

Caring across the life cycle



Across Australian society, people provide unpaid care to others. Many people raise children and support them during their early years of life, and some continue to support children into young adulthood and beyond. At some stage in their life, many people provide care for children, partners, family members or friends who have a disability, long term illness or problems related to old age. Some people provide care for more than one person at the same time in their life, and some provide care for many years. The 2006 Census showed that over 5 million adults (31% of men and 41% of women) provided care to their own child, another child, or a person with a disability.

The provision of adequate support for a person with a disability is a family, community and government concern. Of equal concern is the need to provide support for people who provide unpaid care to a person with a disability. Research shows that caring is costly for carers and their families, in terms of finances, relationships, opportunities for employment and social participation.^{1,2} Carers are also at risk of experiencing physical and

mental health problems.² Other research reveals that the experiences of carers are diverse and can sometimes have positive outcomes, such as a closer relationship between carers and the recipient of their care.¹

Young carers

There are particular concerns in the community about the circumstances of young people who provide unpaid care to a person with a disability, long term illness or problems related to old age. On one hand, caring for such people can provide young people with skills, close relationships and an identity. On the other hand, having caring responsibilities at a young age can affect many areas of life, such as participation in education and work, having a social life or forming relationships.³

According to the 2006 Census, 5% of young people aged 15–24 (119,400 young people) provided unpaid care to a person with a disability. Of these young carers, 30,300 (25%) were co-resident carers, that is they lived with a person who needed assistance with core

Unpaid child care is time spent looking after a child under 15 years of age by family members, friends or neighbours without payment. The census asked people if they provided unpaid child care in the previous fortnight.

Unpaid care is care, help or assistance with daily activities a person gives to a family member or other person because of a disability, long term illness or problems related to old age. Unpaid care encompasses a range of daily activities, including, but not limited to: bathing, dressing, toileting and feeding; helping to move around; understanding or being understood by others; or providing emotional support and helping maintain friendships and social activities. See Glossary for further information.

A carer is a person who provided unpaid care, help or assistance to family members or others because of a disability, a long term illness or problems related to old age in the fortnight before the 2006 Census.

A co-resident carer is a carer (see above) who lived in the same household as a person with a core activity need for assistance because of a disability, long term health condition (lasting 6 months or more) or problems related to old age (see Glossary: 'core activity need for assistance'). It is likely that co-resident carers provided care to a person needing assistance who they lived with. However this is not certain, because in the census it is not possible to link people who provided unpaid care with the people they were assisting. See Glossary for further explanation of co-resident carers.

activities because of a disability, long term health condition (lasting 6 months or more) or old age (see box on previous page). Almost all of these lived with a relative, commonly a parent, needing assistance. A smaller group of these young co-resident carers (9,400), lived in a household where there were no other adults aged 25 or over who provided unpaid care.

Young Indigenous Australians (aged 15–34) were 1.8 times more likely to be carers than non-Indigenous Australians, related to the earlier onset of long-term health conditions in the Indigenous population. For more information see *A Profile of Carers in Australia, 2008*, ABS cat. no. 4448.0.

In the 15–24 year age group, similar proportions of young carers and other young people who did not provide care were enrolled in education (51% and 55% respectively). There was no difference in the proportion of young carers and people who did not provide unpaid care aged 18–19 who had completed Year 12 (excluding those who were still at school). However, among 20–24 year olds, there was a small gap: 87% of all young carers and 86% of young co-resident carers who were not enrolled in secondary school had completed Year 12 compared with 91% of people who did not provide care.

