



**LEGISLATIVE ASSEMBLY**  
FOR THE AUSTRALIAN CAPITAL TERRITORY

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STANDING COMMITTEE ON ECONOMY AND GENDER AND ECONOMIC EQUALITY  
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# **Submission Cover sheet**

## **Inquiry into Unpaid Work**

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# Legislative Assembly for the Australian Capital Territory

## STANDING COMMITTEE ON ECONOMY AND GENDER AND ECONOMIC EQUALITY

### Inquiry into Unpaid Work

*Submission from the Centre for Ageing Research and Translation (CARAT) at the University of Canberra*

This submission is addressed to unpaid work undertaken by older people, and specifically to their work in caring for people with disability or experiencing chronic illness, in caring for children, and in volunteering (ToR 1a, 1b and 1c). We do not currently have staff capacity to derive ACT specific rates on these matters, but we are of the opinion that there are unlikely to be significant differences between the ACT and national data. In addition, national data allows a finer disaggregation of age groups than would be possible in using data from the Territory alone.

The participation of older adults is important for the well-being of communities and the wider society—in the paid workforce, as volunteers, caring for friends and family members with a disability and providing unpaid child care. Recognition of the participation of and contributions by older adults is also important, and that is a key element of this submission. While we are unable to calculate the economic contribution of unpaid work by older people in the ACT (ToR 1), we are able to present the extent of that activity.

As members of the Inquiry consider Terms of Reference 3, 4 and 5, it is important to keep in mind that a significant proportion of unpaid work is being undertaken by older people. Balancing paid and unpaid work, for example, is often visualised as being the responsibility of people in paid employment, particularly women, with children who require care and supervision, and a myriad of other requirements. However, it also can apply to people at older ages in a range of circumstances. This is the core of our submission.

#### Statistical trends

**Table 1 Percentage of persons 60 and over engaged in various activities 2021**

	% employed	% volunteers	% caring for person with disability	% providing child care
<b>60-64 years</b>	59%	17%	19%	17%
<b>65-69 years</b>	31%	19%	16%	19%
<b>70-74 years</b>	14%	19%	14%	14%
<b>75-79 years</b>	4%*	18%	13%	8%
<b>80-84 years</b>	N/A	17%	12%	3%
<b>85 yrs and over</b>	N/A	7%	8%	1%

Note: Author's analysis of ABS 2021 census

\*Employment group includes 75 years and over

As set out in Table 1, rates of volunteering, caring for people with a disability and caring for children are significant at older ages. Rates of volunteering range between 17% and 19% in the five year age groups spanning 60 to 84, and at ages 85 and over 7% of people continue to volunteer. At ages 60 to 64 almost 1 in five people (19%) are caring for a person with a disability, with rates reducing at successive age groups. At age 85 and over, 8% of older people are caring for a person with a disability. Older people are also involved in providing unpaid childcare, ranging from 17% at ages 60 to 64 and 19% at aged 65 to 69, subsequently reducing in each older age bracket. However, even at ages 75 to 79, almost one in 10 older people (8%) are providing unpaid child care.

In absolute terms, in 2021 across Australia 918,197 people over the age of 60 were volunteers, 816,095 were caring for a person with disability or chronic illness, and 706,850 were providing unpaid child care either to their own or other people's children. To frame this differently, 31% of all volunteers are aged 60 and over, 33% of those caring for a person with a disability or chronic illness and 13% of those providing unpaid childcare.

Employment rates have been included in Table 1 in order to provide context and to avoid the assumption that these unpaid work activities are being undertaken by older people because they are not in the labour market. Some are employed, and some are not. As is evident in Table 1, 59% of persons aged 60 to 64 are in paid work, and at ages 65 to 69 it is 31%. The sheer size of the older workforce is often under-recognised. Across Australia, in 2021, there were 1,435,912 employed persons aged 60 and over, of whom 226,615 were aged 70 and over. Rates of employment at older ages have increased dramatically since the turn of the century, and this trend continues to be evident in the census data from 2016 to 2021. At ages 60 to 64 employment rates increased from 53% to 59%, and at ages 65 to 69 from 26% to 31%.

### **Changes over time**

While attribution is difficult, given that rates of volunteering among older people declined from 2016 to 2021, and it appears likely that this was affected by COVID-19. Older people were encouraged to self-isolate in the early stages of COVID-19, and older volunteers were actively discouraged and in some periods precluded from participation. The data from 2021 come from a critical period when lockdowns were still commonplace but becoming less extensive, and vaccination rates were rising. It seems likely that there was an effect. There is no way of knowing whether this has become a permanent trend, or whether it will reverse, and for context the downward trend in volunteering was also evident in the under 60 age groups. Nonetheless, older people are and will remain a critical pool of volunteers for the ACT.

### **Some 'lessons from SPICE' relating to informal carers**

Since 2022, CARAT and Canberra Health Services have partnered to develop, implement and evaluate SPICE, a program for people with dementia and their carers (see in text box for further details). Most

aspects of the SPICE program are not relevant to this inquiry, but there are some lessons from this particular group of carers of people with dementia that are likely to be relevant to other groups of carers, and to the present inquiry. In this section we focus on the potential areas for support of unpaid caring work and the kinds of challenges faces (ToR 4 and 5).

