**Community Services and Health Industry Skills Council**

Improving Recognition of

Carers’ Skills

Literature Review

**June, 2014**

This report was produced for the Department of Social Services

The report was prepared by ACIL Allen Consulting Pty Ltd, in partnership with Community Services and Health Industry Skills Council, on behalf of the Department of Social Services.

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# Executive summary

## Context

Carers, also known as informal carers (as distinct from formal/paid carers) play an increasingly important role in Australian society, providing assistance to 92 per cent of the population who have severe or profound core activity limitations in the community (Australian Human Rights Commission 2013).

The significance of, and demand for, carers in Australia is increasing as a result of:

* an ageing population, which is increasing demand for health and community services, including caring;
* changing societal preferences, meaning people are wanting to remain living in their own home for longer; and
* public policy reforms, such as the National Disability Insurance Scheme and Living Longer Living Better aged care reforms.

Caregiving has a significant impact on a person’s capacity to work. As of 2012, the labour force participation rate for all carers was 56 per cent compared to the overall labour force participation rate of 70 per cent. For carers classed as primary carers (defined as those who provide the majority of informal assistance to a person being cared for), the labour force participation rate is even lower at 42 per cent (ABS 2012).

## Introduction

This review of the literature examined:

* the skills and knowledge of carers and the transferability of these to employment;
* the role of and approaches to supporting education and training; and
* approaches that support carers’ transition into education, training and employment.

In total, 133 articles were included in the review, with the majority of articles relevant to research questions (listed on page 5) regarding relevant practical skills and knowledge (Question 1), education and training initiatives (Question 2) and program/policy approaches to integrating carers into employment (Question 4). There was less in the literature that was of relevance to the transferability of skills and qualifications to post caring work (Question 3) and to carers’ employment preferences (Question 4b).

Overall, the literature review found there to be a lack of high quality research available in relation to informal carers, their skills and knowledge, education and training, and their transition to employment. Furthermore, only a small amount of this research has been undertaken in Australia.

## Skills and knowledge of carers

Over the course of a caregiving role, carers develop practical skills and knowledge in a range of areas. However, these skills and knowledge were not often explicitly described in the literature. As a result there is a lack of common understanding in the literature regarding what carers’ skills are or how best to formally recognise these skills through training or skills recognition processes.

This review attempted to address this by synthesising the available literature and identifying a common set of relevant skills. These included a range of:

* general skills;
* day-to-day caring skills;
* health care skills; and
* advocacy skills.

The review also found that through no fault of their own, carers are often ill-prepared for their caring role, due to fast-changing or rapidly-deteriorating circumstances of the person they are caring for. Informal training provided by health care providers, carer support groups and representative associations seeks to address these skill gaps on an as needed basis.

Beyond their caring role, carers are likely to face similar barriers regarding transferability of skills as those faced by others returning to work after breaks in their employment. Some of the most significant barriers identified in the literature were the currency of their skills, technological skills/digital literacy and business skills.

The review noted that there is a natural transferability of skills and knowledge between informal and formal/paid caring roles. However, it is recognised that not all carers will want to pursue further education, training or employment in health or community services. Only a few pieces of academic or grey literature were found that were directly concerned with identifying the extent to which the skills and knowledge of informal carers was transferable to formal caring roles.

To begin to address this gap the review included a desktop skills audit that sought to relate carers’ skills identified in the literature to competencies and qualifications in the Health and Community Services training packages (national standards). This process found that the skills acquired by carers in their caring role are relevant to the competencies required for occupations and qualifications in community, aged care, health, youth, housing and disability support services.

## Preferences and barriers to carers’ education, training and employment

Data show that in general, the industry that carers work in only differs somewhat from the non-carer population with two key exceptions. Firstly, carers are more likely to work in the health care and social assistance industry; and the education and training industry. This is particularly the case for primary carers.

There is also a strong body of evidence regarding the likely influences on carers’ decisions and preferences when combining informal care and paid employment. For example, carers are more likely to choose workplaces which are conveniently located and provide flexible working conditions to fit within their caring roles. However, the literature review identified a lack of research into the occupational preferences of carers.