Young carers who were not full-time students in secondary school were less likely to be employed (65%) than similar people who did not provide unpaid care (79%), and young

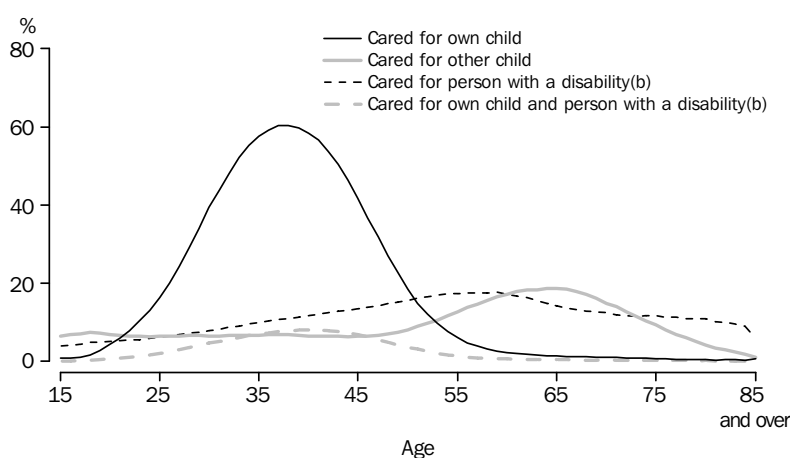
co-resident carers were even less likely to be employed (60%). While young carers made up just under 5% of their age group, they made up 9% of people in their age group who were neither studying nor employed.

Raising children

Through their adult years, many people are involved in raising children. According to the 2006 Census, a high proportion of people aged 25–54 were caring for their own children and this peaked at 35–39 years. Caring for a child in the early years of their life requires a high investment of time and energy. As children get older and gradually become independent they tend to require less care and supervision from parents, although many parents continue to provide some support to their children into adulthood, even after they leave home.

Parents with the dual responsibilities of raising children and caring for another person, often an elderly parent who needs assistance with core activities, are sometimes called the 'sandwich generation'. This group has become more common because of social trends such as women having children at older ages and increasing life expectancy of older people. Of all parents living in a family with children under 15, around 447,500 (13%) had also provided unpaid care to a person because of a disability, long term illness or problems related to old age. Two thirds of these parents were women. It is likely that many in this group provided care to older people, considering that the majority of people who need assistance are 65 years and over.

Providing care across the life cycle(a)



(a) Groups in this graph are not mutually exclusive. Therefore proportions do not sum to 100%.

(b) Includes people who provided unpaid care to a person because of a disability, long term illness, or problems related to old age.

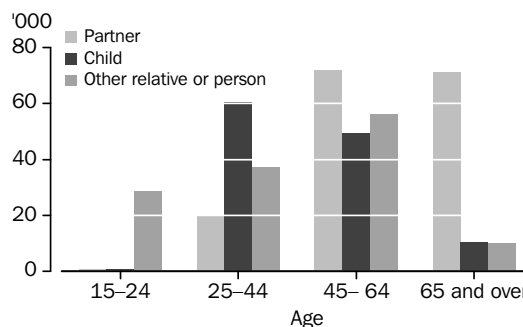
Both men and women with children under 15 who also provided unpaid care to a person with a disability were less likely to be employed (84% of men and 55% of women) than parents who did not provide unpaid care (91% of men and 62% of women). Those who were employed were more likely to be working part-time: 14% of fathers and 66% of mothers who cared for children and a person with a disability worked part-time compared with 10% of other fathers and 61% of other mothers.

Around 112,600 parents with children under 15 who provided unpaid care to a person with a disability (25%) were co-resident carers. Of these parents, 77,700 (69%) had a child with a need for assistance with core activities because of a disability or a long term health condition. This was the most common relationship of care for co-resident carers in the 25–44 year age group. A smaller group (34,900) of parents who provided unpaid care lived in a household with a partner, parent or other person who needed assistance because of a disability, long term health condition or problems related to old age.

Middle aged most likely to provide unpaid care

As people move into middle age they are more likely to have frail aged parents and relatives, or a partner who has developed health problems and needs assistance. While just under 10% of people aged 25–44 years had provided unpaid care to a person with a disability, long term health illness or problems related to old age, people aged 45–64 were the most likely age group to have provided such care (16%).

