



## Senate Select Committee on Work and Care

Evidence on the extent and nature of work and care arrangements, the adequacy of current support systems, and effective work and care policies and practices in place in Australia and overseas.

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Submitted to:

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## Introduction

Lived Experience Australia (LEA) is a national representative organisation for Australian mental health consumers and carers, formed in 2002 with a focus on the private sector, and recognised by government as the mental health lived experience peak for consumers who use the private sector.

Our core business is to advocate for systemic change to improve mental health care across the whole Australian health system. This includes input to important initiatives within state and territory jurisdictions, from time to time, as they relate to mental health communities. It includes advocating for empowerment of consumers in their own care, promoting engagement and inclusion of consumers and carers within system design, planning and evaluation and most importantly, advocating for consumer choice and family and carer inclusion and wellbeing in the broader community.

Our Submission comes from the perspectives and experiences of people with lived experience of mental health challenges, their families, and carers. More specifically, we draw on the experiences of our Board and staff, and our membership of 'Friends' of LEA who identify as mental health carers in our comments on the extent and nature of work and care arrangements, the adequacy of current support systems, and effective work and care policies and practices in place in Australia.

We welcome the opportunity to provide our comments to the Senate Select Committee on Work and Care.

## Feedback on the Terms of Reference

- a. the extent and nature of the combination of work and care across Australia and the impact of changes in demographic and labour force patterns on work-care arrangements in recent decades;

We know from our many consultations with family and kin of people with mental health challenges that, like the general demographic, mental health carers who are in employment are striving to remain in employment for as long as possible, whilst trying to balance their caring role. We also know that, like the general demographic, their adult offspring are remaining at home for longer, often well into their 20s. Of specific note, for mental health carers, this population has disproportionate experience of continuing their carer roles of adult children with mental health challenges beyond this early adult period. Many people with mental health challenges develop these challenges in their teen years, and family carers may be in the role of primary carer for decades, with the person remaining living in the family home or living nearby either independently or in supported accommodation, whilst others live quite independently and well with their mental health. Either way, many individuals remain strongly linked to their family carer for ongoing support. This can be for activities of daily living, problem-solving life issues that arise, regular emotional and practical support, and intermittent financial and transport support.

We know that there are many individuals with psychosocial disability who do not receive NDIS support, either because they are deemed ineligible, having pursued an application, or have had their application rejected. Family carers must continue to juggle their own needs, including work, as a consequence of continuing to be the primary and sometimes the only continuity of support

for their family member under these circumstances. Even when their family member has an NDIS package, whether self-managed or plan managed by an NDIS provider, family carers are routinely drawn into an active role because of problems within the NDIS system, regarding the skills and behaviours of support staff, inconsistencies in billing, and various issues re the coordination of care. Beyond the demands of the caring role itself, which itself can put pressure on carers to maintain their employment, the promise of NDIS support making life easier for family carers has not necessarily occurred for many of them. For some, it has added to their 'administrative' load and need to ensure quality and timely support is provided, adding further burden and pressure to remain in their employment, reduce their hours of employment or seek employment that reflects the flexibility required to also perform their caring role.

- b. the impact of combining various types of work and care (including of children, the aged, those with disability) upon the well-being of workers, carers and those they care for;

As alluded to above, the pressures of combining work and care have a variety of impacts on the wellbeing of family carers who also strive to maintain paid employment. They get really tired! Our experience is that they are highly committed to and passionate about their work. It provides many family carers with much needed sense of purpose beyond their caring role, and also a form of respite, especially where their quality of life may be restricted otherwise due to their caring role. Family carers may also have other parenting or carer responsibilities; they may have other children living at home; they may be providing support to elderly parents or other relatives; they may be providing care or support to children of the family member they are providing care to; they may have become 'the parent' to those children. These scenarios become particularly important, given many family carers are themselves aging and may have developing health issues.