The literature identifies a range of barriers to education and training, which can be summarised as:

* The incompatibility of caring responsibilities, which are sometime unpredictable, and the time and commitment required to participate in education and training;
* Direct and indirect costs of education and training;
* The administrative burden of recognition of prior learning (RPL) processes; and
* Poor access to support with their caring responsibilities.

The barriers to either maintaining or re-entering employment are also well defined within the literature. The most commonly cited hindrances were inflexible work schedules and work overload that prevented carers from balancing the multiple demands of full-time employment and caregiving. However, the literature is limited in the extent to which pathways into employment for carers are defined.

## Approaches to supporting carers’ participation in education and training

The review found consistent literature on the importance of raising education and training providers’ awareness of, and ability to respond to carers’ needs. There is also a large amount of literature regarding the need to provide flexible education and training opportunities for carers, both at the secondary school level and in tertiary education and training.

Strategies identified in the literature include:

* supporting effective transition from secondary education;
* flexible delivery options for tertiary education and training courses;
* training courses designed specifically for carers;
* foundation skills support and courses; and
* recognition of prior learning (RPL) opportunities.

Training subsides / incentives and study allowances were also shown to have a significant role to play in encouraging and supporting carers to undertake further education and training.

The literature review indicated that existing mechanisms to support individuals into education and training have the potential to support carers to enter education and training. However, there is a lack of evidence on how to design and implement mechanisms such as foundation skills courses and RPL to best meet the needs of carers.

The review also demonstrated a lack of evidence of the appropriateness and effectiveness of existing training initiatives for carers. A number of education and training initiatives developed specifically for carers were identified. However, in Australia most of these programs deliver informal (unaccredited) education and training (such as those programs run through state and territory carers’ associations). Only one Australian accredited training program was identified, delivered by Carers Queensland.

## Approaches to supporting carers’ participation in employment

A range of approaches were identified within the literature as supporting carers to maintain and transition to employment. Approaches identified include:

* Legislation that supports the recognition and assessment of carers;
* Workplace conditions and flexible working;
* Policy provision for career breaks and carer credits; and
* Pathway programs.

Legislative recognition of the rights of carers and the contribution they make to society was identified as being an important first step for many countries, including Australia, in focusing efforts to improve supports for carers. However, little information was available on the effectiveness of these approaches.

Flexible working hours and workplace conditions were commonly identified as being a key factor in carers being able to maintain employment, along with their caring role. This approach can be supported by a focus on actively raising awareness among employers of both the benefits of employing carers and the best ways in which to support them within the workplace. The literature also identified two pathway programs that aim to increase the readiness and skills of carers for employment in the United Kingdom.

A clear finding by the review was the importance of available supports for carers to enable them to participate or maintain education and training or employment. These included various income supports as well as respite, day care, home visiting and access to support groups.

## Conclusions and key findings

This report summarises the key findings of the literature review in relation to:

* Improving recognition of carers’ skills and knowledge;
* Understanding employment preferences;
* Strengthening pathways into employment; and
* Supporting participation in education, training and employment.

# 1. Introduction and context

This chapter provides an introduction and context to the literature review for improving recognition of carers’ skills. Specifically, this chapter provides an overview of carers in Australia and their growing importance within the delivery of health and aged care services.

## This project

ACIL Allen Consulting (ACIL Allen) was commissioned by the Community Services and Health Industry Skills Council (CS&HISC) to undertake a research project for the Department of Social Services (DSS) exploring the skill development needs of informal carers.