Carers: relationship of person needing assistance to carer(a)

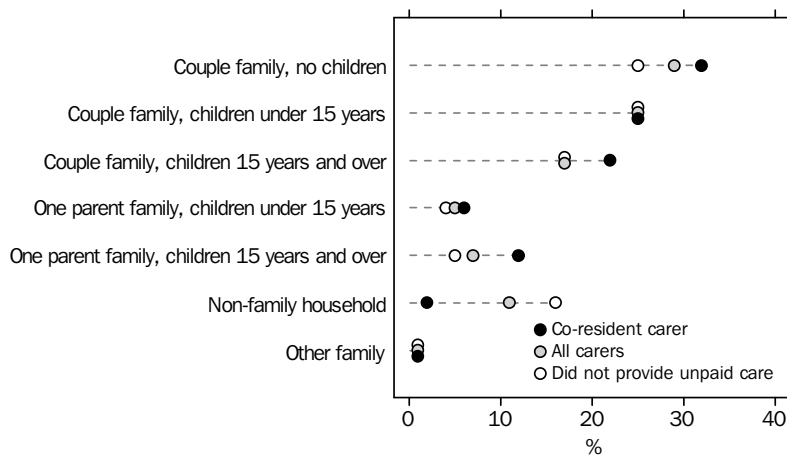


(a) Number of carers who lived with a child, partner or other relative or person with a core activity need for assistance.

As people move through stages of their life, different people may need their care. The 2003 Survey of Disability, Ageing and Carers (SDAC) showed the relationship between primary carers (people who provided the majority of informal help to a person with a disability) and main recipient of their care. Among primary carers aged 15–44, a parent or child was the main recipient of their care. In the 45–64 year age group, caring for a child or a partner was equally common among primary carers, while the majority of primary carers aged 65 and over cared for a partner.¹

The 2006 Census showed that there were 115,400 co-resident carers aged 25–44, representing 23% of all carers in this age group. Over half (60,300) lived with a child who needed assistance because of a disability or long term health condition. Among those

Family composition(a)



(a) Proportion of carers, co-resident carers and people who did not provide care who lived in these household types.

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aged 45–64, there were 174,300 co-resident carers (24% of all carers in this age group). Of this group 71,600 people lived with a partner needing assistance, while smaller groups lived with a parent or other person (56,200) or a child (49,300) with such a need.

Adult children may live with their parents if either parent or child requires assistance because of disability. This dependency relationship may explain the higher proportion of carers who lived in couple or one parent families with adult children than people who did not provide care (see graph on previous page).

Employment of carers

Although most people who provided unpaid care to a person with a disability, long term illness or problems related to old age were in the working age group (85% were aged 15–64), they were less likely to be employed than people who did not provide unpaid care (64% compared with 73%). Co-resident carers had the lowest rate of employment (50%). Providing unpaid care appears to have a larger effect on women's participation in paid work than men's. A much lower proportion of

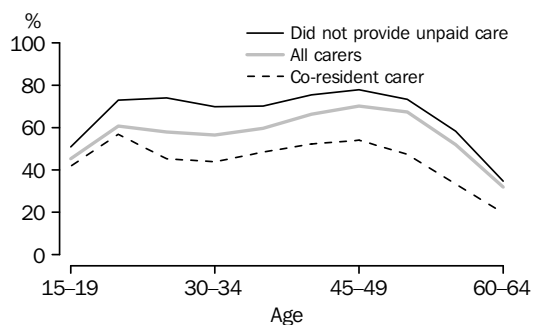
women co-resident carers were employed than women who did not provide care: the gap in employment participation was smaller among men. These patterns were consistent across the working age group.

Among employed people in the working age group, working part-time was more common for women than men, whether they had provided unpaid care to a person with a disability or had not provided care. This reflects the role of part-time work in helping people, particularly women, to balance work with care for children and other family members.

