive Carer Allowance and the new supplement on top of wages. The budget provided for various increases for those receiving Carer Payment, which is means tested (see also footnotes 10 and 11).

## Executive Summary and Key Findings

Two significant competing policy issues spurred the commissioning of this report. These are namely: (1) government policies to support ageing ‘at home’ with its reliance on informal care principally (in terms of caregivers under 65) provided by women; and (2) policies promoting mature age workers’ (particularly women’s) increased labour force participation with the purpose of meeting future labour market shortages and achieving self-sufficiency in retirement

The report provides an overview of the current research on mature age workers with elder care responsibilities describing who they are and their situation, the difficulties they face in participating or attempting to participate in the workforce and policy responses to these difficulties.<sup>6</sup> This overview is based on the materials in the accompanying annotated bibliography. It identifies significant gaps in scholarly knowledge in relation to Australian workplace arrangements available to mature age workers with elder care responsibilities, outlines a suggested research proposal to address the gaps in scholarly research and discusses a potential policy response to the need identified for increased flexible working.

Section 1 of the report provides a description of mature age workers with elder care responsibilities, the numbers involved, the nature of the caring they undertake, who does it and its costs. Key findings include:

- workers' elder care responsibilities are likely to increase significantly over the next few years and impact on the workplace and on employers' human resource agendas;
- the needs of carers of older people differ from those who care for children;
- elder care is a gendered issue in Australia: it is conducted overwhelmingly by women relatives of elderly care recipients. These women are in their peak working years of 35 to 54 years;

---

<sup>6</sup> It should be noted that the report of the House of Representatives Standing Committee on Family, Community, Housing and Youth ‘Who cares...? Report on the inquiry into better support for carers’ (House of Representatives, 2009) was released on 1 May 2009 after this report was prepared.

- the cost of informal elder care is substantial whether measured in terms of potential income foregone by carers due to caregiving or in terms of what it would cost to employ another to replace the informal caregiver.

Section 2 examines the impact of mature age workers' elder caregiving on labour force participation and on the carers themselves. Key findings include:

- significant adverse impacts on labour force participation, including changing jobs, reducing work hours or refusing a promotion in order to provide care;
- only a minority of working-age women and men who were not in the labour force as carers, re-enter the labour force once they no longer have caring responsibilities;
- substantial numbers of carers not in paid employment would like to work;
- barriers to work cited were difficulties arranging work hours and lack of alternative care arrangements;
- adverse financial effects, loss of workforce skills by those who reduce working hours or leave work to care, work-life imbalance resulting from caring responsibilities and adverse health and social impacts all affect mature age worker-carers.

Section 3 examines in more detail workplace responses to employees with elder care responsibilities and how improving these could facilitate their workforce participation.

Key findings include:

- little is known about Australian workplace responses by employers to such workers with Australian research in this area lagging behind that in similar overseas jurisdictions such as Canada and the UK;
- indications are that current workplace responses (where they are known) in Australia are similar to those in the US, mostly comprising employer provision of information and referral services regarding the health, financial and community issues associated with caring for elderly persons;
- international and Australian research identifies the need for the increased availability of flexible working arrangements for carers to assist them to work;

- other employer responses are also relevant (for example, leave entitlements for carers, understanding and sympathy for the problem and addressing issues of work overload).

Section 4 notes that recent regulatory changes in Australia<sup>7</sup> have the potential to increase employee and employer interest in flexible working arrangements, although at this stage the changes do not extend to workers with elder care responsibilities. Such developments may begin to bring about changes in Australian workplace norms regarding how to provide for *any* employed carers' needs for flexible work arrangements regardless of the age of the care recipients. Yet there is a lack of scholarly research to support further evidence-based policy responses to these changes in workplace norms, particularly with respect to mature age workers with elder care responsibilities.

Accordingly, this section identifies a need for updated and further research to support more targeted policy responses to the needs of mature age workers with elder care responsibilities. As a foundation for this policy response, further research is required to:

- (1) provide comprehensive benchmark information on access to, and utilisation of, flexible work arrangements for mature age workers with elder care responsibilities in Australia;
- (2) better understand mature age workers' preferences and constraints and how these are reflected in workplace and household negotiations for flexible work conditions;
- (3) better understand employer responses (or the lack thereof) to the issues involved with mature age workers and their elder care responsibilities; and
- (4) provide a valid basis for the development of evidence-based policy in this area.

---

<sup>7</sup> The National Employment Standards contained in the Fair Work Act commencing in January 2010, will enable parents and other carers of under school-age children or children under 18 who have a disability to request changes to working arrangements from their employers. Additionally, the provision for "individual flexibility agreements" in modern awards and enterprise agreements may begin to be used to cater for the needs of other carers.

Section 5 notes that there is evidence in Australian and international research, as described in Sections 2 and 3, demonstrating the need expressed by workers with elder care responsibilities to be better supported at work by the greater availability of flexible working arrangements. Drawing on examples from legislation in jurisdictions outside New South Wales, it proposes a policy response by way of providing workers with elder care responsibilities with a right to request flexible work. It examines the issues which arise when considering how such a right could be implemented.

For example, a policy should consider:

- (1) which workers and which employers should be covered?
- (2) on what basis should an employer be able to turn down a request?
- (3) should the worker be able to appeal against a refusal?

## Introduction and overview of the report

This paper provides research background and a thematic annotated bibliography of significant current domestic and international research in the area of mature age workers with elder care responsibilities. It describes these workers and their situation, the difficulties they face in participating or attempting to participate in the workforce and policy responses to these difficulties. It identifies certain themes emerging from this research and overviews the literature in these areas. It also notes significant gaps in scholarly knowledge in relation to Australian workplace arrangements available to mature age workers with elder care responsibilities, outlines a suggested research proposal to address the gaps in scholarly research and discusses a potential policy response to the need identified for increased flexible working.<sup>8</sup>

The context for this research is the need to reconcile two competing policy issues: (1) government policies to support ageing ‘at home’ with its reliance on informal care principally (in terms of caregivers under 65) provided by women; and (2) policies promoting mature age workers’ (particularly women’s) increased labour force participation with the purpose of meeting future labour market shortages and achieving self-sufficiency in retirement.

The decreasing rate of institutionalisation of elderly persons is occurring whilst governments simultaneously try to contain the costs of community care. The policy solution to this dilemma has been to place greater responsibility for the care of older people into the private sphere. Families’ increased caring burden conflicts, however, with another public policy objective promoting mature age workers’ (particularly women) to re-enter or stay in the workforce as long as possible, in order to bolster retirement savings and alleviate labour shortages. With the recent budget announcement (May 2009) that the retirement age and receipt of the age pension is to be delayed to 67 by 2023 (phasing in begins in 2017), the work/care conflict will become part of more workers’ lives and an increasingly significant issue/challenge for the workplace.

---

<sup>8</sup> It should be noted that the report of the House of Representatives Standing Committee on Family, Community, Housing and Youth ‘Who cares...? Report on the enquiry into better support for carers’ (House of Representatives, 2009) was released on 1 May 2009 after this report was prepared.

## **Overview of the report**

Sections 1, chapters 1- 5 describe the nature of the problem, section 2, chapters 6 and 7 examines the impact of mature age workers' elder care on labour force participation and on the carers themselves, section 3, chapters 8 and 9 look at workplace responses to employees with elder care responsibilities and how improving these could facilitate their workforce participation. Section 4, chapter 10 identifies a need for updated and further research to support more targeted policy responses to the needs of mature age workers with elder care responsibilities. Section 5, chapter 11 proposes a policy response by way of providing workers with elder care responsibilities with a right to request flexible work from their employer. Unless otherwise indicated, this paper draws on the articles outlined in the thematic and annotated bibliography forming Appendix A.

## **Section 1 Mature age workers with elder care responsibilities: outlining the issue**

### **1. *The magnitude of the informal elder care issue in the workplace***

A recent survey of 2284 Australian workers revealed that 23 per cent of respondents expected to provide elder care in the next five years, a sizeable proportion of the labour force (Taskforce on Care Costs, 2007). Accordingly, their caring responsibilities are likely to increasingly and significantly impact the workplace and employers' human resource agendas. This trend is also occurring overseas. In Europe, taking temporary leave from work to care for family members, aside from children, is gaining importance as a workplace issue (European Foundation for the Improvement of Living and Working Conditions, 2006a). In the United States, Smith (2004) notes that elder care will equal or surpass child care as the work-family concern of the 21<sup>st</sup> century.

The reason that elder care has risen so prominently on the world-wide workplace agenda is partly due to population ageing which is one of the most important challenges facing OECD countries. 'If there is no change in work and retirement patterns, the ratio of older inactive persons per worker will almost double from around 38% in the OECD area in 2000 to just over 70% in 2050. In Europe, this ratio could rise to almost one older inactive person for every worker over the same period' (OECD, 2006).

The prominence of this issue is also partly due to the shift from institutional to home-based care to the extent that most people receiving formal long-term care services are now living in the community, putting more pressure on the employment – care nexus for family members (Anderson and Hussey, 2000; Jacobzone, 2000; Merlis, 2000:149).

It is important to understand that population ageing and shifts to home care for elderly persons presents a double burden for mid-age women, who, as discussed in more detail below, shoulder most of the elder care burden at this age but are also being called upon to meet labour force shortages as the labour force shrinks.

## 2. ***The nature of 'informal' elder care***

Elder care is the work required to care for elderly persons, who due to age related frailty or illness are restricted in their ability to undertake normal routine daily activities.

The current literature draws a distinction between *formal elder care* which is usually provided by paid carers employed by the state or private sector on the one hand and *informal elder care* provided in homes by unpaid family and friends on the other. This paper focuses on informal elder care due to its propensity to conflict with employed carers' work-related duties.

Analysis of the tasks comprising informal elder care in Australia reveals:

'Overall, 31% of all older Australians needed assistance with personal activities. Health care was the most common area of personal need for all age groups, with 25% needing help in this area; this was followed by need for assistance with mobility (19%), self-care (14%), and cognition or emotion (11%). At 6%, assistance with communication was required the least. Twenty-seven per cent of older Australians needed help with property maintenance, with other common areas of need including transport (21%) and housework (19%).' (Australian Institute of Health and Welfare, 2005: 156-7 citing data from ABS 2004. Disability, ageing and carers, Australia, 2003. Cat. no. 4430.0. Canberra: ABS)

Research from Canada and the United States has recently recognized that the tasks undertaken by employed carers in providing informal elder care extends beyond manual or domestic activities in the home to '**care management**'. This includes the co-ordination and financial and bureaucratic management of care-related formal services for elderly relatives, including activities such as geriatric case management, medical record keeping, paramedic assistance, and patient advocacy (see Rosenthal et al, 2007; Bookman et al, 2007).

From a workplace perspective, it is important to understand the distinction between the types of elder care provided by employed carers so as to inform appropriate policy responses in terms of leave requirements and/or other types of assistance such as information and referral services.

Employers should recognize that the needs of carers of the elderly and disabled differ from those who care for children (HREOC,<sup>9</sup> 2007). Accordingly it is important not to conflate elder care issues with child care issues in workplace and governmental policy responses to the needs of employed elder carers.

Smith (2004: 365-369) notes important differences between parental care and elder care. For instance, with elder care, the caregiving burden increases over time and involves an emotional role reversal between parent and child with a focus on death and dying. Usually the recipient of the care does not co-reside with the carer which creates additional complexities in arranging care. Furthermore, elder care needs often arise unexpectedly and are difficult to plan for. (This, for example, is unlike the preparation time that 9 months pregnancy affords for child care).

Phillips et al (2002) also found very few carers lived with the people they cared for, although one in three lived within a 10 minute drive from the carers' home.

### **3. *Who cares? The gendered nature of informal elder carers***

In Australia, informal elder care is carried out overwhelmingly by women— mainly daughters and wives of the care recipient, in their peak working years of 35 to 54. In relation to carers of the disabled and aged, 60 per cent of all 35-44 year old carers are women (and 58 per cent among 45 to 54 year old groups) (APM.NATSEM, 2006. See also Australian Institute of Health and Welfare, 2004; Gray et al, 2008 and House of Assembly Select Committee, 2008). Australian data does indicate that after retirement

---

<sup>9</sup> Now the Australian Human Rights Commission.

men pick up a disproportionate share of informal care, with 54 per cent of carers aged over 65 years being male. As these men are no longer in the workforce, they are not pertinent to this review.

The gendered nature of elder caring is not unique to Australia. For instance, in the United Kingdom informal caring is systematically linked with age and gender, although, like Australia, whilst there is a higher proportion of female carers in the younger age groups, men aged over 70 years are increasingly more likely to be engaged in informal caring activities than women of the same age (Dahlberg et al, 2007). Whilst Dahlberg et al (2007) did not consider the relationship between the carer and the care recipient in their study, they cite research that older carers often care for a spouse (Warner and Wexler, 1998, cited at 444).

In the United States elder care is heavily gendered with women providing about 70 per cent of this care (Smith, 2004: 353, 366-7). Genprom (2001) describes 'the typical caregiver in the United States as a 46-year old woman who is employed and also spends around 18 hours per week caring for her mother' (p32).

In Germany, Meyer et al (2007) note that in relation to family care generally there is still a strong gender bias with 'women carrying the main burden of care and performing 73% and men with 27% of all care tasks' (p.18).

#### **4. The 'sandwich generation'**

The literature in this area also recognises a demographic phenomenon described as the 'sandwich generation' which applies to women carers who have both child and adult care responsibilities. Published data in Australia suggests that this phenomenon is not as widespread as elsewhere. Gray et al (2005) found that just 6.1 per cent of working-age women, with an employment rate of 60.4 per cent were categorised as 'sandwich

generation'. The findings are based on an Australian Bureau of Statistics survey conducted prior to 2000 and which was restricted to New South Wales.

Internationally, reports suggest that the 'sandwich generation' is also not that common. In the United Kingdom, Evandrou & Glaser (2004) estimate a ratio of one in nine UK women and one in ten UK men but do acknowledge that multiple role occupancy is increasing across cohorts. The figures are similar for the United States where Hammer and Neal (2008) estimate it to be about 9-13 per cent. It is noteworthy, however, that this conflicts with the Genprom (2001: 32) figure for the United States which estimates that 41 per cent of caregivers fall into this category. A recent Canadian study put the figure at approximately 25.6 per cent (Williams, 2004).

Given ever increasing delays in women having children coupled with the ageing population (see Gray and Hughes, 2005 citing Jenson and Jacobzone, 2000), it is likely that the actual number of women falling into (or likely to join) the 'sandwich generation' is much higher than available data suggests. As women in Australia who potentially fall into the 'sandwich generation' have relatively high rates of employment, it may be timely to re-measure the statistics in Australia to gain a clearer insight on these women's workplace needs and effects.

## **5. Costing elder care**

'Increasing labour force participation is generally beneficial for the economy. However, unpaid activities, such as caring for children or the elderly, undertaken by people with low, or no, hours of work, have considerable social and economic benefits. This is particularly important given Australia's ageing population which will in time increase the need for both formal and informal care (i.e. care provided by relatives and friends) for the elderly' (ABS, 2008).

This quote from a recent ABS Social Trends paper underscores the inherent policy tensions between engaging more mature age workers in the workforce on the one hand and containing government expenditure on elder care on the other. The House of Representatives, Standing Committee report on the inquiry into balancing work and

family, (2006), reported that the Commonwealth Government already spends \$1.3 billion per annum on the Carer Payment<sup>10</sup> and \$1 billion on the Carer Allowance<sup>11</sup> (p. 277). The Commonwealth Government is unlikely to significantly increase this allocation of public funds to replace the informal care that families provide to elderly relatives and friends in order to remove barriers to workforce participation. Indeed, in this context the comment by the House of Representatives Standing Committee on Family and Human Services (2006) that ‘there are great barriers to elder carers’ workforce participation’ is most salient.

There are different ways of estimating the ‘cost’ of informal elder care:

- i. opportunity costs (potential income foregone due to caring responsibilities);
- ii. replacement costs (calculates what it would cost to employ another to undertake the care);
- iii. productivity costs (potential cost of productivity loss from those with elder care responsibilities and worries).

In Australia, these measures have produced very different figures – \$4.9 billion for opportunity costs and \$30.5 billion for replacement costs (see House of Representatives Standing Committee on Family and Human Services, 2006:13 citing Access Economics, 2005).

In the United States, Arno et al (1999) determined the current market value of unpaid caring work (for chronically or terminally ill and seriously disabled adults) to be \$US 196 billion using methods akin to the replacement cost method. Arno et al (1999) declined to impute a value for carers’ economic worth from forgone earnings because many carers are retired and this would undervalue their contribution.

---

<sup>10</sup> Carer Payment is an income support payment for those who are unable to participate in the workforce full-time as a result of their caring responsibilities. It is means tested (through income and asset tests) and eligibility is also dependent on the level of impairment of the care receiver (Gray et al, 2008).

<sup>11</sup> Carer Allowance is a supplementary, non-means tested payment provided to people who provide daily care and attention at home to a person who has a disability or severe medical condition, or is frail aged (Gray et al, 2008).

Costing method differences should be noted as they could be important in making a 'business case' for elder care provisions by employers.

Productivity costs of informal elder care provision by employed carers are also another important plank of cost-based arguments seeking to address the needs of employed carers. Timmermann (2006) estimates that annual losses in productivity to US business because of employees who need to alter their working arrangements due to elder care responsibilities is between \$17.1 billion and \$33.6 billion, depending on the level of care provided<sup>12</sup>. Interestingly she notes that the usual response in the US for employees encountering problems associated with balancing paid work and elder care responsibilities is to leave the workforce and accordingly advocates implementation of flexible work arrangements to address this problem. Timmerman's (2006) estimate accords with Genprom's (2001) estimates of lost productivity to US business being between US \$11.4 billion and 29 billion per year.

Informal provision of elder care has costs beyond the workplace. Arno (2006, cited in Metlife Mature Market Institute, 2007) estimates that the overall value of family caregiving to adult family members or friends who are aged 18 and older to society to be \$306 billion annually.

The House of Representatives, Standing Committee report on the inquiry into balancing work and family (2006), noted the need for some sort of tax relief in relation to elder expenses with so many carers using paid care in order to work. In this respect the Committee recommended:

'The Australian Government consider allowing adults, who incur care costs for the care of elderly relatives or relatives with a disability, to have the choice of either receiving all current carers' benefits or claiming these costs as a tax deduction where they can demonstrate that paid care was necessary to allow them to work' (House of Representatives, Standing Committee, 2006 p. 282).

---

<sup>12</sup> This estimate was calculated according to employers' costs associated with replacing employees, absenteeism, workday interruptions, care crises, supervisory time, unpaid leave and reducing hours from full-time to part-time.

## **Section 2 The impact of elder care on carers' labour force participation and the carers themselves**

### **6. *The impact of mature age workers' elder care on labour force participation***

The research quite consistently points to a notable negative impact on labour force participation by older carers. Indeed in 'barriers research' conducted in New Zealand, caring responsibilities are frequently cited as an issue which acts as a barrier to the employment of older workers (the others being lack of flexible work options and family circumstances) (see McGregor, 2007).

The negative impact on labour force participation due to elder care is most marked at the commencement of care responsibilities, with partial or complete withdrawal from the workforce; but importantly, does not seem to be replaced with full workforce re-entry once caring responsibilities end.

Carmichael and Charles (2003) outline four ways in which providing informal care for adults could influence labour supply namely:

- i. The substitution effect, whereby an individual moves to unpaid work and gives up paid work, thus reducing the labour supply;
- ii. The income effect, whereby the individual seeks to work in order to defray the extra financial expenditure typically associated with informal care, thus increasing the labour supply;
- iii. The respite effect, whereby the individual seeks to work in order to have a break from the emotional demands of caring, thus increasing the labour supply;
- iv. The restricted job choice hypothesis which implies that informal caring will depress the wage rate carers can earn when they also work, because the demands of caring constrain the hours they are available for work thereby limiting opportunities for better paid positions for which they would otherwise qualify.

Australian research on labour force participation effects arising from informal care primarily focuses on substitution effects and restricted job choice effects. Unsurprisingly, these studies point to an inverse relationship between labour force participation and the number of care hours given, with significant numbers of carers changing jobs, reducing their working time or refusing a promotion in order to provide care (Australian Institute of Health and Welfare, 2004; Bittman et al, 2007; Gray and Hughes, 2005; Gray et al, 2008).

In 2007, the Taskforce on Care Costs reported on its phone survey findings of 2284 Australian workers in which 383 (16.8 per cent) self-identified as providing care for an aged or disabled person. This survey sought responses on a series of questions designed to examine the experiences of carers who combine work and care for aged and/or disabled people. It found:

- 14 per cent of respondents considered leaving the workforce due to the cost of care;
- 24 per cent of respondents have already reduced their working hours due to the cost of care;
- 34 per cent of respondents believed that their careers have suffered due to the competing demands of caring and working;
- 67 per cent of respondents would refuse a job or promotion which prevented them from fulfilling their caring responsibilities.

These findings are similar to earlier findings by the Australian Institute of Health and Welfare (2004) which analysed data gathered by the ABS in 1998 in relation to informal caring issues in contemporary Australia. In relation to labour force impacts of caring for adults, this report noted that in 1998, 21 per cent of primary carers reduced their work hours and 11 per cent exited the paid workforce. Findings by Bittman et al (2007: 267) are also noteworthy in this regard. They note that only a minority of working-age women and men who were not in the labour force as carers, re-enter the labour force once they no longer have caring responsibilities.

The findings by Gray et al (2008) are pertinent to Australia's current labour and skills crisis. This paper draws on data from the Families Caring for Persons with a Disability Survey ('FCPDS') conducted in November 2006. This survey selected a sample of informal carers in receipt of the Carers Payment or the Carers Allowance from the Centrelink database. It found that more than half of carers who are not in paid employment would like to work (p.34). These findings are consistent with recent ABS findings in relation to barriers to work (ABS, 2008). The ABS found that more than three-quarters (77 per cent) of the one million women and half of the 636,000 men who wanted a job or more hours of work were undertaking unpaid activities when they were not working. Caring for others was the most commonly reported unpaid activity. These findings are helpful in understanding the elder care debate as they distinguish between different types of caring responsibilities.

In terms of barriers to workforce participation for carers of adults, Gray et al (2008) found that the most commonly cited barrier to finding employment was difficulties in arranging working hours and the lack of alternative disability care arrangements. This finding reflects the Australian Institute of Health and Welfare's earlier finding (2004) in relation to carers' anticipated problems with returning to the workforce. It also cited problems including disruption to the care recipient and losing work skills while caring. Almost one-third of respondents anticipated 'other reasons' which would pose problems in returning to work, suggesting that more research is needed if such problems are to be resolved.

Lee and Gramotnev (2007) found lower labour force participation rates due to caregiving responsibilities in three female age cohorts (young, mid-age and older) with the greatest impact in the mid age group. Interestingly, they found that middle-aged women in poor health tend to be selected into caregiving, probably because they are less engaged with the paid workforce. They also found that health and labour force participation do not

recover once caregiving responsibilities end. Whether this translates to caring for elders in Australia is yet to be tested.

Whilst Australian studies to date are based on data relating to employed persons with caring responsibilities for disabled adults generally, irrespective of the age of the recipient, there is nothing to suggest that the findings would be any different for employees with elder care responsibilities only.