This project flows from Priority 5 of the National Carer Strategy (DSS 2011), which presents policy directions to improve education and training opportunities for carers, to ensure that ‘carers have the skills to undertake their role, and opportunities to participate in formal education and training’ (DSS 2011). The policy directions relevant to this project under Priority 5 Education and Training of the National Carer Strategy are:

* *Policy direction 1: Carers have the skills and knowledge to undertake the caring role*
	+ 5.1 Examine and identify gaps in programs and services that support carers to gain the skills they need to commence, maintain and cease their caring role.
	+ 5.2 Work with the Community Services and Health Industry Skills Council to identify ways to address the skills development needs of carers.
* *Policy direction 2: Carers are supported to undertake education and training opportunities*
	+ 5.3 Explore ways to meet the needs of people with caring responsibilities who do not formally identify as carers and develop greater flexibility in educational settings.
	+ 5.4 Consider the needs of carers in reforms to education, training and skills development initiatives.
	+ 5.5 Improve awareness and understanding among education and training providers of the impact of caring responsibilities on students (DSS 2011).

### Key research questions

The project’s key research questions, as defined by CS&HISC, are:

1. What are the practical skills and knowledge carers need to undertake their role?
2. What education and training initiatives have been developed to recognise and build the skills and knowledge of carers?
3. How transferable are these skills and qualifications to post-caring work?
4. What evidence is available of approaches taken to successfully integrate current or former carers into employment?
	1. What are the employment preferences of current or former carers?
	2. What are the barriers (both skills and non-skills related) for current and former carers entering employment?

## Overview of methodology

The methodology for this literature review focused on addressing each of the key research questions outlined in the previous section. A summary of the approach used is provided below. Further detail is provided at Appendix A.

### Literature review framework

At the outset, a detailed literature framework was developed to guide and clearly articulate the parameters of the review. Inclusion and exclusion criteria were defined for references within this framework. Specifically, only references published in the last 10 years have been included in the review, with a focus on the last five years.

### Search strategy

The search strategy for the review included multiple search waves which were conducted across a number of databases, journals and websites (see Appendix A). Search terms were refined in each wave, as presented in Appendix B. Endnote (a software referencing and categorisation tool) was used for managing citations and references, including the coding of references to relevant research questions.

At the outset, it was identified that the amount of peer-review literature available in this area was likely to be limited. To address this, a comprehensive search of the grey literature formed a key component of the review.

### Search results

After three search waves as well as hand searching of grey literature, 133 results were included for data extraction and assessment of weight of evidence. Each article was assessed for relevance and assigned to at least one research question. In some instances, articles were assigned to two research questions. Figure 1 provides an indication of the literature after data extraction was completed.

Figure 1 Distribution of search results by research question



Source: ACIL Allen Consulting 2014

Figure 1 shows the distribution of search results by research question:

Context-24; 1) Practical skills and knowledge-23; 2). Education and training initiatives-20; 3) Skills transfer-2; 4) Successful approaches-34; 4a) Employment preferences-2; 4b) Barriers to employment/training-19; Not relevant-13.

Records were categorised as ‘context’ primarily due to their focus on describing carer health and social wellbeing or policy descriptions of informal and formal care arrangements. Records were categorised as ‘not relevant’ if they did not address the research questions.

### Weight of evidence

An approach to assessing the weight of evidence was a key part of the literature review framework and methodology. The approach adopted has been established by the Evidence for Policy and Practice Information and Co-ordinating Centre at the Institute for Education, University of London. This approach allows a composite assessment of each study to be made against three criteria (as listed in the table below), and is appropriate for use in areas in which there are limitations around the amount of peer-reviewed literature available.

A simple numeric scale can be used to rank each study. For example, a scale of 1-3 can indicate high, medium or low quality/relevance. This resulted in a judgement of overall weight of evidence based on the assessments made for each of the criteria A-C.