However, providing unpaid care to a person with a disability affected hours in paid work, mainly for women. Employed women who provided unpaid care were more likely to work part-time than employed women who did not provide unpaid care in the same age group (53% overall compared with 46%). Co-resident carers were even more likely to work part-time (58%). There was a small difference in part-time work for men who had provided unpaid care (19%) and had not provided unpaid care (17%).

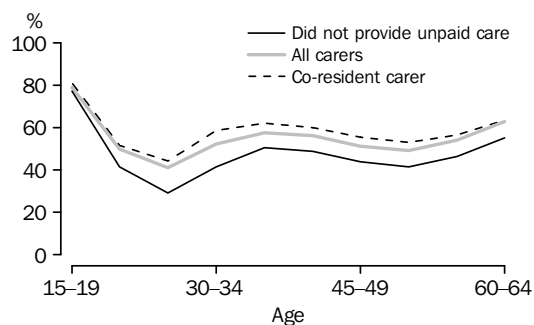
Employment(a)

Women

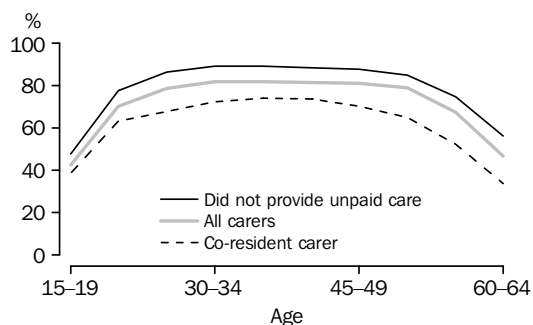


Working part-time(a)

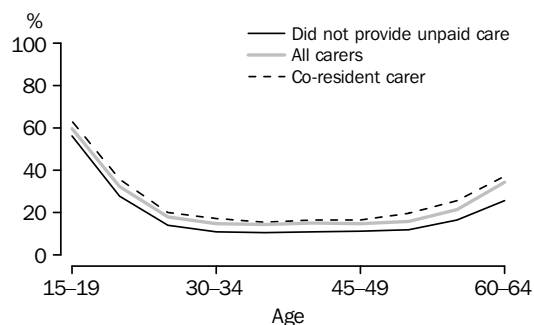
Women



Men



Men



(a) Proportion of females or males aged 15–64 years who were employed.

(a) Proportion of employed females or males aged 15–64 years who worked less than 35 hours per week.

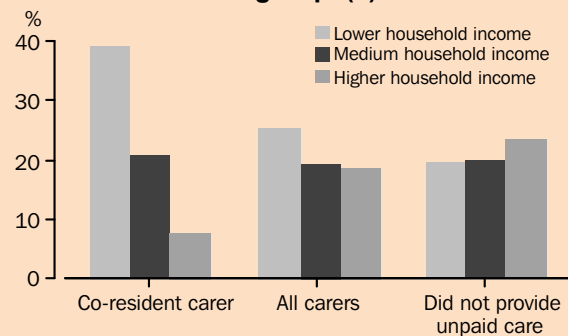
Economic resources of carers

Providing care for a person with a disability, long term health condition or problems related to old age can have an economic impact on individuals and families. There may be direct financial costs associated with caring for such people, like the cost of special equipment, health care and travel to health care appointments. People who spend time providing unpaid care may also experience opportunity costs, for example lost opportunities for education, paid work and social interaction. SDAC asked primary carers (that is people who are the main providers of care to a person with a disability) what the main effect of their caring role was on their financial situation: 21% of primary carers responded their income had decreased and 23% reported extra expenses.¹

According to the 2006 Census, carers were over-represented in *lower income households*⁴. At each year of age in the 15–64 group, a higher proportion of people who provided unpaid care to a person with a disability lived in a *lower income household* than people who did not provide unpaid care. Around 33% of co-resident carers and 21% of all carers aged 15–64 lived in *lower income households*, compared with 14% of people who did not provide care. One contributing factor is that carers, particularly co-resident carers, may live with a person with a severe or profound disability who is unable to work and contribute to *household income*. Among those aged 65 and over, a high proportion of both carers and people who did not provide unpaid care lived in a *lower income household* (51% and 48% respectively).