So, what are the impacts of informal caring on labour force participation in other countries? Again, overseas evidence points to substitution and restricted job choice effects. In the United Kingdom, however, these effects may not be as pronounced as in Australia. A United Kingdom study (Heitmueller and Michaud, 2006) found ‘evidence of a causal link from informal care to employment with employment rates reduced by up to 6 percentage points’ (see abstract) but restricted this finding to co-residential carers only. This finding does not appear to be universal. Genprom (2001) found that in the United States, the more time a carer spends providing care to an older person, the less labour force participation takes place (p.26). It also found that at least 17 per cent of working women in the United States have either resigned or taken leave of absence from their employment due to elder care responsibilities (p.61): ‘approximately 12% have resigned and 28% have considered resigning. More than half of paid carers in the United States have reduced their working hours’ (p.32). Smith (2004) notes similar labour force impacts in the United States due to carers’ caring responsibilities for elderly relatives and also lists early retirements or prolonged departures from the work force (p.372).

In Europe, a study found significant relationships between women starting or increasing informal caregiving and changes in their weekly work hours but no such relationship once caregiving responsibilities lessen or end. Reductions in working hours at the start of caregiving responsibilities was greatest for women in southern Europe and Ireland who tended to either withdraw from the workforce or reduce hours more heavily. Earlier patterns of work were not resumed when the caring relationship ended. Whilst women from Northern Europe may significantly reduce working hours at the start of a caring

relationship, they enjoy high levels of workplace flexibility, community support and formal services which enable them to change their work hours to accommodate their caring responsibilities and later ease their way back to earlier work patterns (Speiss and Schneider, 2003: 22).

## **7. *The impact of informal elder caregiving on the carers***

### **Australian Research**

There do not appear to be any widely published Australian studies which specifically examine the impact of informal elder care on the carers. Existing studies tend to focus on the impact of informal care generally, regardless of the age of the care recipient.

Australian studies indicate the following main effects on carers as a consequence of their informal care responsibilities:

#### **(i) Adverse financial effects**

Australian studies reveal adverse financial effects for informal carers compared with non-carers due to forgone earnings by either having to leave the workforce or reduce work hours to attend to caring responsibilities (Bittman et al, 2007). Adverse financial consequences would also flow from many carers' inability to make job changes or accept promotions due to their caring responsibilities (Gray and Hughes, 2005; Taskforce on Care Costs, 2007). Notwithstanding the adverse financial costs associated with caring, there are suggestions in the Australian and international literature that these costs may be outweighed by perceived benefits of caring, such as feelings of a sense of loyalty to the care recipient and the intrinsic (non-financial) rewards derived from caring (see Williams, 2004; Hales, 2007 cited by Gray et al, 2008).

## (ii) Skills atrophy

The Australian literature in this area does note the loss of workforce skills by those who reduce their working hours or leave paid work for elder care purposes (see for example HREOC, 2007). Australian research, however, is yet to fully examine the full effects of elder care responsibilities over time on carers' job choices (and presumably, skills) (Bittman et al, 2007).

## (iii) Work-life imbalance

Evidence is emerging that elder care responsibilities directly impact carers' work-life balance. The South Australian House of Assembly Select Committee report (2008) on this topic noted evidence that increased reliance on in-home care for the aged was one of the factors preventing reconciliation of work and life (p.7). Given that women bear most of the caregiving burden in Australia, it is not surprising that they have worse work-life interaction outcomes than men (Pocock et al, 2007).

## (iv) Adverse health and social effects

There is also evidence that the caregiving burden has its greatest health and social impacts on middle-aged women in Australia (Lee and Gramotnev, 2007). This study on the health and social characteristics of middle-aged women transitioning into and out of caregiving reveals poorer physical and emotional health and lower labour force participation rates for this cohort of carers. These effects continue even when caregiving responsibilities cease. The authors note a really intriguing finding that middle-aged women in poor health tend to be selected into caregiving. The authors suggest this occurs because of these women's disengagement from the paid workforce (p.206). So an activity which induces poor health (informal caregiving to elders) is commonly taken up by those who commence with poorer health than usual.

## **International Research**

International research has produced similar findings to Australian research regarding impacts on carers as a result of elder care. The following main adverse effects emerge from international research:

### **(i) Adverse financial effects**

In the United States, Smith (2004) reports that elder carers in the United States incur adverse financial impacts. Wakabayashi et al (2006) found that women in the United States who commence caring for their parents earlier in life have much higher poverty levels later in life compared with those who do not undertake these caring responsibilities.

### **(ii) Adverse health effects**

International studies have examined how elder care responsibilities affect employed carers' stress levels. Williams' (2004) Canadian study found that carers in the 'sandwich generation' were much more likely to feel stressed. Unsurprisingly, recent research shows that 'care management' activities, such as the orchestration of formal care services, generated stress amongst female employees and interfered with males' work (Rosenthal et al, 2007: 755). Another study examined employed carers' stress levels according to the care recipient's type of impairment. It found that care recipients with cognitive behavioral problems cause greater stress for these carers than those with physical impairments limiting daily activities (Starrels et al, 1997). This study also found elderly care recipients' impairments indirectly effected carers' stress levels due to the amount of time required off work to attend to caring.

There is international evidence that the psychological costs of caring for elderly persons impact more on women than men (Raschick and Ingersoll-Dayton, 2004). In terms of psychological rewards, Raschick and Ingersoll-Dayton (2004) found that adult children

experience more rewards than spousal caregivers. This latter finding could be explained by the opportunity that caring for an elderly parent gives the child to 'return' the caring investment their parent/s have made in them and is consistent with Canadian findings on the consequences of care giving (Williams, 2004).

### (iii) Work-life imbalance

Other international studies have revealed that various aspects of the quality of life of carers of elderly persons were affected by the level of the carers' burden and the types of community services provided to the elderly person, by carers' characteristics, as well as their health and economic status (Iecovich, 2008).

There is some evidence from the United States about the impact of elder care on the carers' workplace performance. Smith (2004) reports that carers in the United States have lower levels of work performance than non-carers. In a small study of 105 daughter caregivers and parent care-recipients in the United States, Stephens et al (1997) examined the ways in which caring for elderly parents and the carer's employment can interfere with one another. They examined the effects of role spillover on the psychological well-being of women who were simultaneously involved in parent care and employment. They found that for many women, both positive and negative experiences in the caregiver role spilled over to employment and that these spillover effects also occur in the opposite direction. They also found that positive spillover and negative spillovers generally were related to caregivers' psychological wellbeing. Negative spillovers from employment to caregiving were stronger than that from caregiving to employment (p. 35). They note earlier research that 'benefits of employment [that is beneficial effects on women's well-being] have been reported in studies of caregivers to impaired older family members' (p.30). There is currently a research gap in this area in Australia.

### **Section 3 Mature age workers with elder care responsibilities: some workplace responses**

#### **8. *The emergence of a life-cycle approach to elder care policies***

‘Most informal carers were not always informal carers (of adults or children with a disability). It is likely that for many of them informal caring will be a finite stage in their lives and will eventually come to an end.’ (Bittman, Hill and Thomson, 2007)

Key policy groups, most notably the OECD, have advocated a *life course approach* to social policies dealing with combining work and family obligations (OECD, 2007). This approach acknowledges that the caring responsibilities within families shift over time between genders and different age cohorts. This approach is also consistent with ILO Convention 156 *Workers with Family Responsibilities*, 1981.

Issues for consideration in the development of a life-course approach to employees’ needs to undertake elder care include the following:

- European research (for example Spiess and Schneider, 2003) suggests that there are stages within the caring cycle: the early stages are the most intense requiring the carer to have greater absences from work compared with the later stages;
- As indicated in section 2 above (Smith, 2004), elder care needs often arise unexpectedly and are difficult to plan for;
- Employees in the ‘sandwich generation’ have dual caring roles with different needs;
- Middle-aged women with caring responsibilities have poorer health outcomes: see discussion below on Lee and Gramotnev’s (2007) findings.

Accordingly, workplace policies, particularly those offering flexible work hours should be developed to match the different needs arising from caring at different points in an employee's life cycle.

## **9. Workplace approaches to employees with elder care responsibilities**

This section considers how mature age workers' elder care responsibilities have been dealt with in the workplace both in Australia and overseas.

There is scant research in Australia on workplace approaches to mature age workers elder care responsibilities.

There is some evidence that ten care service providers, including Resthaven, are partaking in a research project with industry partners to offer respite for carers who require assistance in order to go to work. Resthaven is working in collaboration with Hills Industries, Arnott's and Lyell McEwin Hospital (see <http://www.resthaven.asn.au/community.htm>). This initiative appears to be the exception rather than the rule with the Taskforce on Care Cost (2007) suggesting that employer responses to this issue in Australia so far have been minimal and lacking in innovation.

Comments in the South Australian House of Assembly Select Committee report on balancing work and life responsibilities (2008:112) suggest that Australian workplaces have some work to do in order to properly address the needs of its employees with elder care responsibilities. This report refers to a Demonstration Research Project for Working Carers which indicates:

- many employers mistakenly assume that employees understand their entitlements to carers leave;
- carers are ignorant about support entitlements such as carers allowances and respite services. Employed elder carers in the United States are similarly ignorant about their entitlements (Smith, 2004);
- employees' desire for carer-related leave entitlements;
- many employees do not disclose their caring responsibilities to their employer due to their perceptions about job vulnerability, even though supervisors are mostly supportive;

- language barriers and cultural beliefs that caring is undertaken within the confines of the family or finding culturally appropriate care are also relevant issues to achieving work life balance.

Internationally, employer responses to employees with elder care responsibilities have also been slow. In 2001, Genprom reported that while about 5,500 companies in the United States offered some form of childcare programme, only a miniscule number of companies (about 300) had specifically established programs and policies to help employees care for the elderly. Smith (2004) also notes that employer initiatives in the United States are rare (p 382). At pages 381 to 382, Smith categorizes current initiatives as follows:

- i. Information, resource and referral services which are the least costly to implement. Wagner (2006) notes that employers, such as Hallmark and Herman Miller generally outsource these services to private sector providers although there are some instances of the state providing these services. Roberto and Jarrott (2008: 107) describe these policies as ‘first generation’ programs. More progressive companies have implemented ‘decision-support models’ which involve care managers (either on or off site) providing individualised services to employees to assist with planning care for elderly relatives and the associated legal and insurance issues (Wagner, 2006; Roberto and Jarrott, 2008);
- ii. Financial benefits including dependent care accounts which permit employees to allocate pre-tax earnings to accounts designated for dependent care expenses;
- iii. Flexible work arrangements including flexitime, compressed workweeks, job sharing and telecommuting;
- iv. Other employer initiatives to assist with elder care including company supported respite centres and subsidies to help defray elder care expenses.

Employers in the United States often couch the elder care issue in terms of the need to develop flexible workplace practices to attract and retain older workers with elder care responsibilities. Yet there is little evidence that employers are actually implementing such practices (GAO, 2007).

Employer responses in Europe have also been slow but there are hints that the issue is gathering momentum on workplace agendas. The European Foundation for the Improvement of Living and Working Conditions (2006a) notes that although parental leave has been the most frequently cited reason for taking a long period of absence from work, other reasons, including care for family members, are gaining importance as reasons to seek leave from work. It also notes that the public sector in Europe, which employs the greatest number of women, offers the greatest opportunity for employees to take non-parental long term leave. Yet, it notes that the rhetoric about flexible working arrangements is yet to catch up with the reality in many countries: only employees in the Netherlands and Scandinavian countries enjoy some flexibility in their working arrangements. This is consistent with evidence from OECD countries which shows that the extent of family-friendly arrangements within organizations is both limited and patchy (Evans, 2000).

In the UK there has been evidence-based campaigning by Carers UK, the main national NGO representing carers, for greater help by government and employers to assist carers to work. Yeandle et al (2006) in a report commissioned by a partnership led by Carers UK, refers to the ‘evidence about the benefits of flexible working arrangements’ for carers which has accumulated in recent years and the associated business benefits (pp.5-6). It summarises the difficulties which carers face trying to engage in caring and paid work emerging from this research as including:

- ‘often [ not having ] adequate access to flexible working arrangements’, and
- ‘not always [being] met with understanding and support on the part of their employers’.

The focus of this report was gathering evidence about ‘why some organisations have begun to claim [carer friendly employment practices] yields[s] important business benefits’. It draws on census data and case study work in three very different organisations, two of them private (one big and one small) and one public. Its main findings from its case study work include several policy recommendations for how to make employment for carers work. Its first conclusion, however, is that ‘all organisations, large and small, public and private, can provide a supportive environment for carers.’ Other significant findings are:

- ‘paid leave (for both emergency and scheduled caring) can reduce staff turnover and absence, cutting employment costs;
- flexible working benefits carers because it addresses the diversity of individuals’ circumstances, rather than stereotyping them as problem employees. It is responsive to individual circumstances.’

It refers to the important programme of research undertaken by the Joseph Rowntree Foundation (JRF) on work and family (Dex, 2003) which included studies of the working lives of carers. These pointed to the need for more flexible working, the opportunity to reduce hours, take a career break or unpaid leave, in order to assist carers combine work and caring (Phillips et al, 2002; Mooney et al., 2002).

Studies such as these were the background to the extension of the right to request from carers of children under six and under 18 if the child had a disability (available from April 2003) to certain carers of adults in April 2007. The Third Employers Work-Life Balance Survey (WLB) (BERR, 2007) timed to coincide with the introduction of these provisions asked employers how likely they would be to allow employees to reduce the number of hours worked in various circumstances. One of these included reduced hours to look after elderly parents/relatives. Seventy-six per cent of employers said they would be very or quite likely to accommodate these responsibilities, the same proportion as for employees with child care responsibilities

for those aged between six and 16. Eighty-two per cent would, however, accommodate requests from those with children aged under six.

Indications are that the situation at work may not be quite so positive for carers. When, in the same survey, employers were asked in relation to female employees returning to work after maternity leave whether their requests to switch from full to part-time working would be agreed to, 57 per cent said this would almost always be acceptable, whereas the figure was 38 per cent in relation to requests from other employees - though unfortunately as elsewhere carers of older people are not disaggregated from other employees. Prior to the extension of the right to request to carers, 'Inside the Workplace: First Findings from the 2004 Workplace Employment Relations Survey (WERS)' (DTI, 2004) identified six per cent of workplaces as providing leave for carers of older adults. Interestingly, this survey asked whether employees are entitled to financial help towards the cost of their caring responsibilities for older adults and whether they could seek a specific period of leave to fulfill these responsibilities but the responses to these questions are not available in this report. Nevertheless, the WLB survey (BERR, 2007) indicated availability and to a lesser extent take-up of the flexible working arrangements measured had increased since the 2003 survey (across all employees).

There seem to be very few studies internationally which consider the use of organisational elder care policies by employees or the efficacy of such policies. Both Wagner (2006) and Roberto and Jarrott (2008) conclude that not much is known about the impact or effectiveness of employer initiatives in this area in the United States. One recent study from the United Kingdom did find that the existence of such policies was not as important to employed carers in two public sector organizations as informal support from colleagues and a sympathetic manager in the workplace (Bernards and Phillips, 2007), though this research was undertaken before the right to request flexible working was extended to carers of adults in April 2007. This study also revealed that commuting distances between work and home presented problems as did inflexible work schedules and work overload.

There is very little published research on collective bargaining on entitlements enabling workers to meet elder care responsibilities, either in Australia or internationally. The European Foundation for Improvement of Living and Working Conditions (2006c) notes that in Europe collective agreements on elder care are rare.

## **Section 4 Mature age workers with elder care responsibilities: a research agenda**

### ***10. Research gaps and a suggested research proposal.***

#### **Background and Rationale**

A growing body of Australian research recognises the linkages between mature age workers care responsibilities and effects on:

- carer well-being and health (Lee and Gramotnev, 2007);
- labour force participation (for example see ABS, 2008; Gray et al, 2008; Taskforce on Care Costs, 2007; Bittman et al, 2007; Australian Institute of Health and Welfare, 2004); and
- economic outcomes (Bittman et al, 2007; Gray and Hughes, 2005; Taskforce on Care Costs, 2007).

Whilst this research is based on underlying data relating to employed persons with caring responsibilities for disabled adults generally, irrespective of the age of the care recipient, there is nothing to suggest that the findings would be any different for employees with elder care responsibilities only.

There are hints of projects in Australia assessing the impact of elder care policies at organisational levels (see for example law firm Mallesons Stephen Jacques brochure entitled 'Making flexible hours work, together' at page 15 which refers to an elder care information kit available for employees). An analysis of these projects, however, has not yet trickled into the academic research. In particular, with the recent exceptions of:

- the ABS' recent article 'Barriers to Work' (ABS, 2008); and
- Think: Insight and Advice's (2008) report, *Bringing out the Best*, on four focus groups with mature age carers in New South Wales, (commissioned by the New South Wales Government Office of Industrial Relations),

little is known about how the needs of mature age workers with elder care responsibilities for flexible work arrangements are being dealt with at the Australian workplace level.

It could very well be that the Australian workplace will mirror the Canadian workplace where Armstrong-Stassen (2008) found that organisations were engaging in practices addressing mature age workers needs, whether with respect to elder care or otherwise, to a very limited extent. Indeed one of the key themes emerging from *Bringing out the Best* (Think: Insight and Advice, 2008) is that from the perspective of the mature age carer focus group participants, employers ‘needed to more fully appreciate the importance of flexible working arrangements for mature aged workers with caring responsibilities’(p.6).

The Australian workplace is on the cusp of a new regulatory phase with the recent legislative changes contained in the Federal Government’s Fair Work Act. These changes include the National Employment Standards (NES) which will commence from 1 January 2010. One of these Standards will entitle employees with children under school age and with children under 18 who have a disability to request their employer for flexible work arrangements. So far, the Federal Government has not suggested that it will prioritize extension of (a) this Standard to other workers with caring responsibilities; or (b) the pre-existing entitlements to carers leave beyond 10 days; or (c) any extension to the compassionate and caring/emergency leave entitlements (under the current Fair Pay and Conditions Standard which will be replaced by the NES).

Yet, the introduction of this Standard may impact on workplace norms regarding requests for flexible work arrangements by *any* worker with caring responsibilities, regardless of the age of the care recipient. Additionally, the provision for ‘individual flexibility agreements’ in modern awards and enterprise agreements may begin to be used to cater for the needs of employees with elder care responsibilities, also affecting workplace norms. Against this background, there is a lack of *scholarly* research to support an evidence-based policy response to these likely changes in workplace norms, particularly with respect to mature age workers with elder care responsibilities.

With a view to informing policy development and theoretical debate on workplace initiatives that would support mature age workers' with elder care responsibilities 'right to request' flexible work practices, the purpose of this section is to:

- (1) briefly identify the main gaps in existing knowledge in relation to Australian workplace arrangements available to mature age workers with elder care responsibilities, at both qualitative and quantitative levels;
- (2) in the context of expected increases in elderly people continuing to live in private homes, outline a possible research proposal aimed at filling these gaps to assist with understanding the challenges associated with Australia's ageing population and the impacts of this on Australia's workforce.<sup>13</sup>

### **Statistical gaps**

As demonstrated in earlier sections of this paper, with the recent exception of the ABS' article 'Australian Social Trends – Barriers to work' (2008), most of the existing Australian statistics and consequent research is somewhat dated and does not focus solely on issues for employed carers of elderly persons, let alone those employed carers who are mature aged. Most Australian research to date has focused on work-related issues for carers of dependent adults, regardless of the age of the care recipient, thereby making it difficult to assess issues which concern or are particular to mature age carers of the elderly.

For example, the Australian Institute of Health and Welfare 2004 paper drew on data from 1999. The data source was the Centrelink payments database which collates information on the Carers Payment and the Carers Allowance, being welfare payments to primary carers of adult disabled persons (whether due to age or otherwise). Gray et al

---

<sup>13</sup> The House of Representatives' report into carers (House of Representatives, 2009) recommends further research and data collection in relation to carers be undertaken. The proposal in this report is, however, more targeted as identified above. The value of research drawing out the different issues and needs of different categories of carers is essential to finding appropriate ways to meet these.

(2008) drew on data from the Families Caring for Persons with a Disability Survey, albeit conducted more recently (November 2006).

The ABS, however, has started to measure workplace effects for employed carers of elderly persons as distinct from other carers of other groups by categorizing ‘caring for an elderly person’ as a separate and distinct category of ‘unpaid activities when not working’.

This presents an opportunity to build on the ABS’ recent work to collate a body of benchmark data to drive debate and develop policy in this area. More targeted and updated statistics on the implications of the presence of employed carers of elderly persons in the workplace and of initiatives implemented to accommodate their needs are necessary. This data will assist in identifying the gaps in current availability and usage by such carers of flexible working and other employer provisions and the gaps in areas of policy that require development to promote their access to and use of flexible work practices to accommodate elder care needs.

Broadly, statistical research is required in relation to:

- relevant demographic characteristics and work-related variables as potential influences on the use of flexible work arrangements (e.g. age, sex, caring responsibilities, number of dependents, individual and household income, employment status, job location and industry, occupation, union membership, employment conditions including working time arrangements such as span of ordinary hours, shift patterns, unpredictable overtime demands or shift changes, penalty payments for overtime and work during non-social hours, length of hours and access to varied leave arrangements and any changes in conditions and access to the above and to benefits such as training and financial benefits etc);
- the types and quantity of care undertaken by mature aged workers with elder care responsibilities;
- whether the caring responsibilities are periodic or continuous;
- likelihood of future caring responsibilities;

- whether these workers are aware of and have had access to workplace policies which assist them in balancing their caring and work responsibilities;
- the nature of these policies. For example, such policies could include:
  - information and referral services;
  - carers leave;
  - part-time work;
  - job sharing;
  - condensed hours;
  - flexi-hours;
  - certainty of hours;
  - working time accounts;
  - working from home;
  - telecommuting; or
  - any combination of above
- the extent to which such policies are reflected in awards or collective agreements;
- whether these workers have used these policies;
- reasons for choices to use or not use such policies;
- perceptions of unmet needs or provisions that would have facilitated work/family balance;
- expectations of future caring responsibilities and how these might impact current work arrangements.

### **Gaps in knowledge at the workplace level**

To date, there are significant gaps in scholarly knowledge about workplace models in Australia addressing the needs of mature age workers with elder care responsibilities such as flexible work arrangements or elder care leave, the preferences of women and men combining work and elder care responsibilities, and the way options and choices are shaped and negotiated in workplace and household contexts.

Currently available survey data, however, are unable to fill the gaps effectively because they are typically drawn from household surveys in which only a small proportion of respondents are mature age workers, and do not provide sufficient detail to assess eligibility, take-up, preferences or reasons for choices taken.

There is an urgent need for more detailed information on organisational-level policies in order to drive policy development at all government levels. The data will enable assessment of the efficacy of current initiatives, and provide a deeper understanding of the contexts in which policies operate and the barriers to more effective policy development and implementation. It will inform policy makers about the types of interventions required to facilitate work/family balance and gender equity, as well as advance highly contested contemporary debates over the gendering and sharing of paid and caring work particularly in relation to the body of work already conducted by the then Human Rights and Equal Opportunity Commission (2007) (now the Australian Human Rights Commission).

### **Gaps in knowledge at the collective level**

There has been little detailed scholarly analysis in Australia of how industrial regulation facilitates or frustrates support for mature age workers with elder care responsibilities or provides a context in which support is negotiated on a collective or individual basis.

There has been even less analysis of how the differential implementation of such conditions and benefits operate for workers with elder care responsibilities in different industries, across different sizes of employers and in different local contexts. In view of the wide-ranging changes in industrial regulation about to come into force, there is an opportunity to establish a baseline measuring the impact of these changes on flexible working for elder carers.

## Research Proposal

### Aims

The research proposal described below aims to fill significant knowledge gaps regarding the needs of Australian mature age workers with elder care responsibilities and how these are being dealt with at a workplace level in Australia, with a view to contributing to improved understandings and to better social and organisational/workplace policy.