#### What is SPICE?

The Sustainable Personalised Interventions for Cognition, Care, and Engagement (SPICE) Program aims to delay the progression of dementia and improve quality of life through an active therapeutic rehabilitation program, which includes education and skill development for carers. The twelve-week SPICE Program consists of five components: (1) cognitive stimulation therapy; (2) carer social, emotional, and resilience education and capacity building; (3) physical activity; (4) Care of People with dementia in their Environments (COPE) Program and (5) dietary assessment and advice. SPICE is a group based intervention with from six to seven dyads (a person living with dementia and their care partner) completing the 12 week journey together, and includes components completed as a dyad which includes education and strategic planning for accessing social and support services.

Informal carers of people with dementia in the ACT experience significant challenges in accessing and navigating health and community services. Carers attending the program appreciate the structure of the service because it enables them to receive allied health services at the same time as their loved one. This means that they do not have to rely on respite or care workers being with the person with dementia while they access facilitated or peer support groups. While attending the SPICE program, informal carers receive information about future planning for caring for a person with dementia, navigating the aged care system, strategies for self-care, and information on medications and how to recognise when their loved one should be taken to the emergency department or not. They are also able to engage in exercise where allied health professionals provide both the carer and person they care for with a program and monitor their progress over twelve weeks. Public health services that are dementia-specific are lacking in the ACT and Australia in general. Therefore, informal carers are often faced with no choice but to neglect the maintenance of their own health to perform the function of full-time unpaid carer. With only twelve weeks of allied health intervention in the SPICE program, carers report significant improvements in their self-efficacy and reduced carer distress. While some of the benefits of participation are maintained twelve weeks after completing the SPICE program, as dementia is a progressive condition, further investment in maintaining their health and the benefits observed during SPICE would be beneficial.

The first ten groups to undertake the SPICE program enrolled 63 people with dementia and 63 carers. Of these carers, 53 (84%) reported experiencing two or more chronic health conditions. The health problems and difficulties of carers are easily overlooked or underestimated. Drawing on the evidence from SPICE, informal carers would benefit from support and information to navigate the health and aged care systems in the ACT, better access to allied health services, support to look after their own health conditions and their

own well-being, and access to information and education to make their role as a carer more manageable and to have a great sense of confidence in their own abilities in that role. The importance of spending time with other carers, and gaining social and emotional support, is another take home message.

Social and emotional support	<i>Some carers are sole carers for their loved ones and care 24/7 with little or no support. This can be really hard on them, both physically and emotionally, and they can end up feeling lonely and socially isolated. I worry that some of the older men find it difficult to open up and share their struggles. Spending time with other carers can be a rare safe space for them to speak with people who truly understand what they are experiencing</i>
Confidence and practical learning	<i>I felt a lot more confident being a carer. I got to do I feel a lot closer to mom doing particularly the gym sessions and covering along doing something together. I felt a lot more relaxed about dealing with the problems that she had because of the the COPE programme and the things that we learned and the occupational therapy sessions with Rachel I felt more I loved being able to talk to everyone else. So to talk to the other carers and the sessions that we did. I thought that was really great to just be able to talk so it just made me I was really overwhelmed before it started and not quite sure how to handle things whereas at the end of it, even though I'm still having some struggles, I know exactly where to go and how to get help and I'm a lot calmer.</i>
Physical health and education	<i>I think I improved my upper body fitness, my upper body strength, which was something I needed to do and probably made me do some a bit more exercise, particularly the upper body stuff was probably pretty good for me. As far as the background, it was good learning all of the, learning about the different services available through the, negotiating your way through the aged care system, which I didn't have time to do while the programme was running. And I've just started to do this week. And if you talk about frustration with caregiving, that's when you get it... the carers, with the Aged Care system</i>
Education and importance of self care	<i>Its just taught me the kinds of things that I can look at in terms of her behaviours and the fact that there's resources out there that can help me to actually go back and look so I know that there are services out there I wasn't aware of before. Again, like I said, the physical side of things. I put mum with an exercise physiologist, she'll start that soon, but also means that I can help her with her physical mobility on a daily basis. Knowing that everything that she's going through, like with all the lessons we learned, like we talked about, you know, medications and behaviours and things like that. I really fully understand now that it's so much the disease, the cognitive stuff, and it's, it's easier to manage and to understand when when she's been difficult by having learned through here, that it's very much the disease and it's not just her being difficult, so I'm a lot more relaxed about it. But one of the really big things that I learned was the importance of self care. So I've done a lot to reach out to get care for me, so that I can actually help her more. Yeah, so that was a huge part for me because I was focused focusing so much on her. And I didn't realise until we done some of the sessions that I suppose roundtable discussions with a psychologist how important that self care is and how many different options there are out there.</i>

## **A post script on the need for more accessible education and information**

The value of education in the caring role emerges in the preceding section drawn from the SPICE interviews with carers. In a mixed-methods study of Australian informal carers of people with dementia, we identified a similar issue, in that carers wanted access to educational resources. They described challenges experienced in referrals to allied health professionals, such as dietitians. Informal carers expressed a desire for resources that provide practical advice tailored to their level of knowledge. Self-managed online resources were the preferred method of delivery by carers, and this modality offers

flexibility and convenience in learning, and ease of access. Informal carers also expressed a desire for more one-on-one and telehealth consultations. In this study, several carers felt confused regarding the amount of unreliable or contradictory information found on the internet and wanted more accessible information, with less medical jargon informing sensible choices for the person they cared for.

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