Unpaid carers aged 20 years and over were more likely to have low levels of *personal income*: higher proportions had a weekly gross personal income of under \$250 (26% of all carers and 36% of co-resident carers) than people who did not provide unpaid care (20%). This pattern was consistent across age groups. Disparity in *personal income* reflects the higher proportions of carers who were not employed or who worked part-time (see previous page).

Household income groups(a)



(a) Household income is equivalised gross household income. For details of the income groups used see Glossary.

Older people looking after children

Looking after children who were not their own was most common for people aged in their fifties, sixties and seventies. This is the stage of life when many people become grandparents, and have the opportunity to look after their grandchildren. Around 23% of women and 12% of men aged 60–69, the peak group, had looked after a child who was not their own.

This was the most common form of care provided by people aged 60–74, followed by unpaid care for a person with a disability (see Family composition graph p 109).

Caring for partner in older age

Older people are more likely than younger people to take on primary responsibility for providing care to a person with a disability, long term illness or problems related to old age. SDAC (2003) showed that a higher proportion of people 65 years and over were primary carers, who most commonly cared for a partner.¹

The 2006 Census showed that of people who provided unpaid care, people 65 years and over were more likely than younger people to

Carers

	'000	%
Co-resident carer(a)		
Child had need for assistance	120.9	7.5
Partner had need for assistance	163.6	10.2
Other relative or person had need for assistance	132.2	8.2
<i>Total co-resident carer</i>	410.6	25.6
Other carer	1 195.6	74.4
<i>Total provided unpaid care</i>	1 606.2	100.0
Provided unpaid care	1 606.2	11.2
Did not provide unpaid care	12 705.2	88.8
Total(b)	15 918.1	100.0
(a) Categories do not sum to total as people may have had both a child and a partner who required assistance.		
(b) People aged 15 years and over.		

live with a person who needed assistance because of a disability, long term health condition or problems related to old age (37% compared with 24%). Most of this group of 90,600 co-resident carers lived with a partner who needed assistance (71,100). Reflecting this, a comparatively high proportion of carers lived in couple families without children (see Family composition graph p 109). In 35,500 couple families both partners had a need for assistance. Two thirds of these partners were 65 years and over (66%), and a high proportion had provided unpaid care (43% of women and 35% of men).

While much care among older Australians occurs in couple relationships, a number of people provide care to their adult child with a disability. The 2006 Census shows that 4% of older carers aged 65 and over lived with an adult child with a need for assistance. Many older carers of adult children with a disability have provided care over an extended period, often throughout their child's life. Providing ongoing care to an adult child with a disability, along with the physical demands of such care, can be increasingly hard for older parents, although they may have acquired life and parenting skills that help them to cope.⁵ They may feel increasing stress about what will happen to their child when they are no longer able to provide care for them.

Endnotes

1 Australian Bureau of Statistics (ABS) 2003, *Disability, Ageing and Carers, Australia, 2003*, cat. no. 4430.0, ABS, Canberra.

2 Edwards, B., Higgins, D.J., Gray, M., Zmijewski, N. and Kingston, M. 2008, *The nature and impact of caring for family members with a disability in Australia*, Research Report No.16, Australian Institute of Family Studies (AIFS), Melbourne.

3 Carers Australia 2002. *Young Carers Research Project—Final Report*. Carers Australia, Canberra.

4 Household income is equivalised gross household income. For details of the household income groups used see Glossary.

5 Cuskelly, M. 2006, 'Parents of adults with an intellectual disability' in *Family Matters*, No. 74, AIFS, Melbourne.