The research proposal also aims to advance current theoretical debates on how preferences are shaped in workplaces and households, and provide detailed data to inform policy processes.

Expected outcomes include benchmarks for policy evaluation, improved understanding of preferences and constraints and how these are reflected in workplace and household negotiations for flexible work conditions, and enhanced policy frameworks to facilitate a gender egalitarian work/family balance.

The specific research aims are to provide:

- i. comprehensive benchmark information on access to, and utilisation of, flexible work arrangements for mature age workers with elder care responsibilities in Australia. This information could also be analysed to determine the impact of mature age workers' elder care responsibilities on occupations and job levels;
- ii. information on how any such flexible work arrangements are negotiated, whether at the collective or individual level (or if at all);
- iii. information on male and female preferences, choices and unmet needs relating to the combination of paid employment with elder care;
- iv. examples of workplace level experiences, including the way employers/managers respond to the needs of employees with elder care responsibilities and – thereby building on the knowledge already obtained from the NSW Government's earlier focus group work in *Bringing out the Best*;

- v. information on household level influences on policy choice and needs;
- vi. information on what constitutes ‘good’ work/family balance outcomes for mature age workers with elder care responsibilities, what factors sustain such outcomes and how such outcomes are best supported by social policy at the local, state and federal levels; and
- vii. analysis of differential employee access to flexible work arrangements for elder care reasons across industries, occupations and individual enterprises.

Qualitative case studies of policies and practices in organisations would complement the survey and provide businesses with real-world examples.

### **Suggested research project outline**

Drawing on the success of the *Parental Leave in Australia Study* (ARC Linkage project LP0453613), this following research proposal prepared by the authors of this paper adopts a similar approach.

The project involves three levels of data collection and analysis:

- **Level One:** a national survey of mature age workers’ with elder care responsibilities access to, utilisation of, and negotiation of flexible work arrangements to assist them with their caring needs;
- **Level Two:** a set of organisational case studies to examine the use of such flexible work arrangements in the workplace context; and
- **Level Three:** a set of household interviews to examine the impact of elder care responsibilities and employment in the domestic context.

## **Level One - National Survey**

This project level involves three parts.

The first part is an investigation and feasibility assessment of the most appropriate and cost effective means to collect *national* sample survey data. As a preliminary step, established Australian projects involving mature age workers and elder care issues would be investigated to determine whether this project could build upon such pre-existing work and whether the organisation responsible would be a suitable ‘Survey Partner.’

There are two established surveys which have begun investigations into certain aspects in relation to mature age workers with elder care responsibilities namely:

1. The Australian Longitudinal Study of Women’s’ Health (ALSWH) (see for example 2004 data book for 1946-51 cohort 4 (35-58 years) and Survey 2007 data book for 1946-51 cohort Survey 5 (56-61 years) both available at <http://www.alswh.org.au/surveys.html>);
2. The ABS 2006-07 Multi-Purpose Household Survey

The second part of this project level is reaching an agreement with a Survey Partner regarding distribution of the Surveys and collation of the data. Part of this agreement involves deciding on the appropriate tools to collate the data (for example a written questionnaire, similar to that used in the *Parental Leave in Australia* ARC study or Computer Assisted Telephone Interviewing (CATI) Survey).

The third part of this project level is designing the Survey which aims to identify, from the perspective of mature age workers with elder caring responsibilities, the main factors that determine their preferences for, access to and utilization of flexible working arrangements, including employment conditions, employer practices, and employment regulation.

## **Level Two - Organisational case studies**

Level two comprises qualitative case study research involving the collection of detailed employment and policy profiles in selected organisations through a combination of management interviews, roundtables, employee interviews and participant observation.

The case studies will provide information on the way workplaces respond to the needs of mature age workers with elder care responsibilities and will help elaborate and contextualize information from the Survey.

Level two goals include investigation of:

- both formal and informal policies available in workplaces, particularly un-codified and largely un-researched arrangements, and the factors that influence their development;
- those factors within the workplace that encourage and/or obstruct employee take-up of flexible work arrangements to assist with elder care responsibilities; and
- the experiences of employees as a result of utilizing different forms of flexible work arrangements to accommodate elder care responsibilities, including levels of acceptance and integration within the workplace in these circumstances.

These case studies will involve semi-structured interviews of managers and employees, with information transcribed and analysed qualitatively to extend understanding of the workplace contexts in which choices about flexible work arrangements for elder care and work/family balance are taken, and to illuminate the sorts of practical barriers and supports that need to be recognised in the policy development process at both the government and organisational levels.

Level two will also include an analysis of those outcomes desirable for sustainable leave and flexible work provisions in workplaces, including the specific arrangements and communications methods that work best for employees' career continuity, peer group

acceptance and workforce commitment, and to facilitate a workplace culture that recognises and accepts the work/family link.

### **Level 3 - Household interviews**

Level Three extends the investigation to the household contexts in which choices about taking leave and types of engagement in paid employment are made, explicitly addressing the fifth research aim. Without this, and the workplace level information from Level 2, this research project would produce a much more limited perspective on the preferences and constraints of mature age workers with elder care responsibilities in relation to work/family arrangements and the practical constraints that influence their choices. Understanding these preferences is crucial to informing current theoretical debates and also to developing good policy.

This level will involve household level survey interviews of 50 families who have members concurrently involved in paid employment and unpaid elder care responsibilities. Interviews will be semi-structured, taped and transcribed for analysis. The goals will be to understand more fully the types of domestic influences on the sharing of work and family responsibilities in couple households and the problems experienced by all mature age workers in the combination of these tasks.

## **Section 5 Mature age workers with elder care responsibilities: a policy response**

### ***11. Policy proposal for a right for workers with elder care responsibilities to request flexible work and issues for consideration<sup>14</sup>***

Throughout this report, reference is made to the mounting evidence from Australia and internationally, about the need for working carers to be better supported at work by more flexible working arrangements (as well as other supports). Carers pay a high price in terms of having to give up employment when they would rather not due to lack of flexible working opportunities. They may also have to work in jobs below their skill levels in return for working flexibly.

Introducing a right to request flexible work ('a right to request') in an employee's existing job (or a job they apply for) would increase the possibilities for carers, principally women, to remain and progress in the workplace. UK evidence is that creating a right facilitates putting policies promoting flexible working practices into operation by providing managers with a way to handle requests (Hegewisch, 2009: 49). Moreover, by improving the availability of flexible working for carers, government would implement policy which would also assist in reconciling the two competing policy issues described above. These are policies promoting ageing 'at home' with its reliance on informal care principally provided by women (in terms of caregivers under 65) and policies promoting mature age workers' (particularly women's) increased labour force participation with the purpose of meeting future labour market shortages and achieving self-sufficiency in retirement

At present, the prohibition in NSW on carers' discrimination, and the federal prohibition on sex discrimination (the latter, however, cannot usually assist men who are refused changed work arrangements) provide avenues for some carers to seek hours adjustments.

---

<sup>14</sup> The authors wish to acknowledge the extensive work of Sara Charlesworth and Iain Campbell of the RMIT, Melbourne, Ariane Hegewisch of the Institute of Women's Policy Studies, Washington and Camilla Palmer and Joanne Wade of Leigh Day, Solicitors, London, on flexible working issues.

In general terms, an employee (or job applicant or contract worker) can ask for an adjustment to working arrangements. If refused, they would (usually) argue that, though apparently a neutral working condition, the full-time and/or inflexible hours required by the employer particularly disadvantage carers or women with caring responsibilities, and are indirectly discriminatory unless (broadly) reasonable in the circumstances.<sup>15</sup>

In contrast, a right to request an accommodation for an employee's caring responsibilities is transparent. It tells an employee what they need to do to seek work flexibility, who may do this, how to do it and when an employer may refuse. It avoids the employee having to allege discrimination and show problems with existing working arrangements. Instead the focus is on solutions.

Early indications are that the new Victorian right to request (operating since September 2008) is being well used. The employment rights law centre Jobwatch has reported 223 enquiries about it in its first nine months of operation. These have largely been from carers of young children which may indicate more publicity of the availability of the right to others is needed.

The National Employment Standard (NES) in s65<sup>16</sup> of the Fair Work Act 2009 (FW Act) will provide a right to request flexible working arrangements for caring purposes as a minimum standard applicable to some employees. It does, however, only apply to parents or those with responsibility for a child under school age or up to 18 years if the child has a disability. It does not, therefore, address the increasing probability of employees finding themselves with caring responsibilities for ageing family members and a consequent need to work flexibly. As a model, the NES is also flawed in other ways (as discussed below).

---

<sup>15</sup> The Anti-Discrimination Act 1977 (NSW) (the ADA) and the Sex Discrimination Act 1984 (Cw) (the SDA). The SDA also prohibits family responsibilities discrimination but not in relation to indirect discrimination and only discriminatory dismissals rather than other less favourable treatment. The provisions about how to establish discrimination and how a potentially discriminatory requirement can be justified, differ between the two Acts.

<sup>16</sup> In force from 1 January 2010. It largely reflects the right to request provision in the 2005 Family Provisions Test Case [ Parental Leave Test Case 2005 (2005) 143 IR 245] (see Charlesworth and Campbell 2008 for the development of this provision).

## A role for States and Territories?

Section 66 of the FW Act states that it is not intended to exclude State or Territory laws which provide employee entitlements in relation to flexible working, to the extent that those entitlements are more beneficial to employees than those under s65.

The Explanatory Memorandum (EM)<sup>17</sup> confirms this and provides as an example the continued operation of ‘the *Equal Opportunity Act 1995* (Vic) (EOA) that oblige[s] an employer in Victoria to accommodate an employee's responsibilities as a parent or carer and that prescribe[s] remedies if an employer breaches those obligations.’ The EM also makes it clear that employees may have remedies under State or Territory (and Commonwealth) anti-discrimination laws in relation to ‘the employer's handling or refusal of their request’, highlighting the continued importance of laws protecting carers against discrimination even where a right to request exists.<sup>18</sup> The FW Act also states that terms of modern awards and enterprise agreements apply *subject* to non-excluded State and Territory laws.<sup>19</sup>

It appears therefore, that using anti-discrimination legislation, the NSW State government could act to provide workers with caring responsibilities for adults with better access to flexible working than is currently available by way of anti-discrimination laws.<sup>20</sup> Models exist on which to build. Victoria, the UK and New Zealand have all recently created a right for an employee to seek to alter their work arrangements to help combine caring and employment. The NES will be in force from January 2010.

---

<sup>17</sup> Paras 271-272 of the EM, confirmed by the Supplementary EM to amendments to the Fair Work Bill (paras 3-8) referring to what is now ss 27(1A) of the FW Act (non-excluded State and Territory laws) which specifically refers to the ADA.

<sup>18</sup> Para 273, EM.

<sup>19</sup> S.29 FW Act. Individual and other flexibility clauses may therefore be subject to challenge under the ADA.

<sup>20</sup> Further exploration of any limitations which may exist under the Fair Work Act would be necessary depending on the nature of any proposals.

Current indications are that developing a right to request flexible working for carers of older adults would be welcomed by the very many people engaged in caring generally (e.g. Carers Australia<sup>21</sup>). Forward-looking employers will know there are strong business benefits to flexible working.<sup>22</sup> The Equal Opportunity for Women in the Workplace Agency provides detailed evidence about why good equal opportunities practice makes good business sense.<sup>23</sup> In the UK, where experience with the right to request is longest (it was introduced in 2003) the Equality and Human Rights Commission (EHRC) now feels that it can say: ‘There is extensive evidence of the business benefits of flexible and alternative working arrangements’ (EHRC 2009: 10).

There is also international evidence that part-time work can be integrated into a wide range of workplaces to a far greater extent than presently occurs. As Hegewisch in her comparative review of flexible working policies for the UK EHRC noted of the UK: ‘in every sector of the economy there are companies which are highly flexible, and companies which only have a limited level of flexible working; this suggests that there is no absolute barrier to flexibility, or at least that we are far from having reached [it]’ (Hegewisch, 2009). Similarly a large European survey (Anxo et al., 2007) found ‘the proportion of establishments practising part-time work is higher in the services sector than in industry. [Yet] in the Netherlands (where the incidence of part-time work is highest) part-time work is nearly as widespread across establishments in industry as in services.’

To develop a response to the needs of carers of adults for flexible working, a range of policy issues need to be considered. A discussion of the major issues is set out below with some illustrations from the jurisdictions mentioned above. This chapter does not discuss

---

<sup>21</sup> See the submission of Carers Australia to the Senate Enquiry into the Fair Work Bill available at: <https://senate.aph.gov.au/submissions/comitees/viewdocument.aspx?id=74a1cb8c-3d53-4090-8283-3c9098ecd223>

<sup>22</sup> The NSW Anti-Discrimination Board makes the business case in terms of the expense of resolving discrimination complaints, see at: [http://www.lawlink.nsw.gov.au/lawlink/adb/ll\\_adb.nsf/pages/adb\\_employers](http://www.lawlink.nsw.gov.au/lawlink/adb/ll_adb.nsf/pages/adb_employers)

<sup>23</sup> See at: [http://www.eowa.gov.au/Australian\\_Women\\_In\\_Leadership\\_Census/About\\_Equal\\_Opportunity/Why\\_EO\\_Makes\\_Business\\_Sense.asp](http://www.eowa.gov.au/Australian_Women_In_Leadership_Census/About_Equal_Opportunity/Why_EO_Makes_Business_Sense.asp)

See also ‘Striking the Balance’ HREOC (now the Australian Human Rights Commission) 2005.

the role of awards, test cases and agreements in promoting flexible working rights nor provide an analysis of flexible working rights throughout Australia.

## **Which employees should have the right?**

### *Carers or all employees ?*

Should only carers be covered or all employees? If only carers, will entitlement be defined by the relationship between the carer and cared for and/or by the degree of care needed?

### **Commentary**

A simple and wide definition of entitlement is more likely to avoid technical disputes as to entitlement and over intrusive questioning of family needs and personal arrangements than a tightly drawn one. Instead the focus of discussions will be on whether working arrangements can, in practice, be appropriately adjusted subject to permitted employer reasons for refusal (see below).

The NES, Victoria, the UK and New Zealand all take different approaches to eligibility.<sup>24</sup> Other than the NES, the other rights to request cover carers of adults. Coverage is restricted principally by the degree of care which the care recipient needs (Victoria<sup>25</sup>) or by the relationship between the care recipient and the carer (UK<sup>26</sup>).<sup>27</sup> New Zealand,

---

<sup>24</sup> In all four jurisdictions parents and those in parental type relationships with children are covered. The breadth of coverage varies: all parents in Victoria and New Zealand; under the NES only parents of a child under school-age or under 18 if disabled; in the UK parents of a child aged under 16 or under 18 if disabled.

<sup>25</sup> Carer means a person on whom another person is *wholly or substantially dependent for ongoing care and attention* (our italics) (s.4 Equal Opportunity Act 1995 (Vic) (EOA).

<sup>26</sup> The carer may be someone in a marriage type relationship with the care recipient, or a relative fairly widely defined, or living at the same address (Flexible Working (Eligibility, Complaints and Remedies) Regulations 2006, SI 2006 No 3314).

<sup>27</sup> NSW was one of the trailblazers in passing legislation prohibiting carers' discrimination. An employee is protected in terms of non parental caring if they are caring for an immediate family member (fairly widely defined), who is in need of "care and support" which are not further defined (s49S ADA).

however, places no restrictions of either sort on which carers may make a request.<sup>28</sup> The New Zealand Department of Labour confirms no particular level of care is required, providing as an example that ‘an employee asking for a change in hours in order to care for an elderly parent will not need to show that the parent is unable to cope alone.’ There is no need for a family relationship or to live in the same place.<sup>29</sup> An employee must explain in their request how the variation sought will enable them to provide better care for the care recipient.<sup>30</sup> Employers cannot, however, decline a request because they are not satisfied with the explanation.

This chapter will not look at the rights to part-time work in the Netherlands and Germany in detail, as the context is so different from that in NSW. Interestingly, however, there is provision in both countries for *all* employees, (regardless of care responsibilities) to seek part-time work. This is enforceable through court action (subject to an employer showing serious business grounds for a refusal). Employees of small businesses are exempted from this right (in the Netherlands this means businesses with less than 10 employees. Those businesses must, nevertheless, establish a means for the employees to seek changes to their hours) (Burri et al, 2003: 328-329, 336-337).

Why extend the right to all employees? Coverage of all employees sends a message that seeking adjustments to work arrangements is a mainstream work issue and less a gender specific right (Charlesworth and Campbell, 2008). The UK EHRC has recommended this in a recent report (EHRC 2009: 11). The Walsh review for the UK government of the flexible working law in 2008 noted ‘many employers choose to make the right to request available to all employees’ (Walsh, 2008: 7). Similarly, a case study of four large UK employers found they all granted the right to request to all employees. The authors commented: ‘They were concerned about the possibly demotivating and divisive effects

---

<sup>28</sup> Carer means someone who has the care of any person (s.69AAB(2)(a) Employment Relations (Working Arrangements) Amendment Act 2007 (New Zealand) (ER(WA)AA).

<sup>29</sup> See New Zealand Department of Labour website at: <http://www.dol.govt.nz/worklife/flexible/guidelines.asp>

<sup>30</sup> All jurisdictions except Victoria specify in their legislation certain information the employee should provide when asking for an adjustment, including the change sought.

on staff of limiting the right to request flexible working [to parents]’ (Croucher and Kelliher 2005: 518).

At a minimum, the definition of those covered by the right to request should be sufficiently wide to encompass the carers who are the subject of this report. For example, indications from international research are that many mature age carers do not live with the care recipient (Phillips et al. 2002, see Chapter 2: The Nature of Care). Whilst it is principally daughters and wives of the care recipient who provide care<sup>31</sup> (see Chapter 3), defining eligible carers by relationship or by sharing accommodation may exclude a proportion of those intended to be covered. A definition must also be culturally appropriate in the Australian context. This is to ensure the availability of the right in practical terms to those from culturally and linguistically diverse backgrounds.

As elder care responsibilities can occur suddenly and unexpectedly, explicit provision should also be made to enable applications to occur before caring starts, where this is possible, for example, before a care recipient comes out of hospital. This enables both employer and employee to prepare for any change agreed.

### ***Employment status and length of service requirement***

Should job applicants, casuals and contract workers be covered as well as permanent employees? Should there be a requirement that the worker making the request has been employed by the employer for a minimum period of time?

### **Commentary**

A variety of approaches is taken in the jurisdictions examined. Only employees are covered by the NES (which also only covers long-term casuals<sup>32</sup>) and in the UK and New Zealand. These jurisdictions have length of service requirements ranging from 26 to 52

---

<sup>31</sup> Of working age caregivers.

<sup>32</sup> An employee who has been employed by the employer on a regular and systematic basis for a sequence of periods of employment during a period of at least 12 months and has a reasonable expectation of continuing such employment (s12 and s65 of the FW Act).

(the NES) weeks. A different approach is taken in Victoria, where all the above employment forms are included in the right. Nor is there a length of service requirement. Indeed, any job applicant including casuals can seek an adjustment to the job when applying for it. The wider the coverage in terms of employment status, the more women will be eligible for this right. For example, of all casual employees (employees without leave entitlements) women comprised 56 per cent in 2007 (ABS, 2009a).

Creating broad coverage for the right would also fit more comfortably with existing anti-discrimination rights for NSW carers and women carers under the SDA. These laws provide protection against carers'/sex discrimination for job applicants, contract workers and casual employees. As described above, refusal to accommodate a change in hours requested by an employee with caring responsibilities may amount to indirect discrimination. If eligibility for using the two different pieces of legislation does not tally, it will be harder for both employees and employers to know their rights.<sup>33</sup>

### **Which workplaces?**

Should small workplaces be exempt from implementing any right to request provision?

### **Commentary**

The right to request covers all workplaces regardless of size in the three jurisdictions examined where the reasonableness of the employer decision cannot be challenged in front of an independent adjudicator (NES, New Zealand and the UK). Victoria, where such challenges can occur, provides a small business exemption.<sup>34</sup> The robust rights provided to all employees in Germany and the Netherlands are not available to employees of small employers, at least not to the same extent, as described earlier (Burri et al, 2003).

---

<sup>33</sup> This is an issue in the UK where job applicants, new employees and contract workers are covered by indirect sex discrimination laws. They can ask under that law but not the right to request law for adjusted hours.

<sup>34</sup> S.21 EOA, for businesses employing five or less employees, defined as up to 5 full-time equivalents. In relation to its carers' anti-discrimination law, NSW exempts employers with five employees or less (s49V(3)(b) ADA).

Women carers in small businesses, however, may bring sex discrimination claims under the Commonwealth SDA (as described above) for refusal to adjust working arrangements. No small business exemption is provided. Imposing one could lead to an employer believing he does not have to consider a request when not doing so may lead to discrimination proceedings.

### **A mandatory procedure**

Should there be a mandatory procedure to be followed by employee and employer for making a request and considering it? This issue is independent of whether an employer refusal should be subject to an external review of whether it was reasonable (or whatever criteria is used) which is examined later.

### **Commentary**

The Victorian legislation makes no provision for a procedure,<sup>35</sup> though it is the strongest right to request of those considered here as it provides for an external review of an employer refusal (see below). The UK has a detailed procedure (outlined below, Appendix B) whereas those under the NES<sup>36</sup> and the New Zealand Act are much less so, but all three are enforceable.<sup>37</sup> No jurisdiction provides a time by which an agreed alteration must be implemented, although in the UK and New Zealand laws the employee may suggest a start date.

Unless a legal procedure is enforceable it has no more than a persuasive effect, if that. It does not provide a 'right' to have a procedure followed. It is unlikely to be as successful

---

<sup>35</sup> Non enforceable guidelines providing a model process exist on the website of the Victorian Human Rights and Equal Opportunities Commission, see at:

<http://www.humanrightscommission.vic.gov.au/pdf/FamilyResponsibilitiesGuidelines.pdf>

<sup>36</sup> The NES provides for the employer to respond in writing to an employee's written request (which must set out details of the change sought and the reasons for it) within 21 days of receiving it. In the response the employer must say whether he grants or refuses the request and if the latter, must include details of the reasonable business grounds for doing so (ss. 44 and 65(3), (4) and (6) FW Act).

<sup>37</sup> In New Zealand, in relation to procedural breaches, there is provision to involve a Labour Inspector, for referral to mediation and for a determination by the Employment Relations Authority an investigative body which can impose a financial penalty.

in changing organisational behaviour. Enforceability is a strong measure of whether a law is intended to give employees a real chance of seeking some control over their work lives when they need to undertake caring. Where no external review is possible, it is particularly important any procedure is enforceable as it indicates to employer and employee that proper consideration is to be given to a request.

Clearly a procedure should not be complex.<sup>38</sup> The availability of government guidance about it is also important. For example, the relevant UK government department provides comprehensive web-based guidance.<sup>39</sup> A word of caution: anecdotal evidence suggests that this could be usefully supplemented by making paper-based guidance widely available.<sup>40</sup>

Regarding the nature of the procedure, certain elements should be considered for inclusion. These include:

- **time limits within which an employer decision must be made** and notified to ensure employers deal with requests in a timely fashion. The employee will have an interest in a speedy resolution, as their caring responsibilities may be pressing. The employer may have less of a sense of urgency.<sup>41</sup> The NES requires an employer response to a request to occur within 21 days of receiving a written request, the UK law is 28 days but in New Zealand, up to three months is allowed;
- a procedure which **requires an employer to meet with an employee** to discuss the request (unless it is agreed) is likely to facilitate discussion more than a simple exchange of letters (the procedure provided by the NES);<sup>42</sup>

---

<sup>38</sup> The 2008 review of the UK flexible working legislation (Walsh 2008:10) commented that the stakeholders consulted ‘made little if any comment about the procedure’, indicating that it is not perceived as onerous.