Table 1 Weight of evidence: numeric scale

| **Criteria** | **High (1)** | **Medium (2)** | **Low (3)** |
| --- | --- | --- | --- |
| **A** – methodological quality | Characteristics include any or all of:* use of a control group
* measurement of impact/effect
* clear explanation of method, conduct of study, results
 | Characteristics include any or all of:* qualitative description of impact/effect and
* adequate explanation of method, conduct of study, results
 | Characteristics include any or all of:* little or no explanation of method
* results are not clearly explained
* little or no explanation of impact/effect
 |
| **B** – methodological relevance | The study’s methods have a strong and clear relationship between the methods used and the results, impact or effect being described | The study’s methods have an adequate relationship between the methods used and the results, impact or effect being described | There is little or no clear relationship between the methods used and the results, impact or effect being described  |
| **C** – topic relevance | The topic directly addresses two or more key themes of the literature review (skills and knowledge to undertake caring role; education and training initiatives for carers; transferability of skills; integration of current or former carers into employment) | The topic directly addresses at least two of the key themes of the literature review (skills and knowledge to undertake caring role; education and training initiatives for carers; transferability of skills; integration of current or former carers into employment) | The topic directly addresses one of the key themes of the literature review (skills and knowledge to undertake caring role; education and training initiatives for carers; transferability of skills; integration of current or former carers into employment) |
| **D** – **overall rating** (The sum score for each criteria) | **High = 3-4** | **Medium = 5-6** | **Low = 7-9** |

Source: ACIL Allen Consulting 2014

The overall weight of evidence assessment for the literature relevant to each research question is provided in Table 2.

Table 2 Weight of evidence assessment and distribution of literature

| **Research question** | **Weight of evidence rating (no. records)** |
| --- | --- |
| **High** | **Medium** | **Low** |
| 1. Practical skills and knowledge | 13 | 5 | 4 |
| 2. Education and training initiatives | 14 | 4 | 2 |
| 3. Transfer of skills and qualifications | 1 | 1 | 0 |
| 4. Evidence of successful approaches | 6 | 13 | 2 |
| 4a. Employment preferences | 0 | 1 | 1 |
| 4b. Barriers to entering employment / training | 11 | 15 | 7 |
| TOTAL | 45 | 39 | 16 |

Source: ACIL Allen Consulting 2014

### Interviews

To further supplement the literature search and analysis, a small number of interviews were undertaken with academics active in this area as well as individuals from relevant peak organisations and education/ training providers. The purpose of these interviews was to address gaps identified in the evidence and provide further information on specific approaches to supporting carers to transition to employment.

### Desktop skills audit

The literature review has also included a desktop skills audit, which involved the mapping of practical carer skills identified within the literature, to relevant competencies and qualifications with the health and community services training packages. The results of this audit are summarised in Table 4, with further detail provided at Appendix C.

### Limitations of the research

There were a number of limitations of this research based on the available literature, as outlined below.

As alluded to above, the amount of peer-reviewed literature relevant to some of the specific research questions is limited. Much of the peer-reviewed literature focuses on identifying the barriers and issues associated with caring, carers’ access to education and training, and ability to maintain employment. The literature is limited in the extent to which it covers programs and approaches to addressing these issues.

The literature was also limited in relation to the transferability of carers’ skills to post-caring work, and the occupational preferences of carers.

A comprehensive search of the grey literature also formed a key component of the review. The grey literature is more relevant and identifies a number of approaches and initiatives which specifically address the review’s research questions.

The majority of the available literature is from international rather than Australian sources; however, the Australian evidence base has expanded more recently in this area.

## Structure of this report

The following sections in Chapter 1 describe the context of this literature review, including a description of carers, the importance of their role and their patterns in labour force participation.

The rest of this literature review is structured as follows, to address each of the key research questions.

* Chapter 2 identifies the skills and knowledge carers develop throughout their caring role, as well as the informal and formal education and training opportunities currently available to carers.
* Chapter 3 then discusses the employment preferences of carers, and the barriers that carers can face to engaging in education and training, as well as employment, both at the time of and following their caring role.
* Chapter 4 presents a range of approaches and initiatives which have potential to support carers’ transition to employment, particularly within the health and community services sectors.

## Who are carers?

The Department of Social Services’ National Carers Strategy (2011) defines a carer as a person who provides personal care, support and assistance to people with disability, medical condition (including terminal or chronic illness), mental illness or frail age. Carers are often family members, friends, relatives, siblings or neighbours. Grandparents or foster carers providing care to a child with disability, medical condition or mental illness are also included within this definition. Those generally excluded from the definition of carers are people who are paid to undertake a caring role, carers who provide voluntary care work, and people who provide care as a requirement of a course for their education or training (DSS 2011).

These carers are also known as informal carers, as distinct from formal carers who are by definition, paid carers.