- c. the adequacy of workplace laws in relation to work and care and proposals for reform;

We recently provided a submission to the Productivity Commission on the issue of Carer Leave arrangements. Whilst we were in general agreement about the extended unpaid leave arrangements being proposed, we felt it important to consider that there may be unintended consequences for carers including the potential for increased isolation, loss of connection to social ties through work, loss of skills and difficulties upon returning to work depending on the length of time away from their work role, and so forth. More detail can be found here:

[https://www.livedexperienceaustralia.com.au/\\_files/ugd/07109d\\_30d3af40123849fb9ea89d2144fe7470.pdf](https://www.livedexperienceaustralia.com.au/_files/ugd/07109d_30d3af40123849fb9ea89d2144fe7470.pdf)

- d. the adequacy of current work and care supports, systems, legislation and other relevant policies across Australian workplaces and society;

We believe there is always room for improvement about awareness of the need for flexible work arrangements for individuals who are also performing a carer role.

- e. consideration of the impact on work and care of different hours and conditions of work, job security, work flexibility and related workplace arrangements;

We know that mental health carers who also work in paid employment have many pressures in juggling these two roles. This can have particular impacts on the number of hours they can work, and potential restrictions on their availability and flexibility in the type of shifts that they can work. This can adversely impact their job security and prospects of promotion or pursuit of career. It can

also impact the conditions of work, where they may accept or tolerate poorer work conditions because they feel they have less 'bargaining' power due to the flexibility required to perform both roles. There may be fewer protections for this population and, rather than say anything, they may simply put up with the existing conditions or leave. We know that many carers who work are in lower paid roles that may or may not match their qualifications, training or skills.

- f. the impact and lessons arising from the COVID-19 crisis for Australia's system of work and care;

The COVID pandemic has taught us all that many jobs can be performed from home and that doing so does not reduce people's productivity. In fact, it may increase it. Carers who are also employed in paid roles, in particular, have valued these flexible arrangements. Equally though, we recognised that working from home doesn't suit all, and some people may value being away from their home environment and at work. To reiterate, work can serve as an important form of respite and social connection for some family carers, given the rigors of their caring role.

- g. consideration of gendered, regional and socio-economic differences in experience and in potential responses including for First Nations working carers, and potential workers;

The vast majority of mental health carers identify as women. Hence, the many potential impacts of juggling paid work and the caring role are likely to impact women disproportionately. This has implications for them experiencing lower household income, smaller superannuation nest eggs, greater disruption to careers, less opportunities for promotion, and so forth. In regional and rural areas where the diversity of work options may be more limited, these impacts are likely to be even greater.

- h. consideration of differences in experience of disabled people, workers who support them, and those who undertake informal caring roles;

We have some concern for the physical health and wellbeing of mental health carers which may be inherently linked to their caring role, and which may also interact with the type of paid employment that they do. This concern is particularly for family carers who also have roles as paid carers in roles that require them to do significant amounts of personal care tasks or physical tasks. For example, this includes all types of nursing and support worker roles where they may be lifting. It may also include industry roles where they are doing significant amounts of manual labour. Mental health carers sit across every type of experience, demographic and employment.

- i. consideration of the policies, practices and support services that have been most effective in supporting the combination of work and care in Australia, and overseas; and

Recognition of the need for carer leave as a standard component of paid leave from work has gone some way to alleviating the needs of carers in paid employment to also juggle their informal carer roles, and this is very much appreciated. The Productivity Commission consultation has opened up the dialogue to the potential for thinking more creatively and differently about how individuals may be supported better in their navigation and achievement of these two important roles.

j. any related matters.

We don't have firm solutions to offer, given carers' experiences are diverse and therefore likely require diverse solutions. We would like to stress, however, that mental health carers perform a vital role; one that would come at great financial cost to the health and social care system if family carers were not performing this role.

We do believe that there is value in and a need to educate employers about the impacts of juggling work and care on carers and how employers can support staff. Some employers are very flexible and supportive; however, we are aware that there are adverse impacts for some because the employer does not understand the need for flexibility and the benefits this can create for their workforce (increased productivity and commitment), so asking for leave is very difficult. We wonder if a media campaign to support the unpaid carers leave might assist in raising awareness of the carers role?

## Contact

We thank you for the opportunity to comment on and contribute to this important discussion. We would be keen to discuss further, any clarification or issues raised with you.

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