<sup>39</sup> See at (downloaded 14 June 2009):

<http://www.berr.gov.uk/whatwedo/employment/employment-legislation/employment-guidance/page35662.html>

<sup>40</sup> Telephone conversation with Working Families, the major UK NGO advising on parental rights.

<sup>41</sup> The authors know of one case under the new Victorian right to request legislation where employers have delayed for over three months after receiving the request, claiming that they have not had time to deal with it. This delay has caused the employee considerable hardship.

<sup>42</sup> There is some UK evidence that requiring a face-to-face meeting facilitates positive discussion between employer and employee about a request.

- a requirement that a **decision be put in writing**. If it is a **refusal**, the reasons for it should be provided. This will ensure a degree of measured consideration by the employer and also enable the employee to assess if the refusal is based on accurate information and reasonable. **An acceptance** should identify the change agreed and the start date for it;
- the **right to be accompanied by a companion** to any meeting to discuss the request, which will be beneficial particularly to employees who, for example, may not speak fluent English.<sup>43</sup> The UK provision is for a fellow employee or an certain union representatives;
- requiring a **decision to be made on correct facts and in good faith**.

### **Should an employer refusal be subject to external review?**

#### **On what grounds should an employer be permitted to refuse a request?**

This is the most complex and controversial part of any right to request. The more thoroughly a refusal must be justified and if that refusal can be reviewed by an external adjudicator, the more carefully employers will think about possible accommodations.

### **Commentary**

#### ***Enforcement***

The UK abandoned its original proposal for independent review of refusals in response to business hostility to it. The right to a procedure rather than a substantive right was developed as a compromise (Himmelweit, 2007). Claiming to provide employees with a right whilst not providing a means of enforcing it is, arguably, not a model to follow.

There is, however, evidence that the UK right request with its detailed and mandatory procedure ‘has made a significant contribution to increasing access to individual flexible working options’ (Hegewisch, 2009: ix). In her recent review of the available literature

---

<sup>43</sup> See submission of Professor Peetz to the Senate enquiry into the Fair Work Bill, at: <https://senate.aph.gov.au/submissions/committees/viewdocument.aspx?id=d2316bff-fb39-4d2b-82dc-3e360a7bc0dc>

about the impact of the right (in a comparative perspective), Hegewisch (2009: 20-21, 31) concludes since the right to request came into force:

- ‘the availability of flexible working policies’ has increased;
- ‘flexible working options which are not linked to earnings reductions especially flexitime’ had increased;
- ‘flexible working requests are coming from men as well as women’ but more women ask and women are more likely to make a request for childcare purposes;
- There has been a decline in the proportion of requests refused from 20 per cent in 2001 to 17 per cent in 2006.

On the other hand, she finds:

- the proportion of employees making formal and informal requests has not increased between 2001 and 2006, perhaps because the right was widely publicised before the law came into force (at 19);
- usage of the right is variable as between public and private sectors, organisations with predominantly female or male employees and according to sector. Sixty per cent of workplaces had not had a single request during the year before they were surveyed in 2007. Carers’ rights are particularly under recognised (at 46 and 47);
- managers find it particularly difficult to take advantage of the right (at 32);
- the indications are that women are still trading good quality jobs off against the opportunity to work flexibly (at 22-23).

The NES does not provide for an external review of the reasonableness of an employer refusal of flexible working.<sup>44</sup> An enterprise agreement may, however, provide for disputes about that issue to be resolved by Fair Work Australia (FWA) (whether the refusal is under the NES or a similar term in an enterprise agreement).<sup>45</sup> ABS data indicate about 43 per cent of women employees were covered by collective agreements in August 2008 (ABS, 2009b). This includes unregistered ones and those registered in state

---

<sup>44</sup> S.44(2) FW Act.

<sup>45</sup> S.55 and s.739 FW Act, see also para 26, Supplementary Explanatory Memorandum to the FW Bill. Employment contracts and other written agreements may also provide for dispute resolution on this issue. A person other than FWA may also be agreed upon to resolve disputes: s.740 FW Act.

as well as federal systems. The extent of collective agreement coverage under the Fair Work Act is as yet unknown but it is unlikely that the majority of women will be covered by such agreements at least in the short term, and will not be in a position to benefit from this provision.

As described above, the New Zealand enforcement provision also applies only to the (limited) procedure with no provision for external review of refusals.

In Victoria the employee right to request is better described as a right for an employee to have their caring responsibilities accommodated by adjusting work arrangements. Refusals are subject to external review as to their reasonableness, the only jurisdiction considered here which provides this. During the first six months of the operation of the ‘right to accommodation’ provisions, 191 enquiries have been received by the Victorian Human Rights and Equal Opportunities Commission and 15 complaints lodged. The Victorian experience of operating an enforceable right will provide useful material on which to build in developing such rights elsewhere in Australia.

### *Grounds for refusal*

Whether or not the right to request is to be subject to an external review, a ‘list’ approach taken to describing the ‘reasonable business grounds’ for refusing a request should be avoided. This is done by the UK and New Zealand<sup>46</sup> laws and in the EM to the Fair Work Bill (the FW Act does not spell out the reasonable grounds for refusal). These lists do not indicate the weight to be given to any particular ground. Moreover they make the employee's needs invisible by failing to indicate that they should be taken into consideration (as well as failing to take into account the requirements of relevant antidiscrimination laws).

The Victorian legislation has taken another approach. It spells out factors to be taken into consideration and provides a different emphasis. It is explicit that the carer's

---

<sup>46</sup> In New Zealand an employer must refuse the request if the employee and their current work arrangement are covered by a collective agreement with which the requested change would be inconsistent (s. 69AAF(3) ER(FWA)AA.

circumstances, the nature of their caring responsibilities and the consequences for them if an adjustment is refused must be taken into account. This leads to a weighing exercise of the costs and benefits to each party which requires the employer to do something other than exercise the normal managerial prerogative. Nevertheless, the employer decision is only not to be ‘unreasonable’.

The report of the Senate Enquiry into the Effectiveness of the Sex Discrimination Act 1984 in eliminating discrimination and promoting gender equality, referring to US and UK law, has proposed a more demanding test<sup>47</sup> be placed on employers when they have to justify potentially indirectly discriminatory conduct. It suggests “that something more than [a] reasonableness [test] should be required where practices are likely to disadvantage one sex.....” (Senate 2008: 147) – which is what occurs if flexible work requests by women to assist with caring responsibilities are rejected.

The application of this more demanding test in UK indirect sex discrimination cases requires employers to evaluate objectively the feasibility of implementing (principally women’s) flexible working requests. A tribunal considering an employer refusal must take into account the reasonable *needs* of the business when weighing up the legitimacy of a refusal. But it must also analyse in detail the working practices and business considerations involved, whether the employer's refusal is reasonably necessary to meet the business needs and take into account the seriousness of the effect of a refusal on the employee including resultant job loss. Costs arguments alone are insufficient to justify a refusal. The result is a significant curtailing of managerial prerogative (Palmer et al. 2006).

In NSW, the Anti-Discrimination Board which is familiar with conciliating hours adjustments complaints<sup>48</sup> would be available for conciliating complaints. Where necessary, a complaint could be made to the Administrative Decisions Tribunal. The

---

<sup>47</sup> This is that ‘the Act be amended to replace the reasonableness test in relation to indirect discrimination with a test requiring that the imposition of the condition, requirement or practice be legitimate and proportionate’ (Senate 2008: recommendation 6).

<sup>48</sup> See its website at:  
<http://www.lawlink.nsw.gov.au/ADB>

availability and cost of representation during conciliation and any subsequent tribunal case, as well as the length of time conciliation can take (an average of about five and a half months according to the 2007/08 annual report) may need examining, however, if any right to request is to be effective.

### **Which job?**

The right to request flexible hours relates to adjustments in the employee's existing job in the jurisdictions being considered. Women employees have often had to trade job quality (accept downgrading, agree a change of employment status, for example, to casual, forego training and promotion opportunities) for work arrangements which enable them to care and work. This is despite the fact that such treatment may constitute indirect discrimination on the basis of sex, carers' and family responsibilities' (unless reasonable/justified).<sup>49</sup>

### **Commentary**

Apart from enabling women to continue working despite caring responsibilities, a central policy aim of a right to request law is to enable women/carers to continue in their own jobs at all occupational (including managerial) levels. This includes receiving the same pro rata benefits as their previous or equivalent full-time jobs (pay, training, promotion).

Despite the existence for some years in the UK of the right to request and a range of laws which are meant to ensure this occurs,<sup>50</sup> there are very real concerns that loss of occupational level occurs when women start to work flexibly (Himmelweit, 2007).

Principally the evidence relates to women after childbirth (see e.g. Smeaton and Marsh,

---

<sup>49</sup> A requirement to accept a lesser job (in terms of status, pay, location etc) in return for working part-time is imposing a condition (to work full-time and/or inflexible hours) that, to keep their existing job, the employee must comply with and which will particularly disadvantage women/carers.

<sup>50</sup> For example, the Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000, SI 2000 No 1551.

2006: 56)<sup>51</sup> where Australian experience is similar. Whitehouse et al. (2006) found in a sample of mothers working full-time before childbirth and who returned to work within 15 months, over one third of those returning part-time thought their careers were adversely affected by doing this. Similar patterns may prevail where carers have to switch employers (or move into different jobs with the same employer) to obtain work arrangements which suit their caring role.

Hegewisch (2009: 22) concludes the impact of the UK right to request in achieving an ‘increase [in] the ability of working mothers to continue at the same level of responsibility, and with the same employer, albeit at reduced hours,... does not appear to have been substantial’. In contrast, she finds that in the Netherlands and Germany panel studies indicate more success on this measure for their right to part-time work laws. Given its importance, an explicit requirement that flexible hours are to occur in the employee's existing job and a prohibition on discrimination against part-time employees<sup>52</sup> is worth considering when developing policy relating to the right to request.

Encouraging or even requiring that all jobs are advertised as flexible unless the employer can show inflexibility to be justified is another approach to mainstreaming flexible work.<sup>53</sup>

### **Which adjustments need to be available?**

What changes should it be possible for an employee to seek? Or, putting it as the Victorian legislation does, what accommodations can an employer be expected to make? Adjustments to the number and pattern of daily hours and days of work, location of work,

---

<sup>51</sup> The authors of this UK study cite the evidence that ‘changing employer after the birth of a child has been directly implicated in the unequal outcomes of women and mothers in terms of career development and lifetime earnings’. Their study has similar short-term findings.

<sup>52</sup> This would require equal treatment of part-time workers compared to themselves in their previous job with the same employer or to full-time workers in broadly similar employment. Such provisions also assist in providing part-time workers with equal training and promotion opportunities and in work benefits. The UK Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000, SI 2000 No 1551 provides for this in the UK, to some extent.

<sup>53</sup> EHRC, 2009: 11, recommends to employers including flexible work options in job advertisements.

the availability of flexitime and hours banking, job sharing and term time working are all common adjustments.

But other work patterns are also essential to reconcile work and family life. For example, issues such as scheduling of meeting times is important to ensure flexible workers do not feel marginalised. Working shifts to meet an employee's needs, receiving reasonable notice of shifts if they change, and a right to refuse overtime which conflicts with caring responsibilities are all important. A right to request a return to full-time hours would also assist with reducing the marginalisation of those who have had to reduce hours to care. As Charlesworth and Campbell (2008) point out, however, a right to request though it can assist individuals cannot replace proper minimum employment standards.

### **Commentary**

As noted earlier, elder care needs often arise unexpectedly and are difficult to plan for (see chapter 2). Many caregivers do not live with the care recipients and the nature of care provided is different to that provided to children, for example it may involve taking someone shopping or to medical appointments, or there may be an unexpected accident requiring intense full-time care for a period. Flexitime, reduced hours, temporary changes to working hours, patterns or days and banked hours able to be taken in emergencies and for concentrated periods are therefore likely to be particularly important to caregivers of older people. Also useful would be providing for trial periods of new arrangements.<sup>54</sup>

### ***A right to refuse***

Shifts and overtime are not explicitly addressed in the jurisdictions considered. International and Australian evidence is that whatever the length of working hours, control over when they occur is critical to work-life balance. Inadequate notice of shifts, where hours are imposed and not negotiated/chosen (Fagnani and Letablier 2005, a survey of French parents) and varying hours generally (OECD 2004) create work-life imbalance. Hoskin and Western (2008: 22) from Australian data found fathers reported 'significantly greater work-family conflict where they regularly work weekends or have

---

<sup>54</sup> Optimal leave arrangements are not addressed in this chapter.

an irregular pattern to their working hours'. A Europe wide survey quotes a German study of carers including of older people where 'the majority of respondents named changing work hours (e.g. shift work), together with Sunday work, as being the most detrimental work form for a favourable work–life balance' (European Foundation, 2006b: 31). A right to refuse certain arrangements may be needed to complement a right to request (Charlesworth and Campbell, 2008). This could relate to shift rosters (or at least to those imposed with inadequate notice) and compulsory overtime which conflicts with caring.

Although the NES regulation of overtime falls far short of this, it does address the issue to a limited degree. It states that an employee can refuse unreasonable overtime and lists the (numerous) factors contributing to an assessment of reasonableness. These include an employee's family responsibilities and any notice the employee has given of their intention to refuse overtime.<sup>55</sup>

### ***A right to increase hours***

In the Netherlands, a right to increase hours/full-time work exists. The grounds on which an employer may refuse this are wider than those on which they may refuse a request to reduce hours. The success rates, however, are similar to those for reduced hours (Hegewisch 2009: 23). As described above, the Dutch right provides that an employer decision can be legally challenged on its merits. If the right to request is purely procedural, there seems no reason to exclude requesting increased hours. The UK EHRC has just recommended that this be provided in the UK law (EHRC, 2009: 11)

---

<sup>55</sup> Ss. 62(2) and paras 62(3)(b) and (f) FW Act. No guidance on how to weigh up the various factors, is given in the Act (some exists in the EM). Further consideration would be needed as to whether such a right to refuse would, even if contained in antidiscrimination legislation, override the federal standard.

## **Making a right to request a reality: advocacy and enforcement mechanisms**

Advice and assistance, for example considering entitling an employee to take a friend or a workplace union representative to a meeting about a request may be of assistance particularly for women of non-English-speaking background.<sup>56</sup>

Web and paper based guides for employers and employees on how to make and respond to a request.<sup>57</sup> Care must be taken that guidance is not unnecessarily restrictive in terms of outlining adjustments that an employee may ask for nor intrusive in terms of what personal information they should be asked to supply.

Wide publicity to ensure employers and employees are aware of its existence. The Third Work-Life Balance Employee Survey (DTI, 2007) in the UK indicates that only 53 per cent of men and 60 per cent of women are aware of the right to request. In 2008 the government said it would launch a 12 month awareness campaign as well as further tools to help employers deal with requests.

### **Review**

Research and evaluation about the effect of any legislation providing a right to request would be invaluable and should be instigated prior to its operation. For example, the Fair Work Act 2009 requires the Fair Work Ombudsman to conduct research every three years into the circumstances in which employees make requests for flexible work, the outcomes of these requests and the circumstances in which they are refused.

---

<sup>56</sup> See footnote 43.

<sup>57</sup> See: UK:

<http://www.berr.gov.uk/whatwedo/employment/employment-legislation/employment-guidance/page35662.html>

New Zealand:

<http://www.dol.govt.nz/worklife/flexible/guidelines.asp>

Victoria:

<http://www.humanrightscommission.vic.gov.au/pdf/FamilyResponsibilitiesGuidelines.pdf>

There are several international precedents for this type of research and evaluation.

New Zealand legislation has provided for a review of the legislation after two years operation, with a view to extending its operation to all employees. It has conducted an employer and employee survey on the availability and take-up of flexible working arrangements prior to the right to request coming into operation in 2008 to provide a benchmark for progress.

The UK has conducted extensive flexible working and work-life balance surveys since 2000 which have assisted with evaluating the legislation. The EHRC has recently published a review of the UK legislation in a comparative context which assesses the adequacy of these surveys and what they indicate in terms of the success of the law (Hegewisch, 2009).

## Appendix A

### Thematic Literature Review: mature age workers with elder care responsibilities

#### Section 1 Mature age workers with elder care responsibilities: outlining the issue

##### 1. The magnitude of the informal elder care issue in the workplace

Access Economics(2006). *Meeting Australia's ageing challenge: The importance of women's participation*, Report for the House of Representatives Standing Committee on Family and Human Services, Access Economics, Sydney.

Access Economics prepared this paper at the request of the House of Representatives Standing Committee on Family and Human Services as part of its inquiry into balancing work and family. Access Economics undertook macroeconomic modeling of the impact of changes to women's workforce participation on projected economic growth in coming decades. The paper does not specifically deal with the issues associated with working women's balance of paid work and elder care responsibilities. However, it does highlight that in the period 2002-2006 there was 'a dramatic acceleration in the number of women choosing to work longer rather than opt for an early retirement.' (p.10). In the 55-59 year old cohort, participation rates increased about 7% and in the 60-64 year old cohort, participation rates were up by about 9%. Access Economics does not explain this increase other than to note 'rapidly changing attitudes to retirement among older women.' (p.10)

Anderson, G., and Hussey, P. (2000). Population Aging: A Comparison among Industrialized Countries, *Health Affairs* (May/June 2000) 191–203.

The provision of home care around the world has expanded to the point at which most people receiving formal long-term care services are now living in the community.

Jacobzone, S. (2000). Coping with Aging: International Challenges. *Health Affairs* (May/June 2000):213–225.

Rates of institutionalization of those in need of care have dropped in nearly every country

Merlis, M. (2000). Caring for the Frail Elderly: An International Review. *Health Affairs* May/June 2000,141-149.

Long-term care systems everywhere are evolving in the direction of greater emphasis on community-based services and more involvement by participants and their families in planning and choosing services – putting more pressure on the employment – care nexus. (at p. 149)

OECD. (2006). *Live Longer, Work Longer: A synthesis report of the “Ageing and Employment” project.*

‘Population ageing is one of the most important challenges facing OECD countries. Over the next 50 years, all OECD countries will experience a steep increase in the share of elderly persons in the population and a large decline in the share of the population of prime working-age (Chapter 1). Consequently, in most countries, the number of workers retiring each year will increase sharply and eventually exceed the number of new labour market entrants. If there is no change in work and retirement patterns, the ratio of older inactive persons per worker will almost double from around 38% in the OECD area in 2000 to just over 70% in 2050. In Europe, this ratio could rise to almost one older inactive person for every worker over the same period’ (quoted from long abstract retrieved from [http://www.oecd.org/LongAbstract/0,3425,en\\_2649\\_37457\\_36218998\\_1\\_1\\_1\\_37457,00.html](http://www.oecd.org/LongAbstract/0,3425,en_2649_37457_36218998_1_1_1_37457,00.html))

## 2. The nature of informal elder care

Australian Institute for Health and Welfare, (2005). *Australia's Welfare 2005*, AIHW cat. no. AUS65. Canberra, AIHW. Retrieved from <http://www.aihw.gov.au/publications/aus/aw05/aw05.pdf>

This report is the culmination of a joint initiative between the Australian Institute for Health and Welfare and the Australian Government Department of Health and Ageing. It has its genesis in an earlier AIHW project that examined the likely impact of social trends on future numbers of primary carers (Jenkins et al, 2003). Extending this work, this report draws on data from the 1998 ABS *Survey of Disability, Ageing and Carers* to present a picture of informal caring issues in contemporary Australia.

At the authors’ admission, the data used to inform the report was already 5 years old at the time of writing. Notwithstanding, the authors contend that it is consistent with smaller scale Australian studies and international research on caring.

The focus of the report is the unpaid primary care work provided by family and friends to persons of all ages who are severely or profoundly restricted in the core activities of daily living because of disability of age-related frailty.

Drawing from ABS 2004. Disability, ageing and carers, Australia, 2003. Cat. no. 4430.0. Canberra: ABS, the authors note:

'Overall, 31% of all older Australians needed assistance with personal activities. Health care was the most common area of personal need for all age groups, with 25% needing help in this area; this was followed by need for assistance with mobility (19%), self-care (14%), and cognition or emotion (11%). At 6%, assistance with communication was required the least. Twenty-seven per cent of older Australians needed help with property maintenance, with other common areas of need including transport (21%) and housework (19%).' (p.156-7).

Bookman, A. and Harrington, M. (2007). Family Caregivers : A Shadow Workforce in the Geriatric Health Care System? *Journal of Health Politics, Policy and Law*, 32(6) 1005.

This research from the United States is based on field work in the north eastern health care industry. It shows that family carers' work extends beyond the home to health care facilities and community services including tasks such as geriatric case managers, medical record keepers, paramedics, and patient advocates. Most of this work is carried out by family carers who are untrained and unsupported.

Human Rights and Equal Opportunity Commission, Squire, S. and Tilly, J. (2007). *It's about time: Women, men, work and family*, final paper 2007, Sydney.

This paper sets out HREOC's reform recommendations to legislation, workplace and governmental policy and practice, to create a better balance between paid work and family responsibilities. It draws on the community consultations conducted and submissions received in response to HREOC's earlier discussion paper *Striking the Balance: Women, men, work and family* released in June 2005.

This paper discusses the need for greater workplace flexibility for carers of the elderly and disabled who are often unable to participate in paid work or who are restricted to part-time work because of inflexible working hours, loss of skills from being out of the work force and a lack of alternative care arrangements (p.73).

This paper also noted an emerging theme from submissions and consultations that employers needed to recognise that the needs of carers of the elderly and disabled differ from those with children (p.73).

Rosenthal, C., Martin- Matthews, A., and Keefe, J. (2007). Care management and care provision for older relatives amongst employed informal care-givers. *Ageing and Society* 27(5) 755.

The researchers studied Canadian care management by full-time employed individuals who were assisting older relatives (including care-related discussions with other family members or the care recipient about the arrangements for formal services and financial matters, doing relevant paperwork, and seeking information). The researchers found that "... most care-givers provide both managerial and direct care. Care management includes both the orchestration of care and financial and bureaucratic management. Providing managerial care generates stress amongst women and interferes with work amongst men, and the aspect that generates the greatest personal and job costs amongst both men and women is the orchestration of care." (p.755)

Smith, P. (2004). Elder Care, Gender, and Work: The Work-Family Issue of the 21st Century. *Berkeley Journal of Employment and Labor Law*, 25(3) 351.

Section Two of this article explores the impact of elder care on employed carers, particularly women, by considering:

(a) the aspects of elder care that differentiate it from child care. For example, unlike childcare, the elder care burden tends to increase over time as the recipient becomes more dependent and involves an emotional role reversal between parent and child with a focus on death and dying. Care recipients mostly choose to live separately from their carer meaning that the carer may have to miss work or change their work schedule in order for them to assist. Finally, elder care needs often arise from unexpected health crises and are therefore difficult to plan for (pp.365-369);

(b) the nature of work-life conflicts involved with elder care and how specific dimensions of this care influence carers' work experiences. Smith describes the consequences of elder care provided by employees as including 'increased absenteeism, tardiness, a reduction in work hours, unavailability for overtime work, a shift from fulltime to part-time, and in some instances, early retirement or prolonged departures from the work force' (p.370) with adverse earnings and health consequences (p.372). There is evidence supporting the proposition that elder carers experience stress and poor health as a result of their care and are more likely to report lower levels of work performance than non-carers. (p.373)

### 3. Who cares? The gendered nature of informal elder carers

AMP.NATSEM, (2006). *The Cost of Caring in Australia 2002 to 2005*. AMP.NATSEM Income Wealth Report Issue 12 May 2006.