Currently in Australia there are 2.7 million carers, including 770,000 primary carers who provide regular or ongoing assistance to people in need of care. Primary carers provide the majority of informal assistance to a person with a disability, medical condition, or who is of frail age or has a limitation in core activity areas (e.g. mobility, self-care and communication) (Australian Human Rights Commission 2013; ABS 2012; DoHA 2013).

In Australia carers are more likely to be female than male and to live in a metropolitan city rather than regional, rural or remote areas. Carers are also likely to be aged 55 years and over, to earn less than the national average and to be the partner of the care recipient. Detailed statistics on carers in Australia are provided below.[[1]](#footnote-1)

* Females comprise 56 per cent of total carers; this figure increases to 70 per cent when just taking into account primary carers.
* The majority of carers reside in metropolitan cities (68 per cent), while the remaining carers reside in inner regional areas (23 per cent), and outer regional and remote areas (9 per cent).
* Carers are more likely to have gross household incomes in the lowest and second quintile (38 per cent); this figure increases to 49 per cent for primary carers.
* Carers are more likely to rely on government pensions or allowances; specifically,
55 per cent of primary carers and 29 per cent of carers, compared to 20 per cent for non-carers.
* Partners are the most likely to be the carer comprising 43 per cent of carers, children and parents are significantly less likely to be a carer comprising 23 and 25 per cent of total carers, respectively.
* Carers aged between 55 and 64 years make up the largest proportion of carers, comprising 21 per cent of total carers (ABS 2012).

As described above the majority of carers are ‘middle-aged’, however, in recent years there has been growing attention towards the younger population (under 25 years) who provide care to others (Carers Trust 2014; Carers Australia 2013; Bray 2012). Bray (2012) for example, identifies that there were 20,363 young people aged under 25 years in Australia who received the Carer Payment or Carer Allowance at some point between September 2001 and June 2006. This increased focus is largely due to recent recognition of the significant impact caring can have on young carers’ educational and employment opportunities. For example, young carers are more likely to leave school without a year 12 qualification and earn a lower income compared to non-carers within the same age bracket (Bray 2012).

## The increasing importance of carers

Currently in Australia informal carers provide assistance to 92 per cent of the population who have severe or profound core activity limitations in the community. In 2010, this was estimated to translate into 1.32 billion hours of care each year or $40.9 billion worth of formal care (Australian Human Rights Commission 2013).

It is evident from these figures that informal carers play a pivotal role in the delivery of health and other care services. Further, their role within the health system has grown in importance over recent years due to Australia’s ageing population, partnered with changing societal preferences for people to stay within their own home for longer.

The growing importance of carers is driven by and reflected within recent national policies including national aged care reforms and the National Disability Insurance Scheme.

### An ageing population

Australia’s ageing population is well documented (Attorney-General’s Department 2010). Projections by the Productivity Commission (2013) have found that by 2026 Australia’s population will include an additional 4 million people aged 75 years or older. This segment of the population will therefore make up a significantly larger proportion of the population, rising from 6.4 per cent in 2012 to 14.4 per cent in 2060 (Productivity Commission 2013).

The ageing population places escalating pressure on the delivery of Australian health and aged care services, including informal care (CS&HISC 2014; Productivity Commission 2008). This burgeoning demand for informal carers was projected by the National Centre for Social and Economic Modelling (NATSEM) in 2004. NATSEM’s modelling found that between 2001 and 2031 the demand for informal carers is predicted to increase by 160 per cent, whereas supply is predicted to increase by less than 60 per cent (NATSEM 2004).

When the projections for the number of persons aged 65 years and over with a severe or profound disability and those likely to provide informal care are compared….it is clear that the growth in disabled persons will be much greater than the growth in [informal] carers.

NATSEM 2004

### Changing societal preferences

Preferences among Australia’s younger and older population have increasingly changed, which will continue to significantly impact the future demand and supply of informal care. In today's society the older population have a desire to 'preserve their sense of self, independence, retain control and exercise choice' (Productivity Commission 2011). This means that increasingly, individuals in this cohort wish to remain at home for longer.

