Female carers

Women are statistically far more likely than men to have intensive caring roles. While there are many positive aspects of caring, many of the negative impacts of caring are more pronounced for female carers. Carers NSW aims to raise awareness of the challenges female carers face, especially in relation to their health and wellbeing and workforce participation.

Profile

In New South Wales (NSW), 56% of all carers and 68% of primary carers (the individuals in NSW who provide the majority of care to a person) are female. Most female primary carers are of working age (18-64 years), with the largest proportion being middle aged (45-64 years). However, the rate of caring among young carers (25 years and under) is considerably higher than for any other age group.

In many families and communities women are expected to take on caring responsibilities for people in need of care. This is especially the case in some culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander communities.

Female primary carers are more likely than their male counterparts to be the parent of the person they care for. Female respondents to the Carers NSW 2016 Carer Survey were also likely than male carers to be caring for more than one person (91.2% vs. 81.3%). Many of these carers are ‘sandwich carers’, providing care to a child and ageing parent. Sandwich carers not only have double the caring responsibilities, but may also have to navigate more than one service system, depending on the ages and conditions of those they are caring for.

Legislative framework

Public sector agencies in NSW are obliged under the NSW Carers (Recognition) Act 2010 to ensure their staff and agents are aware of the principles of the NSW Carers Charter (Schedule 1 of the Act) and reflect the Charter in their HR policies. Human service agencies are additionally required to ensure their staff and agents enact the principles of the Charter. The Charter lists a range of best practice principles for working with carers, including a principle stating that "The diverse needs of carers should be acknowledged…taking into consideration…gender identity..."

The Commonwealth Carer Recognition Act 2010 also refers to diversity and carers of different sexes in its Statement for Australia’s Carers (Schedule 1 of the Act). Public service agencies must raise awareness of, and reflect, these principles.
Key Issues

Health and wellbeing

Research indicates that female carers experience higher rates of depression, anxiety and distress than male carers and report lower overall quality of life. Female carers are also less likely than male carers to report positive aspects of their caring role. One key reason for this is unmet support needs.

Female carers often report putting the needs of the person they caring for above their own and as a result have less time for relaxation, socialising or focusing on their own health needs. It has also been suggested that this is exacerbated amongst women due to social expectations that make female carers feel inadequate in their role.

Employment and finances

Female carers are more likely than male carers to reduce their hours, limit their career progression or leave the workforce to accommodate their caring responsibilities. Female primary carers are also much more likely to be employed on a part-time basis and more female carers than male carers are not be in the labour force at all (38.6% and 22% respectively).

As a result, female carers often report that government pensions or allowances are their main source of income (31.3%). This has a direct impact on their assets, savings and superannuation. For example, economic modelling has shown that if a woman leaves the workforce to care for a disabled child when she is 30 years old, her retirement income will be inadequate during her old age. The economic impacts of caring particularly amongst women has been identified as a significant factor resulting in insecure housing conditions in later life.

Key Recommendations

1. **Targeted support** to improve the health and wellbeing of female carers, including carer health checks and access to affordable recreational and fitness programs.

2. **Increased workplace flexibility** to help carers of all genders balance caring responsibilities and paid employment.

3. **Flexible formal services** for the care recipient that free up female carers to work, earn an income and accrue savings and superannuation.

4. **Education about the importance of self-care** to encourage female carers to take time out.

5. **Compensation for superannuation disadvantage**, for example by introducing carer credits for time they take out of the paid work force to care.

Lorraine lives in a rural area and is unable to work due to the care needs of her children. Her family also have to travel vast distances to access the services they require in the nearest regional centre. The caring role, lack of respite and social interaction is taking a toll on her mental health.

*Name changed*

Ibid.