This report assesses care costs generally in Australia and includes care for children and the disabled and elderly in its analysis. In terms of care for disabled and aged as a group, the report states:

‘While just under 500,000 Australians are primary carers, the total number providing primary and other informal care to the disabled and the aged is five times higher than this, at just under 2.6 million Australians. The need to provide care to those with disabilities and the aged is thus not a rare event, but one which directly touches the lives of at least one in every eight Australians. Of the 2.6 million people identified as carers, the largest numbers of carers are aged 45-54 years (516,000 people). Similarly, amongst primary carers, the largest numbers are also aged 45-54 years (130,000 people.....Overall, women are slightly more likely to be carers than men, with 54.1 per cent of carers being female. During the peak working years, women shoulder more of the burden of caring, with 60 per cent of all 35-44 year old carers being women (and 58 per cent among 45 to 54 year old groups). However, after retirement men pick up a disproportionate share, with 54 per cent of carers aged over 65 years being male. There is a strong dominance of females amongst primary carers, where they make up 71 per cent of carers. However, this lessens with age, with primary carers aged 85 years or more equally distributed between men and women’ (p.10).

Australian Institute for Health and Welfare, (2004). *Carers in Australia: Assisting Frail Older People and People with a Disability*, Aged Care Series No. 8, AIHW Cat. No. 41, October 2004, Canberra.

. In Australia, primary carers:

- are mostly women (70% as at 1998, p.xii);
- spend up to 20 hours per week in their unpaid caring role (50%) and sometimes up to 40 or more hours (33.3%) (pp 16-17);
- can have been in an unpaid caring role for at least 5 years (75%) and in some cases up to 10 years (40%) (p.19).

Dahlberg, L., Demack. S., and Bambra, C. (2007). Age and gender of informal carers: a population-based study in the UK. *Health and Social Care in the Community* 15 (5) 439-445.

This paper draws on data from the Individual Sample of Anonymous Records, which is a 3% random sample of the 2001 UK Census. It identifies variations in

the age and gender of informal carers in the UK. The analysis shows that informal caregiving is systematically linked with both age and gender. Caregiving increased with age, reaching a peak in the 45-59 age group:

‘While there was a higher proportion and time commitment of female carers in younger age groups, there was a higher proportion of carers and greater time commitment to caregiving amongst men in older age groups (70+)’ (p.443).

This paper highlights the increase in number of carers and time spent to caring in older aged men (those aged 70 and above). Whilst this study does not consider the relationship between the carer and the care recipient, it cites research that older carers often care for a spouse (Warner and Wexler, 1998 cited at p 444).

Genprom, (2001). *Realising Decent Work for Older Women Workers*, Gender Promotion Programme, Geneva: United Nations. Retrieved from <http://www.ilo.org/public/english/employment/skills/older/download/olderwomen.pdf>

‘The objective of this paper is to identify issues and encourage and contribute to the debate by the social partners, namely governments, employers and trade unions, on the legislative and policy measures necessary to address economic and social concerns raised by an ageing population, *from the perspective of the older woman in the world of work* (p.4).

At page.32:

‘Seventy-two per cent of caregivers in the United States are women, 64 per cent of these caregivers are working full or part time, and 41 per cent of caregivers are caring for children under 18 at the same time as caring for elderly relatives or friends;

- The typical caregiver in the United States is a 46-year old woman who is employed and also spends around 18 hours per week caring for her mother.’

House of Assembly Select Committee, (2008). *Balancing Work and Life Responsibilities*, Report of the Select Committee, Parliament of South Australia, Adelaide.

Evidence provided to the Committee indicated that work and caring are still highly gendered with most of the unpaid care work being conducted by women (p.48).

For further general information about this paper see summary under “Magnitude of the problem”

Meyer M, Kofahl C, Kubesch N. (2007). Literature - State of the art. In: Döhner H, Kofahl C, Lüdecke D, Mnich E (eds). *Services for Supporting Family Carers of Older Dependent People in Europe: Characteristics, Coverage and Usage*. The National Survey Report for Germany. Hamburg: Hamburg University Medical Centre of Hamburg Eppendorf, 16-44. Retrieved from [http://www.uke.uni-hamburg.de/eurofamcare/documents/deliverables/nasure\\_de.pdf](http://www.uke.uni-hamburg.de/eurofamcare/documents/deliverables/nasure_de.pdf)

‘According to other data sources from the year 2001 there were about two million persons in need of care in Germany – 70% (1.44 million) of them living at home. Half a million were cared for exclusively by family carers and 435,000 persons received additional services by formal carers. Moreover, 30% (604,000 persons) were cared-for in nursing homes....About 32% of all main family care-givers are older than 65 years and usually belong to the same generation as the person in need of care. Every second carer (54%) is between 40 and 64 years old, only 11% of carers are younger than 39 years of age. According to these figures increasingly aged carers must take care of relatives who are ever more advanced in years. As a result there is an increasing risk of the carers themselves becoming dependent on care....

Family care giving still shows a clear gender bias with women carrying the main burden of care and performing 73% and men with 27% of all care tasks .....’(p.18)

Smith, P. (2004). Elder Care, Gender, and Work: The Work-Family Issue of the 21st Century. *Berkeley Journal of Employment and Labor Law*, 25(3) 351.

The ageing of the United States population has prompted predictions that caregiving for the elderly will equal, if not surpass, child care as the work-family concern of the twenty-first century. Estimates indicate that 22.5 million people in the US currently care for an elderly person and 64% of these carers are also engaged in paid employment. This article examines how informal caring for the elderly by employed careers is treated in the legal literature which addresses combining work and family issues and evaluates the significance of such care for work-family policies. The author argues that public discussion on work and family must expand to embrace the many ways employees care beyond providing care to children.

The article is divided into five sections:

Section One considers the demographic trends with respect to the ageing population in the United States. Smith notes that the majority of elderly persons requiring assistance ‘rely upon informal, unpaid, care from family members and friends’ (pp.359-360). Similar to child care, elder care is a heavily gendered sphere in the United States ‘with women disproportionately represented among elder care providers’ (p.353). Women provide approximately 70% of all elder care in their roles as wives, daughters and daughter-in-laws (pp.360-361). Smith also

points to research that indicates that in adult child-parent caregiving relationships, care recipients may have a preference to receive care from a carer of the same gender. This is most noticeable with female care recipients who prefer to receive care from their daughters: Lee, G. (1993) 'Gender Differences in Parent-Care: Demographic Factors and Same-Gender Preferences', *Journal of Gerontology* 48(1) 9. Given that women generally live longer than men, this preference arguably exacerbates the caregiving burden for women.

#### 4. The 'Sandwich Generation'

Evandrou, M., and Glaser, K. (2004). Family, work and quality of life: changing economic and social roles through the lifecourse. *Ageing and Society*, 24(5), 771-791.

The abstract to this article states:

'This article reports research funded as part of the recent ESRC *Growing Older* initiative. The project 'Family, Work and Quality of Life' explored changes in economic and social roles across four birth cohorts passing through mid-life (45–59/64 years) in Britain. The relationship between multiple role responsibilities and a range of indicators of quality of life, including material resources, health and engagement in social activities were investigated. The research was based upon secondary analysis of four different surveys: the 2000 *British Household Panel Study*, the 1994–95 *Family and Working Lives Survey*, the 1985, 1990, 1995, and 2000 *General Household Surveys*, and the longitudinal *Retirement Survey* (1988/89 and 1994). A particularly interesting finding is that being 'caught in the middle', in terms of having simultaneous care-giving responsibilities to dependent children and frail parents whilst in paid work, has been atypical. Only one-in-nine British women, and one-in-ten British men, aged 45–49 years (born in 1941–45) occupy all three roles concurrently, but multiple role occupancy *is* increasing across cohorts, particularly the combination of caring and paid work. Role occupancy significantly affects the accumulation of pension entitlements (particularly second-tier pensions), with the effect that many women who have fulfilled the important social roles of carer and parent will face a low income in old age. Where adverse health outcomes were found, parental role in mid-life was most frequently associated with such poor health, suggesting that continued parental demands in mid-life may have negative health consequences.'

Gray, M., and Hughes, J. (2005). Caring for adults and children. *Family Matters* 70, 18-25.

This article presents Australian evidence on the use of flexible work arrangements to provide adult care and how this compares to use by those caring for children. It draws on data from the *Managing Caring Responsibilities and Paid Employment*

*Survey NSW*, conducted by the Australian Bureau of Statistics (ABS, 2000, Cat No. 4903.1).

In terms of the ‘sandwich generation’ the authors note that:

‘The delay in having children until their late 20s and 30s by younger Australians, combined with the ageing of the Australian population, is likely to result in an increase in the proportion of the workforce who have both dependent children and elderly parents who require care (Jenson and Jacobzone 2000). People in this situation are usually in their mid forties to mid sixties and have been labelled the “sandwich generation” (Nichols and Junk 1997). Research in the United States suggests that employed women in this position have higher rates of absenteeism from work and greater difficulties combining work and family than women without both child care and adult care responsibilities (Neal, Chapman, Ingersol-Dayton and Emlen 1993)’ (pp.18-19).

The survey findings revealed:

‘Just 2.7 per cent of men had both child and adult care responsibilities. A somewhat higher proportion of working-age women had both child and adult care responsibilities (6.1 per cent)..... Women with caring responsibilities for both children and adults had an employment rate of 60.4 per cent..... those [men] with children and adult care responsibilities had an employment rate of 84.0 per cent. .... (p.20)

Hammer, L., and Neal, M. (2008). Working Sandwiched-Generation Caregivers: Prevalence, Characteristics, and Outcomes. *The Psychologist-Manager Journal*, 11(1), 93.

The abstract provided with this article states:

‘Some workers today are caring for family members at both ends of the life span—children and elders. This first national study specifically of dual-earner couples in the sandwiched generation examined their prevalence and their work and family characteristics and outcomes. Couples who were married or living together for at least 1 year who met additional study qualifications were identified using computer-assisted telephone interviewing; both members of 309 couples from across the United States independently completed mail surveys. Screening results indicated that between 9% and 13% of U.S. households contain adults aged 30 or over who work and who provide care to both ageing parents and children. This paper (a) presents an overview of existing literature concerning the sandwiched generation; (b) describes key characteristics and outcomes for dual-earner couples caring for children and ageing parents; (c) compares the findings for husbands and wives; and (d) discusses the implications of these findings both for future research and for current practice by managers.’

Williams, C. (2004). The sandwich generation *Perspectives: Statistics Canada* catalogue number 75-001-XIE pp. 5-12.

Williams examined care of the elderly by persons aged 45 to 64 with children still at home. Her analysis focused on types of care, time spent, effects on the individual from both a work and personal standpoint, and resources that could benefit caregivers.

In relation to the gendered nature of elder care, Williams noted that:

‘Women shoulder much of the child-care responsibility within two-parent households, even when both parents are in the labour force (Silver 2000). This also holds true for elder care, both in terms of the likelihood of providing care and in performing the most intensive tasks such as bathing, dressing and cooking ...Of the approximately 1.3 million men aged 45 to 64 with unmarried children at home, about 25% were engaged in elder care. For women, the percentage was about 32%. The amount of time devoted to elder care also varied by sex. Working women with children at home and caring for an older person spent twice as many hours per month as their male counterparts (29 versus 13). This may be due in part to the type of care performed. For example, outside home maintenance was most often done by men (69%). The same was true for transportation assistance—65% was done by men. Conversely, women were more likely than men to provide personal care (79% versus 22%), and in home care such as food preparation and clean-up (65%). This pattern held true for those who provided elder care only’ (p.8).

She concluded that:

‘In 2002, about 712,000 Canadians aged 45 to 64 were caught between the responsibilities of raising children and caring for seniors. For more than 8 in 10 of these individuals, paid work was added to the load. The latter found that caring for a senior affected their work arrangements: 15% had to reduce their hours, 20% had to change their schedules, and 10% experienced a reduction in income. Not surprisingly, these individuals also felt the burden in terms of their health and social life’ (p.11).

## 5. Costing elder care

Australian Bureau of Statistics. (2008), Barriers to Work. Cat. no. 4102. *Australian Social Trends*. retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter7102008#end2>

‘Increasing labour force participation is generally beneficial for the economy. However, unpaid activities, such as caring for children or the elderly, undertaken

by people with low, or no, hours of work, have considerable social and economic benefits. This is particularly important given Australia's ageing population which will in time increase the need for both formal and informal care (i.e. care provided by relatives and friends) for the elderly.'

Access Economics,(2005). *The Economic Value of Informal Care: Report for Carers Australia*, Carers Australia.

Using opportunity cost methods, that is calculating the potential income foregone due to caring responsibilities, Access Economics estimated that the cost of informal caring in Australia is \$4.9 billion (see House of Representatives Standing Committee on Family and Human Services, 2006:13).

Using replacement costs methods, that is calculating what it would cost to employ another to undertake informal carers' caring responsibilities, Access Economics calculated that the cost of informal caring is \$30.5 billion (House of Representatives Standing Committee on Family and Human Services, 2006: 15)

It has been estimated, after taking account of age and gender differences, that the employment rate of Australian primary carers in 2003 was 42.8%, compared with the Australia-wide average of 59.2% The main reason for the lower employment rates of carers was a much lower full-time employment rate (19.2% for carers and 42.0% for the Australia-wide average), while the part-time employment rates were slightly higher for carers (22.8%) than the Australian average (17.2%). (Access Economics, 2005 as cited by Gray et al, 2008)

Arno, P.S., Levine, C, and Memmott, M. (1999). The Economic Value of Informal Caregiving. *Health Affairs*, 18(2), 182-8.

This United States study used national data sets to estimate the current market value of unpaid caring work provided by family and friends to chronically or terminally ill and seriously disabled adults. In 1997 this figure was estimated to be \$US 196 billion and was based on estimations of the total number of informal caregivers and the reasonable market wage that would have to be paid to replace this informal caregiving. The authors decided not to impute an economic value to the caregiving activities based on the opportunity costs to caregivers of foregone wages and benefits because '*...considerable caregiving is provided by retired persons. Thus, to impute their economic worth only from forgone earnings would undervalue their contribution*' (p 184). The authors found that the cost of informal caregiving dwarfed spending for formal home health care (\$196 billion compared with \$32 billion respectively but is not included in official national health care spending estimates). Whilst the study did not focus on the workplace implications of informal caregiving it recommended that the Family and Medical Leave Act be amended to make it more accessible to employees in small businesses and its benefits better known to eligible workers (p.186).

Genprom, (2001). *Realising Decent Work for Older Women Workers*, Gender Promotion Programme, Geneva: United Nations. Retrieved from <http://www.ilo.org/public/english/employment/skills/older/download/olderwomen.pdf>

‘It is estimated that the aggregate cost of caregiving in lost productivity to US business is \$11.4 billion per year, although the total costs would exceed \$29 billion per year if caregivers providing care at lesser levels, and those working part time, were included in the calculation. Despite the enormous cost in lost productivity, the changing focus of caregiving, in the form of elder care, remains one of the least recognized needs of working people’ (p.63).

House of Representatives Standing Committee on Family and Human Services, (2006). Chapter Eight. ‘Elder and disability carers’ in *Balancing Work and Family*, report on the inquiry into balancing work and family, the Parliament of the Commonwealth of Australia, Canberra.

This chapter is part of the House of Representatives Standing Committee’s report on its inquiry into balancing work and family conducted in 2006.

This chapter states that:

- The Federal Government spends \$1.3 billion per annum on the Carer Payment and \$1 billion on the Carer Allowance (p.277).
- These amounts do not include the estimated lost opportunity costs to carers for income foregone: \$4.6 billion (Access Economics, 2005) or the replacement cost of care provided: \$30.5 billion (Access Economics, 2005).
- there are great barriers to elder carers’ workforce participation. (p.277)

Lymer S., Percival, R., and Harding, A. (2006). *Who cares? The cost of caring in Australia today 2002 to 2005*, AMP.NATSEM Income and wealth report, Issue 13, May, Canberra.

Metlife Mature Market Institute and National Alliance for Caregiving in cooperation with the National Association of Area Agencies on Ageing. (2007). *Resources for Caregivers*. Retrieved from <http://www.metlife.com/WPSAssets/67781651401172585758V1FResourcesforCaregivers2007.pdf>

This brochure was prepared by Metlife, an American company and the National Alliance for Caregiving in cooperation with the National Association of Area Agencies on Ageing to help individuals and families who have assumed the role of caregiver or anticipate future caregiving. It provides referral and contact information of national associations and organizations, plus an annotated list of caregiver-related books, videos and web sites.

In terms of the cost of elder care in the United States the brochure notes at page 1:

‘Approximately 22.9 million households provide unpaid care to an adult family member or friend who is age 18 and older. On average, caregivers provide 21 hours of care per week (citing National Alliance (2004). *Caregiving in the U.S. – Findings from a National Survey*, April 2004.) This “free” care, however, is not without cost; many family caregivers feel isolated, stressed by balancing work, family, and care-giving, and perhaps even depressed. The value of family care-giving to society has been estimated to be \$306 billion annually (citing Arno, P.(2006) *Economic Value of Informal Caregiving*, Presented at the Care Coordination and Caregiver Forum, Department of Veterans Affairs, NIH, Bethesda, MD, January 25-27, 2006). Nearly 60% of those caring for an adult over age 50 are working, the majority of them full time. In the past, responsibilities for care-giving almost exclusively belonged to women, but currently about 39% of caregivers are men.’ (p.1)

Timmermann, S. (2006). Boomers, Their Ageing Parents, and Their Employers: What's Changed?" *Journal of Financial Service Professionals* 60(5) 25.

This article summarises some business related studies into elder care and implications for employers. It notes previous findings that annual losses in productivity to US business because of employees who must make workplace accommodations as a result of caregiving is between \$17.1 billion and \$33.6 billion, depending on the level of care provided.

## **Section 2 The impact of mature age workers' elder care on work participation and the carers**

### **6. The impact of mature age workers' elder care on labour force participation**

Australian Bureau of Statistics. (2008), Barriers to Work. Cat. no. 4102. *Australian Social Trends*. retrieved from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter7102008#end2>

‘More than three-quarters (77%) of the one million women and half of the 636,000 men who wanted a job or more hours of work were undertaking unpaid activities when they were not working. Caring for others, particularly children, was the most commonly reported unpaid activity. More than one-third (36%) of men and more than two-thirds (70%) of women who wanted a job or more hours of work reported caring for children as one of their unpaid activities when not working. Other caring responsibilities undertaken while not working included caring for people with long-term illnesses or disabilities (11% of men and 14% of women) and caring for the elderly (9% and 12% respectively).’

Australian Bureau of Statistics. (2005). *Managing Caring Responsibilities and Paid Employment Survey New South Wales, 2005*. Cat No. 4912.1. Retrieved from: <http://www.census.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4912.1Oct%202005?OpenDocument>

‘This publication summarises results from the Managing Care and Work Survey, conducted during October 2005 throughout New South Wales (NSW). It presents information on the relationship between people's unpaid caring responsibilities and their work situation during the six months prior to the survey’.

It reported that ‘the type of work arrangement used [ to care for another person] varied depending on sex. .... Females were more likely to use part-time work (17% [ as opposed to a minimal percent]), casual work (13% compared to 4% for males) and unpaid leave (17% compared to 11%)’ ..... Females were more likely than males to become self-employed to make caring easier (18% compared to 6%). ..... the proportion of females not looking for paid work due to caring responsibilities (46%) was more than males (24%)’

Australian Institute for Health and Welfare. (2004). *Carers in Australia: Assisting Frail Older People and People with a Disability*, Aged Care Series No. 8, AIHW Cat. No. 41, October 2004, Canberra.

Due to the intense nature of caring work, labour force participation rates are low. Indeed there is an inverse relationship between primary carer labour force participation and weekly hours of caring work. Carers of working age are less likely to be in paid employment compared with non-carers of similar age. Although part-time working rates are similar as between primary carers (23%), non-primary carers (21%) and non-carers (20%) (p.9), fulltime employment rates are much lower for primary carers (22% compared with 41% of non-primary carers and 51% of non-carers) (p.9).

In 1998, 21% of primary carers reported reducing their hours of work and 11% of primary carers reported exiting the paid workforce.

‘The impact of leaving work or reducing work hours to attend to unpaid caring work can extend well beyond the actual period of caring. Among 108,700 primary carers aged 25–54 years who were not in the labour force at the time of the 1998 ABS survey, 57% (61,600) said that return to work was not relevant and a small proportion (2%) did not anticipate any difficulty. The remaining 47,100 primary carers expected to face problems that could prevent a return to paid employment. Making suitable alternative care arrangements was the most commonly anticipated difficulty in a list that included inflexible work hours, disruption to the care recipient, and loss of skills while caring. However, almost one-third of this group (15,700) cited ‘other reasons’, suggesting that more research is needed if such problems are to be addressed (AIHW analysis of 1998 ABS Survey of

Disability, Ageing and Carers Confidentialised Unit Record File). The ability of carers to maintain or return to paid employment will be an increasingly important factor in women's predisposition to provide ongoing unpaid care. Moreover, it will determine the extent to which employed men can take on a greater share of family caring responsibilities' (p.21).

'Reduced hours of employment, decreased income and additional costs reported by Australian primary carers aged 25–64 years indicate that there is considerable ground to be gained in improving the capacity of primary carers to cope with the demands of caring and paid employment. The challenge in the years ahead will be for communities to adequately care for growing numbers of carers by providing adequate social and financial support for carers of all ages and promoting flexible workplace arrangements for employed carers. Such measures will help to minimise carer dependency and burnout and the associated negative effects on carers' ability to care' (pp.25 -26).

(for a general description of this article, see summary under "What is care?"

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

Using data from the Household Income and Labour Dynamics in Australia Survey, this paper examines the effects of informal caring on carers' employment, hours worked and earnings. The analysis uses a balanced panel of 9855 individuals composed of all individuals who responded to the questionnaire in each wave during the period 2001 to 2004.

This paper regards a carer as anyone who has caring responsibilities for an adult (whether disabled or elderly).

This paper reveals that 40-60% of informal carers combine work and caring responsibilities to their disadvantage compared with workers without caring responsibilities. Informal carers are more likely to reduce their working hours or leave the workforce and accordingly have lower income levels.

Carmichael, F., and Charles, S. (2003). Benefit payments, informal care and female labour supply. *Applied Economics Letters*, 10(7), 411-415.

According to the author supplied abstract, this article examines the impact of informal care responsibilities on female earnings and labour supply based on data from the U.K. General Household Survey 1990. The authors examined a subsample of female respondents to the survey aged between 18 and 59 years. The data implied a carer prevalence rate of 18.3%. Whilst not explicitly stated the article is concerned with the informal care of invalid or seriously incapacitated adults.

It extends previous work on the labour market costs of informal care by examining who, among the full set of carers has access to the two most relevant existing social security benefits (Attendance Allowance and Invalid Care Allowance) and to what effect.

At page 411, the authors outline a number of ways in which informal caring can influence labour supply including:

1. The substitution effect, whereby an individual substitutes unpaid work for paid work, thus reducing the labour supply;
2. The income effect, whereby the individual seeks to work in order to defray the extra financial expenditure typically associated with informal care, thus increasing the labour supply
3. The respite effect, whereby the individual seeks to work in order to have a break from the emotional demands of caring, thus increasing the labour supply;
4. The restricted job choice hypothesis which implies that informal caring will depress that wage rate carers can earn when they also work, because the demands of caring constrain the hours they are available for work thereby limiting opportunities for better paid positions for which they would otherwise qualify.

Results from previous work using an earlier data set are compared with those obtained here. Women caring for heavily dependent adults are very unlikely to work yet receive state help in the form of benefit payments. Committed carers who do, however, are not entitled to benefit payments, earn 10% less per hour than comparable non-carers and are somewhat less likely to work.

Genprom, (2001). *Realising Decent Work for Older Women Workers*, Gender Promotion Programme, Geneva: United Nations. Retrieved from <http://www.ilo.org/public/english/employment/skills/older/download/olderwomen.pdf>

‘The extent of labour participation of family carers correlates closely with the level of need for support and care of the older person as well as with the experience of strain: The more time is spent administering care-giving to the older person, the less labour participation takes place. It is quite obvious that the opportunities for labour participation and simultaneous administration of care-giving to an older relative are far more limited for the full-time employed than for persons in part-time employment. As a result the number of persons in minor or part-time employment rises slightly with an increase in the degree of need of care up on a daily basis (p.26).

....

‘Half of employed caregivers in the United States have reported taking time off, coming in later, or working fewer hours. Approximately 12 per cent of American

women have reported that they have had to resign from their employment to fulfil caregiving demands. Another 28 per cent have considered resigning” (p.32)

.....

‘Many mid-life and older women – in both the developed and less developed regions – are experiencing a significant increase in caregiving, which is directly restricting their participation in decent work. For example, at least 17 per cent of working women in the United States have either resigned or taken leave of absence from their employment due to elder care responsibilities’ (p.61).

For further general information about this paper see summary under “Who cares?”

Gray, M., and Hughes, J. (2005). Caring for adults and children. *Family Matters* 70, 18-25.

This article presents Australian evidence on the use of flexible work arrangements to provide adult care and how this compares to use by those caring for children. It draws on data from the *Managing Caring Responsibilities and Paid Employment Survey NSW*, conducted by the Australian Bureau of Statistics (ABS, 2000, Cat No. 4903.1).

In terms of labour force participation, the survey showed:

‘Of women with adult and child care responsibilities who were not in the labour force, 48.1 per cent said that their caring responsibilities were the main reason for not seeking employment. The corresponding figure for men was 26.5 per cent’ (p.20).

The survey sought to explore the type of work arrangements used by those employees providing care and found:

‘For both men and women, those with responsibility for providing care to both adults and children were much more likely to make use of family-friendly work arrangements than those with only child care or adult care responsibilities....

....

....women were much more likely than men to use shift, casual or part-time work as a way of managing caring responsibilities’ (p.21)

One of the survey questions sought responses on whether those with caring responsibilities would have benefited from increased access to particular family-friendly work arrangements (p.22). The results showed:

‘For both men and women, those with responsibility for providing care to both adults and children were much more likely to make use of family-friendly work arrangements than those with only child care or adult care responsibilities’(p.22).

The survey also asked respondents who had unmet needs for family friendly work practices, the reason why they thought they could not make more use of flexible work arrangements. The authors noted that the small sample size of carers of adults with such unmet needs made results unreliable. They did present, however, some select information from this group including:

‘For both men and women, those with responsibility for providing care to both adults and children were much more likely to make use of family-friendly work arrangements than those with only child care or adult care responsibilities..... This suggests that feelings of entitlement to make use of flexible work arrangements may be less for elderly and aged care than they are for child care’ (pp.22-23)

The survey also showed ‘quite high’ rates of carers making job changes in the past six months to make caring easier such as applying for a promotion, changing work hours or schedules. Again the highest rates were found for those carers who had both child and adult caring responsibilities (10.5% for men and 14.1% for women) (p.23). The findings also showed that caring responsibilities may restrict some carers from making a job change they wanted to make but could not because of their caring responsibilities. This figure was highest for women with both adult and child care responsibilities (17.5%) (p.23).

The survey also sought information on whether carers had started their own business or become a contractor in order to make caring easier. It was found that for carers with adult care responsibilities, 15.4% of men and 10.9% of women had made this type of job change (p.24).

Overall, ‘caring responsibilities were more likely to lead to job changes or prevent job changes for women, rather than men...’ (p.24)

Gray, M., Edwards, B., and Zmijewski, N. (2008). Caring and women’s labour market participation. *Family Matters* 78, 28-35.

This paper describes the labour force status of carers in Australia who receive a Federal Government payment (either the Carers Payment or the Carers Allowance), with particular focus on the degree to which non-employed carers want to be in paid employment. Carer Payment is an income support payment for those who are unable to participate in the workforce full-time as a result of their caring responsibilities. It is means tested (through income and asset tests) and eligibility is also dependent on the level of impairment of the care receiver. Carer Allowance is a supplementary, non-means tested payment provided to people who provide daily care and attention at home to a person who has a disability or severe medical condition, or is frail aged.

The paper also explores the extent to which having caring responsibilities has a causal impact upon labour force participation and the job changes that employed carers have made as a consequence of their caring responsibilities. The paper also explores the implication of paid work for the income of carers:

‘In Australia, as in other countries, people who have significant responsibilities for caring for a person with a disability or long-term health problem have lower employment rates than those without caring responsibilities (Bittman, Hill, & Thomson, 2007; Jenson & Jacobzone, 2000)’ (p.28).

This paper draws on data from the Families Caring for Persons with a Disability Survey (‘FCPDS’) conducted in November 2006— this survey selected a sample of informal carers in receipt of the Carers Payment or the Carers Allowance from the Centrelink database. The survey collected information from participants via computer assisted telephone interviews, about how these carers cared for a person with a disability. A range of questions on varying topics were asked, including questions about labour market participation and the impact of caring on labour market outcomes (p.310).

The analysis showed that the vast majority of carers are female. The other key findings included (from summary on page 34):

- more than half of carers who are not in paid employment would like to work;
- among those receiving Carer Allowance only who were not employed, 69.6% said they wanted to work;
- 53.6% of those receiving Carer Payment said they wanted to work;
- when carers who wanted to work were asked what the main barrier was to finding employment, the most commonly cited reasons were difficulty in arranging working hours and the lack of alternative disability care arrangements;
- overall, 83.9% of those receiving only Carer Allowance were either employed or wanted to work;
- 65.6% of those receiving Carer Payment were either employed or wanted to work;
- almost half of the carers who were not employed at the time of the interview were employed just prior to commencing caring. Of those who had stopped employment after commencing caring, the majority said that providing care was the main reason for leaving that job (83.0% of those receiving Carer Allowance only and 78.3% of those receiving Carer Payment);
- for some, caring may not lead to a permanent withdrawal from the labour market. Of those receiving Carer Payment who were employed at the time of the interview, 58.8% had temporarily given up work to provide care for the person with a disability since they started caring. Many carers

receiving Carer Allowance who were employed at the time of interview had also temporarily given up paid employment;

- other carers may not need to withdraw totally from the workforce, but their caring responsibilities impact upon the number of hours worked, type of job done and the need to take additional leave. The majority of employed carers had changed jobs or their working arrangements in order to provide care for the person with a disability.

Heitmueller, A., and Michaud, P. (2006). *Informal Care and Employment in England: Evidence from the British Household Panel Survey*. IZA Discussion Paper No. 2010. Retrieved from <http://ssrn.com/abstract=890291>

The abstract provided with this article states:

‘More than 40% of the respondents in the British Household Panel Survey provide informal care at least for one year within the period 1991-2003 and carers are usually less likely to hold simultaneously a paid job. There is little evidence on the mechanism that links informal care provision and labour market outcomes. This paper provides evidence on the pathways through which this pattern arises using a multivariate dynamic panel data model that accounts for state-dependence, feedback effects and correlated unobserved heterogeneity. We find evidence of a causal link from informal care to employment with employment rates reduced by up to 6 percentage points. However, this effect is only found for co-residential carers who account for one third of the population of carers and less than 5 percent of the overall labor force. For the same group, a significantly smaller link from employment to care provision is found. A micro-simulation exercise using the model estimates suggest that the overall potential pressure on the provision of informal care created by a rise in the employment rate is minimal.’

House of Assembly Select Committee, (2008). *Balancing Work and Life Responsibilities*, Report of the Select Committee, Parliament of South Australia, Adelaide.

In her written submission to the Inquiry, Ms Sue McKechnie, Executive Manager, Community Services, Resthaven Incorporated (available at <http://www.parliament.sa.gov.au/NR/rdonlyres/0FA8B308-E75C-49C9-949D-6774F0F5FD29/9144/16AugustSMcKenchnie1.doc>) notes research findings from the National Respite for Carers Program funded by the Australian government, that 70 per cent of primary carers are women and nearly half the carers are not in paid employment, but many who work are only able to sustain part-time employment because of the challenges of their caring responsibility. All primary carers in this project who are balancing these responsibilities have indicated they have reduced their hours of paid employment

For further general details of this report see summary under “Magnitude of the problem”

Taskforce on Care Costs. (2007). *The hidden face of care: Combining work and caring responsibilities for the aged and people with a disability*. Retrieved from [tooc.org.au](http://tooc.org.au))

The Taskforce on Care Costs ('TOCC') was established in 2003 with support from over 45 business and non-government stakeholders to investigate the financial cost of care and its effects on workforce participation and to promote policy reforms.

This report arose out of micro research conducted in 2007 which examined the experiences of carers who combine work and care for aged and/or disabled people. This research was conducted by TOCC in partnership with Families Australia and Carers Australia. The methodology for this research comprised:

- a domestic and international literature review of current financial and policy supports for working carers;
- quantitative research, being a survey conducted by Newspoll of a random sample of 2284 Australians aged 18 years and over who worked full or part time. Of that sample, 383 persons self-identified as providing care for an aged or disabled person. These respondents were asked a series of questions about their work/care dynamic and options for improvement. A further 507 survey respondents self-identified as expecting to provide care in the next five years to aged or disabled person. These respondents were asked questions about their preferred workplace strategies to manage these expected caring responsibilities; (p.22)
- qualitative research, being five focus groups with working carers (58 people in total) and a roundtable with experts from peak carer groups to examine in greater detail the work/care dynamic experiences of carers and to consider options for improvement.

The report contains chapters dealing with, amongst other things:

- the policy landscape in Australia including the key demographic and drivers impacting the work/care dynamic and currently available financial supports. The report notes that current labour force pressures and skills shortages could be relieved by increasing carers' participation rates. The report concludes, however, that there is a growing gap between the needs of working carers for support to help manage their work and caring responsibilities and their daily reality (p.11). This means that carers of aged or disabled persons are much less likely to participate in the paid workforce and at a level at which they are qualified (p.4). By way of exemplar, the report highlights the approach recently taken by the UK government to assist working carers balance their responsibilities;
- the survey results. Key findings at pages 22-23 included:
  - 14 per cent of respondents considered leaving the workforce due to the cost of care;
  - 24 per cent of respondents have already reduced their working hours due to the cost of care;

- 34 per cent of respondents believed that their careers have suffered due to the competing demands of caring and working;
- 67 per cent of respondents would refuse a job or promotion if they could fulfill their caring responsibilities;
- 23 per cent of respondents expected to provide elder care in the next five years;
- greater workplace flexibility was regarded by respondents as being a high priority initiative that would help balance their work and caring responsibilities.

## 7. The impact of informal elder care-giving on the carers

House of Assembly Select Committee, (2008). *Balancing Work and Life Responsibilities*, Report of the Select Committee, Parliament of South Australia, Adelaide.

This report is the culmination of the Select Committee's findings into how South Australians can better balance work and life responsibilities. Key terms of reference included:

- (a) the identification of 'best practice employment standards which enabled public and private sector workers to balance work and life responsibilities, including the care of dependents';
- (c) examination of 'the impact of state and federal and state industrial relations systems for South Australians seeking to achieve an appropriate work and life balance...' (p.4)

The Committees findings and recommendations were based on 27 written submissions and oral evidence from 87 witnesses.

The Committee noted evidence that 'increased reliance on in-home care for the aged' was one of the factors preventing reconciliation of work and life (p.7).

Iecovich, E. (2008). Caregiving Burden, Community Services, and Quality of Life of Primary Caregivers of Frail Elderly Persons. *Journal of Applied Gerontology*, 27(3) 309.

This article is based on qualitative research involving interviews of 114 primary caregivers who provided care to physically disabled elderly family members. The research sought to examine the extent to which: (1) various support services alleviate caregivers' burden; and (2) caregivers' burden affects various aspects of the quality of life of primary caregivers. The research also investigated the factors that constituted caregivers' quality of life. The findings revealed that various aspects of the quality of life of primary caregivers were affected by the level of the caregivers' burden and the types of services provided to the elderly person, by caregivers' characteristics, as well as their health and economic status. Over 50

per cent of interviewees were employed. Whilst the article does not focus on the challenges caregivers face in balancing their work and care responsibilities the author does suggest in her conclusion that employers need to take into account caregivers' caring responsibilities.

Lee, C. and Gramotnev, H. (2007). Transitions into and out of caregiving: Health and social characteristics of mid-age Australian women, *Psychology and Health*, 22(2), 193-209.

The abstract to this article provides:

‘Family caregiving is frequently associated with significant levels of physical, emotional and financial strain. This article examines the health effects of transitions into and out of caregiving in middle age.’

The authors conducted a secondary analysis of data from the Australian Longitudinal Study on Women's Health (ALSWH): to examine changes in caregiving status among middle-aged women over a 3-year period, and the correlates and outcomes of these changes. (The ALSWH involves three age groups of women, who were aged 18–23 years (the Younger sample), 45–50 years (the Mid-age sample) and 70–75 years (the Older sample) when first surveyed in 1996, and who will be followed longitudinally for 20 years). Women were selected from the Australian national health insurance database (Medicare), which includes all citizens and permanent residents. The sampling strategy was stratified random, with systematic over-sampling of women from rural and remote areas.) A total of 9,555 middle-aged Australian women were categorised according to caregiving status at two surveys 3 years apart, as Continuing (2.7%); Stopped (4.9%); Started (3.0%); and Never caregivers (89.4%). Analyses at each time point show poorer physical and emotional health, health service use, health behaviours and lower engagement in the paid workforce among all three caregiver groups, indicating that middle-aged women who are, have been, or will become family caregivers are in poorer health than women who do not have these roles. Middle-aged women in poor health tend to be selected into caregiving, probably because they are less engaged with the paid workforce. Poor health and disengagement from the paid workforce continue even when caregiving stops. Health care providers should be particularly conscious of the needs of middle-aged caregivers, who are likely to be in poor health even before they take on the role.

Pocock, B., Skinner, N., and Williams, P. (2007). *Work, life and time: The Australian Work and Life Index Centre for Work + Life*, Hawke Research Institute for Sustainable Societies, University of South Australia.

‘The quality of work–life interaction is likely to be influenced by a worker’s caring responsibilities. AWALI assesses care responsibilities in relation to care of

family and friends and care of children. As expected, women report more care responsibilities than men (19.7 hours per week compared to 10.8 hours for men;  $P < 0.001$ ). This gap persists, but is slightly smaller, when differences between men and women's work hours are held constant.

There are small but statistically significant differences in work–life outcomes depending upon workers' responsibilities for care and children ( $P < 0.001$ ). More care is associated with worse work–life outcomes. The overall work–life index score for those without care responsibilities for family and friends was 97.0 compared to 102.3 for those with these care responsibilities (see Figure 13).

Caring responsibilities had slightly stronger effects on work–life outcomes for women than men. When we control for work hours, women with caring responsibilities have the worst work–life outcomes (103.2), followed by men with caring responsibilities (101.4) and women with no caring responsibilities (98.6). Men with no caring responsibilities have the best work–life outcomes (95.5). Each difference between these groups is statistically significant ( $P < 0.01$ )' (p.38).

Raschick, M., Ingersoll-Dayton, B. (2004). The Costs and Rewards of Caregiving Among Ageing Spouses and Adult Children. *Family Relations*. 53(3) 317.

The authors use a social exchange perspective to assess the relationship between caregiver relationship and gender and the costs and rewards of caregiving. According to the authors, social exchange theory (Thibaut & Kelley, 1986), emphasizes the interdependence in dyadic relationships and mutual exchanges and proposes that within dyadic relationships, the behaviors of each participant influence the psychological costs and rewards of the other. Costs might include feelings of conflict, embarrassment, or anxiety, whereas rewards could include feelings of pleasure, satisfaction, and gratification (p.317). The results support the hypotheses that women, whether wives or daughters, experience more caregiving costs than men, and that adult children experience more rewards than do spousal caregivers. In addition, care recipient helpfulness was associated with greater increases in rewards for spousal caregivers than for adult children caregivers.

Smith, P. (2004). Elder Care, Gender, and Work: The Work-Family Issue of the 21st Century. *Berkeley Journal of Employment and Labor Law*, 25(3) 351.

Section Two of this article explores the impact of elder care on employed carers, particularly women, by considering, amongst other issues, the nature of work-life conflicts involved with elder care and how specific dimensions of this care influence carers' work experiences. Smith describes the consequences of elder care provided by employees as including 'increased absenteeism, tardiness, a reduction in work hours, unavailability for overtime work, a shift from fulltime to part-time, and in some instances, early retirement or prolonged departures from the work force' (p.370) with adverse earnings and health consequences (p.372). There is evidence supporting the proposition that elder carers experience stress

and poor health as a result of their care and are more likely to report lower levels of work performance than non-carers (p.373).

Starrels, M., Ingersoll-Dayton, B., Dowler, D., and Neal, M. (1997). The Stress of Caring for a Parent: Effects of the Elder's Impairment on an Employed, Adult Child. *Journal of Marriage and the Family*, 59 (4), 860-872.

This article looks at the direct and indirect effects of varying degrees of elder impairment on the caregiving stress incurred by employed children with caring responsibilities. The data was provided by a sample of 1585 employees who cared for a parent or parent-in-law aged 60 years or older. The authors found that the direct effect of impairment on carer stress is stronger for cognitive behavioral problems than it is for impairments that limit daily living activities. The authors also found indirect effects of impairment on carer stress due to the required amount of caring and time off from work.

Stephens, M., Franks, M., and Atienza, A. (1997). Where two roles intersect: Spillover between parent care and employment, *Psychology and Aging* 12(1) 30.

This study examined a sample of 105 employed adult daughter carers to determine how the roles of caregiver and employee affect each other and the extent to which any effect was related to the carers' psychological well-being. The study indicated that negative spillover was an important mediating mechanism in the relationship between role stress and depression. In contrast, no evidence was found to suggest that positive spillover mediated the relationship between role satisfaction and positive affect. These findings show that this spillover has implications for carers' emotional health and builds on prior research showing that care responsibilities and paid work can interfere with one another.

Wakabayashi, C., and Donato, K. (2006). Does Caregiving Increase Poverty among Women in Later Life? Evidence from the Health and Retirement Survey. *Journal of Health and Social Behavior* 47(3), 258.

This article focuses on a long-term consequence of elder care in the United States by examining how caring for elderly parents affects women's subsequent risks of living in poverty. Using longitudinal data from the Health and Retirement Study, they examine whether and how caregiving for parents in 1991 increases women's risks of living in households with incomes less than the poverty threshold, receiving public assistance, and receiving Medicaid in 1999. The findings reveal that caregiving in earlier life raises women's poverty risks in later life by intensifying the negative effects of stopping work and declining health on women's economic well-being.

Williams, C. (2004). The sandwich generation *Perspectives: Statistics Canada* catalogue number 75-001-XIE pp. 5-12.

Williams examined care of the elderly by persons aged 45 to 64 with children still at home. Her analysis focused on types of care, time spent, effects on the individual from both a work and personal standpoint, and resources that could benefit caregivers.

She concluded that:

‘...not all consequences of caregiving are negative. More than 60% of those working and caring for an older person while still having children at home felt that caring for a senior was simply giving back what they had received, and 70% stated that the relationship was strengthened. While these individuals were just as likely as other workers to be satisfied with their work– home balance, they were much more likely to feel generally stressed. They were also significantly more likely to wish for flexible work arrangements or respite care to enable them to be better caregivers. Those who spent more than eight hours a month on elder care were more likely than those spending eight or less to feel the effects. Of the high-intensity caregivers, half had to change their social activities, and about 35% had to change their work schedule’ (p.11).

Wilson, R., Van Houtven, C., Stearns, S., and Clipp, E. (2007). Depression and Missed Work among Informal Caregivers of Older Individuals with Dementia, *Journal of Family and Economic Issues*. 28(4) 684.

Using data from the National Longitudinal Caregiver Survey, this study examines the relationship between caregiver depression and missed work among informal caregivers for older veterans with Alzheimer's disease or vascular dementia.

Modeling techniques were used to estimate the expected hours of work missed among working caregivers. These models showed a statistically significant relationship between caregiver depression and the likelihood and amount of time missed at work, resulting in an average of an extra half-day of work missed per month.

### **Section 3 Mature age workers with elder care responsibilities: some workplace responses**

#### **8. The emergence of a life-cycle approach to elder care policies**

D'Addio, A., and Whiteford., P, (2007) From Separated Life Phases to Interrelated Life Risks – A Life-course Approach to Social Policy in OECD (2007) *Modernising Social Policy for the New Life Course* (OECD Publishing, France) 13-21.

‘For many decades, social policy interventions were designed to assist and insure against a limited number of well-defined risks. As a result of various ongoing social trends, however, the nature and scope of these risks has changed – the social order based on standard employment relations, the male breadwinner model and social security in defined but exceptional circumstances is no longer relevant. New risks have emerged. Different groups of individuals respond to risks differently. The development of these new risks, new social relations and differing responses to risks raises key questions for social policy ... and underline the need to consider a life-course approach which the report uses to assess public policy with regard to caring - for children and dependent adults.’

In this context, the authors discuss:

- conceptual issues, such as the rationale for government intervention in the life course;
- empirical questions, such as evidence for increased variability in life courses, and the actual amount and form of redistribution across the life course that currently takes place in existing tax and benefit systems; and
- policy-focused questions on the range of existing policy interventions and their effectiveness.

Genprom, (2001) *Realising Decent Work for Older Women Workers*, Gender Promotion Programme, Geneva: United Nations. Retrieved from <http://www.ilo.org/public/english/employment/skills/older/download/olderwomen.pdf>

‘..the recent direction of many government policies has been to restrain health and care services expenditure by promoting caring for older people at home. Given that the bulk of the care for older people at home is provided by mid-life and older women as unpaid work, which in turn conflicts with the ability to pursue equality of opportunity in the world of work, this policy direction will be in conflict with Convention No. 156, unless “all measures compatible with national conditions and possibilities are taken: (a) to take account of the needs of workers with family responsibilities in community planning, and (b) to develop or promote community services, public or private, such as ... family services and facilities’ (p.40).

OECD, (2007). *The life course perspective and social policies - An overview of the issues*. Working Party on Social Policy. Directorate for Employment, Labour and Social Affairs. Employment, Labour and Social Affairs Committee. Seminar on life risks, life course and social policy – an overview of the issues. 31 May 2007 – 1 June 2007, Paris retrieved on 13 August 2007 from <http://www.oecd.org/dataoecd/17/22/38614059.pdf>

‘A number of trends are changing the nature of social risks and increase the importance of human capital, adaptability and flexibility. This paper discusses the usefulness of a life-course perspective in developing proactive social policies that better fit the changing life cycles of individuals who combine formal work with other activities on transitional labor markets. It pays special attention to the accumulation and maintenance of human capital over the life course and stresses that reconciliation of work and family goes beyond child-care facilities and parental leave, and involves the entire life course. In particular, longer and deeper involvement in paid employment allows people to exploit their longer life to reconcile the two ambitions of, first, investing in the next generation as a parent and, second, pursuing a fulfilling career in paid work in which one keeps learning. Greater flexibility of working time over the life course requires more individual responsibility for financing leave. Moreover, rather than shielding older insiders through employment protection, labor-market institutions should enable parents of young children to easily enter and remain in the labor market. Finally, more activating social assistance and in-work benefits should replace the passive income support for breadwinners that results in high minimum wage floors.’  
(quote from long abstract retrieved from [http://www.oecd.org/LongAbstract/0,3425,en\\_2649\\_37457\\_38614060\\_1\\_1\\_1\\_37457,00.html](http://www.oecd.org/LongAbstract/0,3425,en_2649_37457_38614060_1_1_1_37457,00.html))

Spiess, C., and Schneider, A. (2003). Interactions between care-giving and paid work hours among European midlife women, 1994 to 1996, *Ageing and Society*, 23(1).

Using data from the *European Community Household Panel* surveys of 1994 and 1996, the authors examined the association between changes in care-giving and changes in weekly work hours to show that workplace flexibility is crucial in the early stages of caring. The sample comprised women in European countries aged 45–59 years who participated in the labour force in at least one of the two years studied.

The authors found significant relationships between starting or increasing informal care-giving and changes in weekly work hours. No such association was found however among women terminating a care-giving commitment or reducing their care hours. Starting caregiving significantly reduces work hours for women in northern European countries (except Ireland). By contrast, women in southern Europe and Ireland respond to an increase in care-giving hours by a smaller increase or a higher decrease in work hours than non care-givers.

'Carers in countries with high levels of community support and well-developed formal services are reportedly more able to adapt their working lives to new caring roles, gradually easing back to earlier patterns of work when support arrangements with formal providers are in place. In countries with fewer and less coordinated sources of formal support, carers tend to withdraw from the workforce or reduce their hours of paid employment. There is evidence that once these changes are made, earlier work patterns are not recovered when caring ceases.'  
(summary of article by AIHW, 2004 at p25-26)

## 9. Workplace approaches to employees with elder care responsibilities

Bernard, M., and Phillips, J. (2007). Working carers of older adults. *Community Work and Family*, 10(2), 139-160.

This UK study investigated how working carers and managers in two public service organizations combined work and caring responsibilities. The study utilized a multi-method approach culminating in in-depth interviews of participants about their experiences. The study found that notwithstanding the existence of policies supporting carers, these were not regarded by participants as as important as informal support from colleagues and a sympathetic manager in the workplace. Commuting distances between work and home presented problems as did inflexible work schedules and work overload.

BERR (2007). *The Third Work Life Balance Employer Survey 2007*, Hayward et al., London BERR.

This report states that it 'presents the findings of a major study of work-life balance among British workplaces with five or more employees. The Third Work-Life Balance Employer Survey was designed:

- to monitor changes since the previous work-life balance surveys by collecting data on awareness, provision, take-up and demand in relation to work-life balance arrangements and on employers' perceptions of positive benefits and detrimental impacts arising from the provision of these arrangements;
- to provide a robust baseline for future evaluation in relation to the provisions brought in under the Work and Families Act 2006.'

It presents findings on working hours, awareness of changes to legislation, availability and take-up of flexible working arrangements, maternity, paternity and parental leaves, attitudes to work/life balance and how flexible working and the above leaves are implemented.

Dex S. (2003). *Families and Work in the 21st Century*, York, Joseph Rowntree Foundation.

This book provides ‘an overview of a research programme [funded by the Joseph Rowntree Foundation] examining the relationship between work and family life. [It] draws together the findings from 19 individual research projects to provide a comprehensive overview of the state of this relationship at the beginning of the twenty-first century. [It] brings together findings on a wide range of subjects, including childcare, caring for older relatives, employment and self-employment, flexible working, working unsociable hours and the ability to move with a job.’

Amongst its conclusions were that ‘policies in the workplace need to give more attention to the needs of working carers of older adults and disabled children than is currently the case.’

DTI (2004). *Inside the Workplace: First Findings from the 2004 Workplace Employment Relations Survey (WERS)*, Kersley et al., London, Department of Trade and Industry.

This report describes the first findings of the 2004 WERS. It is ‘the fifth survey in the series providing a nationally representative account of the state of employment relations and working life inside British workplaces. It aims to provide results on key dimensions of employment relations and working life in Britain and, in a number of limited areas, to report on change since 1998.’

Equality Human Rights Commission (EHRC) (2009). *Working Better: meeting the changing needs of families, workers and employers in the 21st century*, London, EHRC.

This is the first report of the Working Better project by the EHRC. It is aimed at ‘setting a new agenda to meet the changing needs of families, workers and employers in the 21st century. Its purpose is to find solutions that will increase choice, fairness and equality and improve the outlook for the economy over the long term.’ With this in mind it makes a large number of evidence-based recommendations relating to parents and work. The second report in this project will look at work from the perspective of older workers and workers with a disability.

European Foundation for the Improvement of Living and Working Conditions (2006a). *Working time and work–life balance: a policy dilemma? Background paper*, Joint European Foundation/European Parliament seminar, Brussels 17 October 2006.

This paper draws on findings from surveys conducted by the European Foundation for the Improvement of Living and Working Conditions including:

- Fourth European Working Conditions Survey (EWCS), 2005;
- Establishment Survey on Working time and work-life Balance (ESWT), 2004-5;
- Employment Options of the Future Survey, 1998.

In the section of the paper headed ‘Long-term or family related leave’ (p.9) the authors note that whilst ‘parental leave is the most cited reason for taking a long period of absence from work, increasingly other reasons....care for family members....are gaining importance as motives for temporary absence from the workplace.’ The Establishment Survey reveals that the public sector appears to be the front-runner in facilitating non-parental leave long term options: the possibilities for long term leave are greatest in the public sector, particularly those with a large proportion of female workers.

The authors note that the rhetoric about flexible working time arrangements is yet to catch up with the reality in many countries. Drawing on findings in the EWCS (2005), the authors highlight that two out of three employees in Europe still had their working schedules determined by their employers with no possibility for change. It is only in Scandinavian and Dutch countries where more than half the workers have some control over their working time arrangements (p.14).

The authors also discuss the findings of the ESWT 2004-5. This survey sought responses from company and employees representatives from organizations with 10 or more employees from 21 European Union Member States about arrangements in place to address work-life balance issues, the reasons for their introduction and their impact. The survey addressed a number of flexible working arrangements including part-time work, phased and early retirement and other forms of long term leave. Only 25 per cent of personnel managers reported the incidence of “advanced” flexible working arrangements (such as the ability to take accumulated hours as days off and working time accounts). Flexibility of working arrangements also varied greatly across countries with southern European countries offering the least flexible working arrangements.

The most frequently cited reason for the introduction of flexible working arrangements was to allow employees to better balance their work and personal life (68% of personnel managers reported this).

European Foundation for the Improvement of Living and Working Conditions (2006b). *Working time and work-life balance in European companies*, Establishment Survey on Working Time 2004–05, Dublin.

Discussed above. It is one of the papers considered in European Foundation for the Improvement of Living and Working Conditions (2006). *Working time and work-life balance: a policy dilemma? Background paper*.

European Foundation for the Improvement of Living and Working Conditions (2006c). *Reconciliation of work and family life and collective bargaining in the European Union: An analysis of EIRO articles*, Dublin.

This working paper considers national reports and EIRO articles on the issue of reconciliation of work and family life in 25 European Union Member states, Norway, Bulgaria and Romania, in terms of legislation and collective bargaining on this issue. By its own admission, it is a descriptive rather than an analytical report.

Very little specific attention is given to collective bargaining of entitlements enabling workers to meet elder care responsibilities. Indeed the working paper states that ‘agreements on ...elder care are rare’ (p.66).

Evans, J. (2000). Firms’ Contribution to the reconciliation between work and family life. Draft Paper prepared for the Conference on Families, Labour Markets and the Well-being of Children, University of British Columbia, Vancouver, Canada 1 and 2 June 2000.

This paper compares voluntary family-friendly work arrangements within firms within the OECD including Australia, Japan, the United Kingdom and the United States coupled with some restricted evidence from the European Union. The evidence shows that the extent of family-friendly arrangements is both limited and patchy. National patterns are compared with the extent of statutory provisions to help families.

GAO (United States Government Accountability Office) (2007). *Older Workers: Some best practices and strategies for engaging and retaining older workers*. Testimony before the U.S. Senate Special Committee on Ageing.  
<http://www.gao.gov/new.items/d07433t.pdf>

This testimony highlights issues discussed at a GAO forum on 5 December 2006 on engaging and retaining older workers.

In terms of best practices, this forum noted the need to adopt flexible work practices for older workers and offer incentives such as time off for elder care.

The GAO had previously formed a task force to examine issues relating to attracting and retaining older workers. As part of its work, the task force conducted a round table discussion with employers to determine what they were doing to hire and retain older workers. ‘Whilst these employers generally agreed that flexibility was the key feature necessary to recruit and retain older workers, few of them had developed programs to put this belief into practice’ (p.7).

The testimony noted that there are now some employers who are being creative in job design and creating flexible schedules and flexible work locations away from the traditional office (p.9).

Genprom, (2001). *Realising Decent Work for Older Women Workers*, Gender Promotion Programme, Geneva: United Nations. Retrieved from <http://www.ilo.org/public/english/employment/skills/older/download/olderwomen.pdf>

While about 5,500 companies in the United States offer some form of childcare programme, only about 300 companies have specifically established programmes and policies to help employees care for the elderly (p.32)

[Note that this number of US organisations that have established elder care programs is incredibly miniscule.]

House of Assembly Select Committee, (2008). *Balancing Work and Life Responsibilities*, Report of the Select Committee, Parliament of South Australia, Adelaide.

In the discussion of the evidence adduced regarding term of reference (c) noted above, the Report briefly noted a project involving the Resthaven Group (p.112). Project results indicate:

- many employers have a mistaken assumption that employees understand about their access to carers leave;
- there is ignorance on the part of carers about what is available to support them such as carers allowances and respite services;
- employees' desire for continual leave;
- many employees do not disclose their caring responsibilities to their employer due to their perceptions about job vulnerability, even though supervisors are mostly supportive;
- language barriers and cultural beliefs that caring is undertaken within the confines of the family or finding culturally appropriate care also relevant issues to achieving work life balance.

In her written submission to the Inquiry, Ms Sue McKechnie, Executive Manager, Community Services, Resthaven Incorporated (available at <http://www.parliament.sa.gov.au/NR/rdonlyres/0FA8B308-E75C-49C9-949D-6774F0F5FD29/9144/16AugustSMcKenchnie1.doc>) notes that part of this Program includes a project to examine the situation for employed carers. There are a few more details of this project on the RestHaven website at <http://www.resthaven.asn.au/community.htm>) Resthaven notes that it is one of ten organisations nationally selected to undertake a Demonstration Research Project for Working Carers, working with industry partners to offer respite for carers who require assistance in order to go to work. Resthaven is working in collaboration with Hills Industries, Arnott's and Lyell McEwin Hospital.

The House of Assembly's Committee report finds that best practice employment conditions supporting a work-life balance include leave to attend to family responsibilities and flexible working arrangements (p.8)

The skills shortage in South Australia means that there is a business case for employers to support practices and policies facilitating employees' work-life balance. The report suggests that South Australia could attract interstate labour by marketing itself as a 'family friendly' state (p.8)

For further general information about this paper see summary under 'Impact of elder care on the carer.'

Mooney et al, (2002). *Informal care and work after 50*, York, UK, Joseph Rowntree Foundation.

This report includes a survey of 1,000 employees in two different geographical areas in order to explore how decisions about work are affected by caring responsibilities for people aged over 50, bearing in mind that by then three-fifths of people still have a living parent and just over a third are grandparents. Drawing together information from the survey and a range of other materials, it explores how decisions about work are affected by the caring responsibilities of those over 50 and contains an analysis of why people do not provide care, as well as why they do. It provides information about how employers could help older workers combine work and caring with flexible working hours coming first and foremost.

Phillips et al, (2002). *The experiences of working carers of older adults*, York, UK, Joseph Rowntree Foundation.

The abstract of this report states that it investigates how working carers in two public sector organisations combined their roles and responsibilities as employees and carers. It describes the demographic and policy context of juggling work and family life and details policies and practices adopted to assist employees with caring responsibilities. Interviews with carers and managers highlight the awareness, use and benefit to employee carers of such policies and practices. The report offers some innovative ways of tackling the distinctive needs of carers of older people attempting to juggle work and family life.

Roberto, K., and Jarrott, S. (2008). Family Caregivers of Older Adults: A life span perspective. *Family Relations* 57(1) 100-111.

Using a life span perspective, this article identifies several developmental themes across the late-life caregiving research including individual well-being, relational effects and caregiver growth. It also examines the effectiveness of education and intervention programs as well as policy initiatives designed to assist middle-aged and older family members care for elderly relatives. This article concludes that

‘the multiple dimensions of, influences on and the variability in response to the caregiving experience presents multilayered challenges that can be best addressed through the intentional integration of sound research investigations, practice initiatives and policy directives’ (p.100).

In relation to the issues surrounding balancing work and elder care responsibilities, the authors note:

‘Although elder care issues have gained some prominence in the workplace, most companies, particularly those with fewer than 100 employees, have yet to develop and implement policies that fully support their employees caring for older relatives (Wagner, 2003). Fashioned after models in place for child care, the first generation of workplace elder care programs were resource and referral programs designed to link workers with services in the community that would be helpful to older persons in need of assistance including phone support for the identification of service options and information resources to help working caregivers manage their caregiving. Currently, companies that are more progressive have implemented a “decision-support model” consisting of an on-site or off-site care manager to provide individualized services to employees and help with care planning and the complex issues related to insurance and legal matters. Unfortunately, little evaluative data exist on the effectiveness and efficiency of either type of program for employed caregivers or their companies’ (p.107).

Smith, P. (2004). Elder Care, Gender, and Work: The Work-Family Issue of the 21st Century. *Berkeley Journal of Employment and Labor Law*, 25(3) 351.

Section Three examines the significance of elder care for employers. The research indicates that both carers and care recipients prefer informal care over formal care (p.378). Elder care has been shown to have a negative impact on employee productivity with a 1997 study estimating that the annual cost to employers of elder care related disruptions to the workplace being between \$US 11 billion and \$US 29 billion (p.380). This has prompted some employers to introduce policies to assist employees with elder care responsibilities. Smith groups these into three categories: (1) information, resource and referral services. For example, J P Morgan (see page 381). Smith contends that these policies are the least costly to implement (p.380); (2) financial benefits including dependent care accounts which permit employees to allocate pre-tax earnings to accounts designated for dependent care expenses (p.381); and (3) flexible work arrangements including flexitime, compressed workweeks, job sharing and telecommuting. Other employer initiatives to assist with elder care include company supported respite centres and subsidies to help defray elder care expenses (p.382). Smith notes that the employer initiatives are rare (p.382).

Sections Four and Five explore the relevance of the Family and Medical Leave Act (‘FMLA’) to elder care and the FMLA’s effectiveness in this area. The

FMLA enables a carer to take 12 weeks intermittent leave to care for a parent who has a *serious health condition*. It has a number of deficiencies. In particular a growing number of elderly persons in the United States rely on carers who do not fall within the scope of the FMLA. Furthermore, there is uncertainty as to what is meant by the term 'care' under this Act with two recent court decisions adopting a restrictive meaning of this term under the FMLA such that it only applies where the carer is involved in hands on medical treatment either as an inpatient or at home (p.389; 392).

Swanberg, J., Kanatzar, T., Mendiondo, M., and McCoskey, M. (2006). Caring for Our Elders: A Contemporary Conundrum for Working People. *Families in Society*. New York: Jul-Sep 2006. 87(3) 417.

Noting the lack of empirical research in the United States on issues encountered by employed elder carers, this study investigates the types of issues that employees presented to an organisation set up initially to provide resource and referral services to employees from Kentucky-based companies and more recently for employees from companies in other states. The authors present demographic information about employee carers and the people for whom they are seeking services, the reasons employees seek elder care consultation and services, and the types of services offered by the elder care program. The authors also examine employees' perceived benefits of utilizing elder care resources programs.

Taskforce on Care Costs, (2007). *The hidden face of care: Combining work and caring responsibilities for the aged and people with a disability*. Retrieved from [tocc.org.au](http://tocc.org.au)

The survey results. Key findings at pages 22-23 included:

- the focus group and round table findings which included findings on pages 27-28 that:
  - There is evidence that some large national firms have employment policies and practices which seek to provide greater workplace flexibility for those who have caring responsibilities. However there appears to be much variability in these policies and practices between organizations and even between managers within organizations.
  - Some managers are supportive and understanding of an employee's caring responsibilities but this behaviour is often not supported by organizational policy.
  - There is a desire for more flexible working arrangements to assist with balancing work and caring responsibilities.
  - Many working carers believed that the demands of their caring roles were often not understood by work colleagues, leading to resentment issues.
  - There was strong concern regarding the lack of leave (paid or unpaid) for carers beyond existing carer leave entitlements.

Wagner, D. (2006). Families, Work, and an Aging Population: Developing a Formula That Works for the Workers, *Journal of Aging and Social Policy* 18(3/4) 114.

This article examines the intersection of family care giving, work, and long-term care. The author does not expressly define care or caregiving so it is not possible to state definitively whether the article applies to caring of all dependent adults or just the elderly. From comments on page 116, it appears that this article applies to elder care only.

The author bases her article on the common issue facing employers, state and federal policymakers, and the homecare professionals in the community-based care system, namely supporting families who provide care in order to minimize negative work effects while enhancing the acceptability of care options.

The article is divided into sections which discuss the following: (1) The contribution of families to the long-term care system; (2) how employer policies have developed in the United States. To date employer initiatives mostly involve the implementation of resource and referral services involving the provision of assistance and reassurance as well as contact information for community services. Employers generally out-source these services to private sector vendors, although there are some instances of state agencies providing these services. The author specifically mentions Hallmark and Herman Miller as employers offering these services. More recently these services have evolved to include decision support services such as access to elder care manager, lawyers and insurance professionals; (3) how the public policy agenda has addressed family caregiving; and (4) the importance of a more effective partnership on the state level.

The author stress that employer initiatives to support employed elder carers have evolved independently from governmental responses, such as the Family Medical Leave Act that applies to larger employers. Furthermore, not much is known about the impact or effectiveness of these employer initiatives.

Yeandle S., Bennet C., Buckner L., Shipton L., and A. Suakas, (2006). *Who Cares Wins: the social and business benefits of supporting working carers*. Sheffield, Centre for Social Inclusion, Sheffield Hallam University.

This report was commissioned by Carers UK, the main national NGO representing carers, and a partnership it led funded by the European Commission for. It explored the social and business benefits of supporting working carers. It gathered evidence about why some organisations have begun to claim carer friendly employment practices yield important business benefits. Drawing on census data and case study work in three very different organisations, two of them private (one big and one small) and one public, it concluded that organisations, large and small, public and private, can provide a supportive environment for carers. It also found:

- All organisations, large and small, public and private, can provide a supportive environment for carers.
- Many carers want and prefer to combine paid work and care.
- Managers need training and support in responding to carers' requests. Awareness of the tensions carers may experience needs to be raised across all grades and across teams of workers.
- Paid leave (for both emergency and scheduled caring) can reduce staff turnover and absence, cutting employment costs. These leave entitlements are rarely abused and increase individuals' loyalty and commitment.
- Flexible working benefits carers because it addresses the diversity of individuals' circumstances, rather than stereotyping them as problem employees. It is responsive to individual circumstances, and reduces resentment about 'preferential treatment'.
- Implementation of flexible working and carers' policies depends on the culture of the organisation; managers need to play a key role in upholding organisational commitments to diversity and inclusion.
- In large and established organisations, building a supportive environment for carers involves a programme of cultural change. This must be endorsed by top-level management, and have input from the organisation's human resources department, as well as some specialist support structures.
- In a small firm or work team, multi-skilling, team working, and good communication between managers at different levels provide effective cover if carers have unexpected emergencies.

## 11. Research gaps

Armstrong-Stassen, M (2008). Human Resource Practices for Mature Workers. And Why aren't employers using them?. *Asia Pacific Journal of Human Resources* 46 (3) 334.

This is a Canadian study, The abstract states:

'Two studies were conducted to assess the extent to which organizations were engaging in HR practices targeting mature workers and the reasons why organizations may not be engaging in these practices. The participants included 284 mature workers (171 in career jobs and 113 in bridge jobs) and 426 HR executives. Overall, organizations were reported to be engaging in the HR practices to a very limited extent. There were few significant differences between career-job and bridge-job respondents. Recognition and respect practices were rated as the most important HR strategy in influencing the decision to remain in the workforce. Over three-quarters of the mature workers indicated that organizations are not engaging in practices tailored to mature employees because it is not a priority for organizations whereas just over half of the HR executives

indicated their organization was not engaging in these practices due to the lack of employee interest in, and demand for, such practices.’

Business Victoria. (2004). *Paving the Way for Older Women in the Workforce 2025. Australian Women’s Labour Market Participation and their Retirement Incomes: A Literature Review*, Victorian Government 2004. Retrieved from:  
[http://www.business.vic.gov.au/BUSVIC/STANDARD.HTML//pc=pc=PC\\_60928.html](http://www.business.vic.gov.au/BUSVIC/STANDARD.HTML//pc=pc=PC_60928.html)

This is the title of a set of research reports commissioned by the Department of Victorian Communities and Industrial Relations Victoria which engaged researchers from Curtin University to conduct a study about older women in the workforce. The project analysed female workforce demographics and trends to 2025 for the 45 year old cohort. This included studying the labour supply and identifying the major issues surrounding female labour market participation in particular age cohorts.

In Chapter 2 entitled ‘The determinants of labour force participation for older Australian women: a literature review’ the authors note that:

‘A related but poorly researched topic is the impact of other family members’ health status on the labour force participation decisions of older women. Theoretically, participation in paid work may not be possible if a partner or other family member’s need for care is high. However, the financial imperative to participate may increase when a partner or other family member falls ill – either to compensate for a drop in family income or to help meet additional medical expenses. Once again, the actual participation behaviour that eventuates needs to be understood in the context of the support given to women in these circumstances to combine work and caring roles. Unfortunately, there a dearth of studies of the impact of family members’ health status on older women’s participation, partly because of the lack of data on this factor’ (p.20).

Gray, M., Edwards, B., and Zmijewski, N. (2008). Caring and women’s labour market participation. *Family Matters* 78, 28-35.

This paper describes the labour force status of carers in Australia who receive a Federal Government payment.

‘To date, there has been relatively little Australian research into the impact of caring responsibilities on the labour force status of carers. There has been even less research specifically on the labour force status of carers who receive Carer Payment and/or Carer Allowance, a group of particular policy interest’ (p.29).

Luxembourg Presidency and the Social Protection Committee of the European Union. (2005). Long-term care for older persons. *Bulletin luxembourgeois des questions sociales*, 19, Conference organised by the Luxembourg Presidency with the Social Protection Committee of the European Union, Luxembourg, 12 and 13 May 2005.

This paper reflects the presentations and discussions at a conference convened by the Luxembourg Presidency and the Social Protection Committee of the European Union. The conference was organised in the context of work carried out in the European Union in recent years with the aim of providing a comprehensive assessment of current long-term care for older persons within the European Union from four different points of view, namely: (1) the needs for long-term care for elderly persons; (2) responsibility for long-term care; (3) social protection with respect to long term care; and (4) social justice and long term care.

Section two of this paper comprises an expert's report (Kerschen, Hadju, Igl, Joel, Knipscheer and Tomes) which was the background document for discussion purposes at the conference. The authors discuss the lack of economic data in the European Union in relation to long-term care issues (pp.39-40). In particular, the authors note:

‘Information about the contribution of carers is even more fragmentary. Data available about carers is primary epidemiological. It allows us to estimate the extent of the burden on the carer and may tell us something about the carer's state of health. Little is known about the contribution (in cash or kind) that carers make or about their economic role, even though the current debate hinges on finding the correct match between private and public systems of social protection systems and informal carers to absorb the coming demographic shock and its consequences in terms of dependence. The demand from carers for help or services for ageing relatives is not always well identified.’ (pp.39-40)

The authors also note that there is a ‘gap between what is being said about support for informal carers in many European countries and the support they actually receive’ (p.110).

The authors pose a number of questions about carers' needs including what type of measures of support should be given priority and how organizations should deal with the needs of its employees with elder care responsibilities. In particular, the authors ask whether more flexible working arrangements would assist these employees with their work and family life (pp.110-111).

Visser-Jansen, G., and Knipscheer, C. (2004). *Services for Supporting Family Carers in Europe: Characteristics, Coverage and Usage*. National Background Report for the Netherlands. Eurofamcare. Retrieved from [http://www.uke.uni-hamburg.de/extern/eurofamcare/documents/nabares/nabare\\_netherlands\\_rc1\\_a5.pdf](http://www.uke.uni-hamburg.de/extern/eurofamcare/documents/nabares/nabare_netherlands_rc1_a5.pdf)

‘The main reason for [the] lack of economic information [about the contribution of carers] is the fact that, in some countries (including Italy and Spain), long-term care provision for dependent older people is highly decentralised, fragmented and diverse. In all the countries that have introduced a universal system of long-term care, coherent data on spending – albeit it for relatively few years so far – have been compiled as part of the process of controlling the system’s expansion. These data provide a basis from which public spending can be projected. As matters stand, quantitative comparison of the long-term care systems in different European countries remains rudimentary and modelling is limited, despite the availability of more extensive qualitative information. Sound statistical bases are needed to facilitate regular monitoring of the supply, demand and financing of long-term care’ (p.52).

#### Other - International comparisons

Barth, H., Heimer, A., and Pfeiffer, I. (2006). Learning by example: best practice strategies and initiatives from 10 countries. *Active ageing in economy and society*. Carl Bertelsmann Prize 2006. Verlag Bertelsmann Stiftung. 38-114.

This is a German book which is referred to in McGregor, J. (2007) ‘Employment of older workers- Retirement Commissioner’s 2007 Review of Retirement Income Policy’ Human Rights Commission, Wellington at [www.retirement.org.nz](http://www.retirement.org.nz). According to McGregor, Barth et al (2006) conducted a 10 country comparison of best practice regarding the employment of older people. Part of this included an assessment of the New Zealand government’s Positive Aging Strategy which was launched in 2001. McGregor (2007: 6) noted the authors comments that this initiative ‘reflected New Zealand’s view of itself as a liberal society with a highly developed sense of responsibility for caring for its older members’

McGregor (2007: 9) outlines “barriers research” which identifies issues which act as barriers to the employment of older workers including: (a) caring responsibilities (Department of Labour, 2007); (b) lack of flexible work options (EEO Trust, 2006); and (c) family circumstances (EEO Trust, 2007).

Lyon, D., and Glucksmann, M. (2008). Comparative Configurations of Care Work Across Europe. *Sociology*, 42(1) 101-118.

This article looks at the provision of paid and unpaid elder care in four European countries (Italy, the Netherlands, Sweden and the UK) across different sectors of employment (public, private, voluntary).

In Italy, which has a strong informal economy and a weak welfare state, the welfare model relies on the family, particularly women, to deliver unpaid care services. Most elderly persons live at home either with family or by themselves. Informal family care rendered by spouses or daughters is the most significant care form in Italy. Many women aged 25-49 years are not able to engage in paid work because of their caring responsibilities (p.105). Families also routinely undertake care work for elderly relative in institutional settings (p.106). There is a significant trend towards engaging migrant workers through the informal market to help with home care for elderly relatives. There are however, limited formal market provision of elder care services and the state only provides care services to the very needy but does provide 'generous' welfare allowances to carers (pp.106-7). The voluntary sector supplies some limited care.

Historically, the Netherlands has enjoyed a generous welfare system built on the male breadwinner model (p.107). Elder care is being de-institutionalized in the Netherlands and it now has medium levels of residential care. The family is the major provider of elder care, with the majority of carers being women (either partners or daughters of the care recipient). Whilst the State is not a direct care provider, it is central to the overall provision of care as it sub-contracts to intermediaries. Estimates are that these intermediaries conduct 90% of formal care work (p.109). The state provides limited care for those without informal arrangements or those whose need for help is extensive. The voluntary sector in the Netherlands makes an important contribution to overall elder care provision. The market for private care services is undeveloped in the Netherlands and there is limited use of migrant labour to provide elder care.

'Sweden is renowned for its public provision of elder care' (p.109). The state is the primary elder care financier, provider and employer of care workers. Eight per cent of elderly people live in residential care and another 8% receive home services. Current trends are to direct services to the most needy, with those with lower level needs expected to seek informal help or engage private help (p.109). Unlike many other countries, traditionally in Sweden there is not the same expectation that relatives will bear the primary elder care responsibilities. Studies in the late 1970s/early 1980s, however, revealed a significant extent of informal elder care, mostly provided by older wives. There has been a longstanding practice of state payments to informal carers, although this is now declining. The

private sector has only become involved in the provision of elder care since the 1990s when the state opened up some elements of state-financed care to the private sector. There are also hints that the use of migrant labour to provide elder care is on the increase (p.111).

In the United Kingdom there has been a longstanding interconnection between the state and the voluntary sector regarding the provision of elder care. However, today the private sector dominates the provision of this care (p.111). There is a high level of informal care provided by female family members (mostly daughters). The state is still an important financier of elder care. The voluntary sector provides a range of care services from residential facilities to local self-help community groups (p.112).

## **APPENDIX B**

### **UK Right to Request flexible work– an overview of the procedure to be followed**

- Right to have a formal procedure followed
- Right for procedures to be completed within specified time limits
- Breach of the procedure can be challenged in a court
- Very limited compensation + orders available

NB No right to challenge in court whether the employer decision itself is reasonable  
(merits review)

#### **The written request must state**

- The request is for caring purposes
- The relationship with the person to be cared for
- The change in working patterns sought
- The proposed date for the change
- How the applicant thinks the change will affect the employer and how that might be dealt with

#### **Procedural timetable: c 13-14 weeks**

From receipt of request

- 28 days: employer must meet the employee
- 14 days: give written decision, if refusal:
  - Set out the grounds + why they apply
  - The appeal procedure
- 14 days within which employee can appeal
- 14 days: employers to hold appeal meeting
- 14 days: give written decision with reasons if refused

## References

- Access Economics.(2005). *The Economic Value of Informal Care: Report for Carers Australia*, Carers Australia.
- Access Economics.(2006). *Meeting Australia's ageing challenge: The importance of women's participation*, Report for the House of Representatives Standing Committee on Family and Human Services, Access Economics, Sydney.
- AMP.NATSEM. (2006). *The Cost of Caring in Australia 2002 to 2005*. AMP.NATSEM Income Wealth Report Issue 12 May 2006.
- Anderson, G., and Hussey, P. (2000). Population Aging: A Comparison among Industrialized Countries, *HealthAffairs* (May/June 2000) 191–203.
- Anxo, D., Fagan, C., Smith, M., Letablier, M. and Perraudin, C. (2007). *Part-time Work in European Countries*, The European Foundation for the Improvement of Living and Working Conditions, Dublin.
- Armstrong-Stassen, M (2008). Human Resource Practices for Mature Workers. And Why aren't employers using them?. *Asia Pacific Journal of Human Resources* 46 (3) 334
- Arno, P.S., Levine, C, and Memmott, M. (1999). The Economic Value of Informal Caregiving. *Health Affairs*, 18(2), 182-8.
- Australian Bureau of Statistics. (2000). *Managing Caring Responsibilities and Paid Employment Survey New South Wales, 2000*. Cat No. 4903.1
- Australian Bureau of Statistics. (2005). *Managing Caring Responsibilities and Paid Employment Survey New South Wales, 2005*. Cat No. 4912.1. Retrieved from: <http://www.census.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4912.1Oct%202005?OpenDocument>
- Australian Bureau of Statistics. (2008), Barriers to Work. Cat No. 4102. *Australian Social Trends*. Retrieved from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Chapter7102008#end2>
- Australian Bureau of Statistics. (2009a), *Australian Social Trends, Casual Employees*. Cat No. 4102.0. Retrieved from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features40June+2009>
- Australian Bureau of Statistics. (2009b), *Employee Earnings and Hours, August 2008 Reissue*. Cat No. 6306.0. Retrieved from: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/1E07D323FDE698C2CA2575D700188C43/\\$File/63060\\_aug%202008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/1E07D323FDE698C2CA2575D700188C43/$File/63060_aug%202008.pdf)

Australian Institute for Health and Welfare. (2004). *Carers in Australia: Assisting Frail Older People and People with a Disability*, Aged Care Series No. 8, AIHW Cat. No. 41, October 2004, Canberra.

Australian Institute for Health and Welfare. (2005), *Australia's Welfare 2005*, AIHW cat. no. AUS65. Canberra, AIHW. Retrieved from <http://www.aihw.gov.au/publications/aus/aw05/aw05.pdf>

Barth, H., Heimer, A., and Pfeiffer, I. (2006). Learning by example: best practice strategies and initiatives from 10 countries. *Active ageing in economy and society*. Carl Bertelsmann Prize 2006. Verlag Bertelsmann Stiftung. 38-114.

Bernard, M., and Phillips, J. (2007). Working carers of older adults. *Community Work and Family*, 10(2), 139-160.

BERR (2007). The Third Work Life Balance Employer Survey 2007, Hayward et al., London, UK Department of Business Enterprise and Regulatory Reform.

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

Bookman, A. and Harrington, M. (2007). Family Caregivers : A Shadow Workforce in the Geriatric Health Care System? *Journal of Health Politics, Policy and Law*, 32(6) 1005.

Burri, S., Opitz, H.C. and Veldman, A.G. (2003). Work-family policies on working time put into practice: A comparison of Dutch and German case law on Working Time Adjustment. *International Journal of Comparative Labour Law and Industrial Relations*, 19 (3), 321-46.

Business Victoria. (2004). *Paving the Way for Older Women in the Workforce 2025. Australian Women's Labour Market Participation and their Retirement Incomes: A Literature Review*, Victorian Government 2004. Retrieved from [http://www.business.vic.gov.au/BUSVIC/STANDARD.HTML//pc=pc=PC\\_60928.html](http://www.business.vic.gov.au/BUSVIC/STANDARD.HTML//pc=pc=PC_60928.html)

Carmichael, F., and Charles, S. (2003). Benefit payments, informal care and female labour supply. *Applied Economics Letters*, 10(7), 411-415.

Charlesworth, S & Campbell, I (2008). Right to Request Regulation: Two New Australian Models. *Australian Journal of Labour Law* 21(2), 116-36.

Croucher, R and Kelliher, C., The Right to Request Flexible Working in Britain: the Law and Organisational Realities, *The International Journal of Comparative Labour Law and Industrial Relations*, 21(3), 503-520.

D'Addio, A., and Whiteford., P. (2007) From Separated Life Phases to Interrelated Life Risks – A Life-course Approach to Social Policy in OECD (2007) *Modernising Social Policy for the New Life Course* (OECD Publishing, France. 13-21

Dahlberg, L., Demack. S., and Bambra, C. (2007). Age and gender of informal carers: a population-based study in the UK. *Health and Social Care in the Community* 15 (5) 439-445.

Dex, S. (2003). *Families and Work in the 21st Century*, York, UK, Joseph Rowntree Foundation.

DTI (2004). *Inside the Workplace: First Findings from the 2004 Workplace Employment Relations Survey* (WERS), Kersley et al., Department of Trade and Industry, London.

DTI (2007). *The third work-balance employee survey: main findings*. Hooker, H., Neathey, F., Casebourne, J. and Munro, M., Department of Trade and Industry, London.

Equality Human Rights Commission (EHRC) (2009). *Working Better: meeting the changing needs of families, workers and employers in the 21st century*, London, EHRC

European Foundation for the Improvement of Living and Working Conditions (2006a). *Working time and work-life balance: a policy dilemma? Background paper*, Joint European Foundation/European Parliament seminar, Brussels 17 October 2006.

European Foundation for the Improvement of Living and Working Conditions (2006b). *Working time and work-life balance in European companies*, Establishment Survey on Working Time 2004-05, Dublin.

European Foundation for the Improvement of Living and Working Conditions (2006c). *Reconciliation of work and family life and collective bargaining in the European Union: An analysis of EIRO articles*, Dublin.

Evandrou, M., and Glaser, K. (2004). Family, work and quality of life: changing economic and social roles through the lifecourse. *Ageing and Society*, 24(5), 771-791.

Evans, J. (2000). Firms' Contribution to the reconciliation between work and family life. Draft Paper prepared for the Conference on Families, Labour Markets and the Well-being of Children, University of British Columbia, Vancouver, Canada 1 and 2 June 2000.

Fagnani, J. and Letablier, M. (2004). Work and Family Life Balance: The Impact of the 35-Hour laws in France. *Work, Employment & Society*, 18 (3), 551-572.

GAO (United States Government Accountability Office) (2007). *Older Workers: Some best practices and strategies for engaging and retaining older workers*. Testimony before the U.S. Senate Special Committee on Aging.

<http://www.gao.gov/new.items/d07433t.pdf>

Genprom. (2001). *Realising Decent Work for Older Women Workers*, Gender Promotion Programme, Geneva: United Nations. Retrieved from <http://www.ilo.org/public/english/employment/skills/older/download/olderwomen.pdf>

Gray, M., and Hughes, J. (2005). Caring for adults and children. *Family Matters* 70, 18-25.

Gray, M., Edwards, B., and Zmijewski, N. (2008). Caring and women's labour market participation. *Family Matters* 78, 28-35.

Hammer, L., and Neal, M. (2008). Working Sandwiched-Generation Caregivers: Prevalence, Characteristics, and Outcomes. *The Psychologist-Manager Journal*, 11(1), 93.

Hegewisch, A. (2009). *Flexible working policies: a comparative review*, EHRC, London.

Heitmueller, A., and Michaud, P. (2006). *Informal Care and Employment in England: Evidence from the British Household Panel Survey*. IZA Discussion Paper No. 2010. Retrieved from <http://ssrn.com/abstract=890291>

Himmelweit, S. (2007). The right to request flexible working: a 'very British' approach to gender (in)equality? Retrieved from *the Free Library* at:

<http://www.thefreelibrary.com/The+right+to+request+flexible+working%3a+a+'very+British'+approach+to...-a0173643848>

Hoskin, A. and Western, (2008). (2008). The effects of non-standard employment on work family conflict, *Journal of Sociology*, 44(1), 5-27.

House of Assembly Select Committee (2008). *Balancing Work and Life Responsibilities*, Report of the Select Committee, Parliament of South Australia, Adelaide

House of Representatives (2009). *Who cares...? Report on the inquiry into better support for carers*, Report of the Standing Committee on Family, Community, Housing and Youth, Parliament of the Commonwealth of Australia, Canberra.

House of Representatives Standing Committee on Family and Human Services (2006). Chapter Eight. 'Elder and disability carers' in *Balancing Work and Family*, report on the inquiry into balancing work and family, the Parliament of the Commonwealth of Australia, Canberra.

Human Rights and Equal Opportunity Commission, Squire, S. and Tilly, J. (2007). *It's about time: Women, men, work and family*, final paper 2007, Sydney.

Iecovich, E. (2008). Caregiving Burden, Community Services, and Quality of Life of Primary Caregivers of Frail Elderly Persons. *Journal of Applied Gerontology*, 27(3) 309.

Jacobzone, S. (2000). Coping with Aging: International Challenges. *Health Affairs* (May/June 2000):213–225

Lee, C. and Gramotnev, H.(2007). Transitions into and out of caregiving: Health and social characteristics of mid-age Australian women, *Psychology and Health*, 22(2), 193-209.

Luxembourg Presidency and the Social Protection Committee of the European Union. (2005). Long-term care for older persons. *Bulletin luxembourgeois des questions sociales*, 19, Conference organised by the Luxembourg Presidency with the Social Protection Committee of the European Union, Luxembourg, 12 and 13 May 2005.

Lymer S., Percival, R., and Harding, A. (2006). *Who cares? The cost of caring in Australia today 2002 to 2005*, AMP.NATSEM Income and wealth report, Issue 13, May, Canberra.

Lyon, D., and Glucksmann, M. (2008). Comparative Configurations of Care Work Across Europe. *Sociology*, 42(1) 101-118.

McGregor, J. (2007). *Employment of Older Workers: Retirement Commissioner's 2007 Review of Retirement Income Policy*, Human Rights Commission, New Zealand.

Retrieved at:

<http://www.neon.org.nz/documents/Employment%20of%20Older%20WorkersPolicy%20paper.doc>

Merlis, M. (2000). Caring for the Frail Elderly: An International Review. *Health Affairs* May/June 2000,141-149.

Metlife Mature Market Institute and National Alliance for Caregiving in cooperation with the National Association of Area Agencies on Aging. (2007). *Resources for Caregivers*.

Retrieved from

<http://www.metlife.com/WPSAssets/67781651401172585758V1FResourcesforCaregivers2007.pdf>

Meyer M, Kofahl C, Kubesch N. (2007). Literature - State of the art. In: Döhner H, Kofahl C, Lüdecke D, Mnich E (eds). *Services for Supporting Family Carers of Older Dependent People in Europe: Characteristics, Coverage and Usage*. The National Survey Report for Germany. Hamburg: Hamburg University Medical Centre of Hamburg

Eppendorf, 16-44. Retrieved from [http://www.uke.uni-hamburg.de/eurofamcare/documents/deliverables/nasure\\_de.pdf](http://www.uke.uni-hamburg.de/eurofamcare/documents/deliverables/nasure_de.pdf)

Mooney A., Statham J. and A. Simon (2002). *Informal care and work after 50*, York, UK, Joseph Rowntree Foundation.

OECD. (2007). The life course perspective and social policies - An overview of the issues. Working Party on Social Policy. Directorate for Employment, Labour and Social Affairs. Employment, Labour and Social Affairs Committee. Seminar on life risks, life course and social policy – an overview of the issues. 31 May 2007 – 1 June 2007, Paris retrieved on 13 August 2007 from <http://www.oecd.org/dataoecd/17/22/38614059.pdf>

OECD. (2006). *Live Longer, Work Longer: A synthesis report of the “Ageing and Employment” project*.

Palmer, C., Wade, J., Wood, K. and Heron. A. (2006). *Maternity and parental rights: A guide to parent’s legal rights at work*. Legal Action Group, London.

Pocock, B., Skinner, N., and Williams, P. (2007) *Work, life and time: The Australian Work and Life Index Centre for Work + Life*, Hawke Research Institute for Sustainable Societies, University of South Australia.

Phillips J., Bernard M. and M. Chittenden (2002). *The experiences of working carers of older adults*, York, UK, Joseph Rowntree Foundation.

Raschick, M., Ingersoll-Dayton, B. (2004). The Costs and Rewards of Caregiving Among Aging Spouses and Adult Children. *Family Relations*. 53(3) 317

Roberto, K., and Jarrott, S., (2008). Family Caregivers of Older Adults: A life span perspective. *Family Relations* 57(1) 100-111.

Rosenthal, C., Martin- Matthews, A., and Keefe, J. (2007). Care management and care provision for older relatives amongst employed informal care-givers. *Ageing and Society* 27(5) 755.

Senate Standing Committee on Legal and Constitutional Affairs , (2008). *Report on the Enquiry into the Effectiveness of the Sex Discrimination Act 1984 in eliminating discrimination and promoting gender equality*, the Parliament of the Commonwealth of Australia, Canberra.

Smeaton, D. and Marsh, A. (2006). *Maternity and Paternity Rights and Benefits: Survey of Parents*. Department of Trade and Industry Employment Relations Research Series No. 50. DTI, London.

Smith, P. (2004). Elder Care, Gender, and Work: The Work-Family Issue of the 21st Century. *Berkeley Journal of Employment and Labor Law*, 25(3) 351.

- Spiess, C., and Schneider, A. (2003). Interactions between care-giving and paid work hours among European midlife women, 1994 to 1996, *Ageing and Society*, 23(1)
- Starrels, M., Ingersoll-Dayton, B., Dowler, D., and Neal, M. (1997). The Stress of Caring for a parent: Effects of the Elder's Impairment on an Employed, Adult Child. *Journal of Marriage and the Family*, 59 (4), 860-872.
- Stephens, M., Franks, M., and Atienza., A. (1997). Where two roles intersect: Spillover between parent care and employment, *Psychology and Aging* 12(1) 30.
- Swanberg, J., Kanatzar, T., Mendiondo, M., and McCoskey, M. (2006). Caring for Our Elders: A Contemporary Conundrum for Working People. *Families in Society. New York: Jul-Sep 2006*. 87(3) 417.
- Taskforce on Care Costs. (2007). *The hidden face of care: Combining work and caring responsibilities for the aged and people with a disability*. Retrieved from [tocc.org.au](http://tocc.org.au)
- Timmermann, S. (2006). Boomers, Their Aging Parents, and Their Employers: What's Changed?" *Journal of Financial Service Professionals* 60(5) 25.
- Think: Insight and Advice. (2008). *Bringing out the Best. A qualitative study of successes and challenges faced by mature age carers in NSW in combining work and care*. Commissioned by the New South Wales Government Office of Industrial Relations. May 2008. Retrieved from <http://www.workandfamily.nsw.gov.au/caringworks/BringingouttheBest.pdf>
- Visser-Jansen, G., and Knipscheer, C. (2004). *Serives for Supporting Family Carers in Europe: Characterisitics, Coverage and Usage*. National Background Report for the Netherlands. Eurofamcare. Retrieved from [http://www.uke.uni-hamburg.de/extern/eurofamcare/documents/nabares/nabare\\_netherlands\\_rc1\\_a5.pdf](http://www.uke.uni-hamburg.de/extern/eurofamcare/documents/nabares/nabare_netherlands_rc1_a5.pdf)
- Walsh I., (2008). *A review of how to extend the right to request flexible working to all parents*. Department of Business Enterprise and Regulatory Reform, London.
- Wagner, D. (2006). Families, Work, and an Aging Population: Developing a Formula That Works for the Workers, *Journal of Aging and Social Policy* 18(3/4) 114.
- Wakabayashi, C., and Donato, K., (2006). Does Caregiving Increase Poverty among Women in Later Life? Evidence from the Health and Retirement Survey. *Journal of Health and Social Behavior* 47(3), 258.
- Williams, C. (2004). The sandwich generation *Perspectives: Statistics Canada* catalogue number 75-001-XIE pp. 5-12.

Wilson, R., Van Houtven, C., Stearns, S., and Clipp, E. (2007). Depression and Missed Work among Informal Caregivers of Older Individuals with Dementia, *Journal of Family and Economic Issues*. 28(4) 684.

Whitehouse, G., Baird, M., Diamond, C. and Hosking, A (2006). The Parental Leave in Australia Survey, November 2006 at:  
<http://www.uq.edu.au/polsis/parental-leave/level1-report.pdf>.

Yeandle et al. (2006). *Who Cares Wins: the social and business benefits of supporting working carers*. Carers UK. Sheffield, UK, Centre for Social Inclusion, Sheffield Hallam University.

10 Aug09