As a result there is a trend away from residential care towards community care. As Catholic Health Australia (CHA 2007) and Anglicare have noted:

There is no doubt that, given the option the majority of people will choose to remain living in their own home with support rather than moving to a residential facility.

Anglicare 2007

This trend will in turn increase the demand for support provided in the home which is typically provided by informal carers.

The demand for informal carers may be tempered by the increasing demand for formal care in the home (Hogan Review 2004). For example, McCallum (2003) found evidence that approximately 60 per cent of people aged 70 years and over would prefer to receive formal care in their home compared to 5 per cent who would prefer to be taken care of by a family member.

The societal preferences of today’s working population will also play an important role in the future supply of informal care. Within this cohort, there is a declining willingness and capacity to care for elderly parents. For example, as noted by de Vaus (1996):

Demographic changes mean that [adult children] will not necessarily be able and, even if available, they may not see it as their responsibility to provide the level of care required.

de Vaus 1996

As identified by CS&HISC (2014) any such reduction in the number of informal carers in the future will need to be addressed by additional paid workers or counteracted by appropriate initiatives or incentives to support informal carers.

### National policy context

#### National Carer Recognition Framework

The National Carer Recognition Framework was developed to address the social inclusion of carers in Australia. The framework comprises the *Carer Recognition Act 2010* and the National Carer Strategy (DSS 2011), and is part of the Australian Government’s Social Inclusion Agenda. The aim of the framework is to improve support for carers and better recognise the social and economic contribution that carers make to Australian society (Australian Government n.d).

Within the Framework, the Act highlights the contribution made by unpaid carers based around the principle that carers should have the same rights, choices and opportunities as other Australians. The Act requires public service agencies with programs and policies directed towards carers to consult with carers and report on progress each year.

The cornerstone of the Act is the Statement for Australia’s Carers, which sets out
10 principles that Australian Government agencies and funded organisations need to adopt in developing policies and delivering services for carers or the person they care for (Australian Government n.d).

The National Carer Strategy contains six priority areas for action – recognition and respect, information and access, economic security, services for carers, education and training and health and wellbeing. Together, these priority areas outline how the contribution of Australia’s carers will be valued, supported and shared, and complements what the Australian Government already provides for carers, as well as services and reforms in the health and community services sectors (Australian Government n.d).

#### Living Longer Living Better Aged Care Reforms

As part of the Living Longer Living Better (LLLB) aged care reforms the Government will increase the number of Home Care Packages from 60,000 in 2012 to 100,000 by 2016-17.
A further 40,000 will be made available between years 2017-18 and 2021-22 (DoHA 2013).

Any packages that are introduced after August 2013 require home care providers to deliver consumers with self-directed care (DoHA 2013).

The growth in Home Care Packages is designed to provide support for older people to stay at home for longer and to live more independently. Services offered within Home Care Packages are wide-ranging and include assistance with cleaning, shopping, preparation and delivery of meals, getting dressed and moving house. Therefore as demand for these types of services increase so too will the demand for formal carers (DSS 2014).

Specifically, the Government has committed significant funding to assist carers to access respite and other support including:

* increased funding for respite services and counselling supported under the National Respite for Carers Program;
* consolidation of respite programs and the establishment of a network of Carer Support Centres; and
* incorporating the National Respite for Carers Program into the Commonwealth Home Support Program (DoHA 2013).

#### National Disability Insurance Scheme (NDIS)

The NDIS represents a significant change to the way people with disability, and their families and carers receive support. Notably, the introduction of the NDIS represents a shift from the existing ‘paternalistic platform of need and service planning’, where supports are prescribed to people with disability, to a model of self-directed care providing people with disability with greater choice in the supports they access and receive (*National Disability Insurance Scheme Act 2013*). Under this model people with disability are able to exercise choice and control to help them reach their goals; they also play a key role in the planning and delivery of their supports (*National Disability Insurance Scheme Act 2013*).

The move to this self-directed care approach has been welcomed by carers’ representatives who note that the NDIS acknowledges and respects the rights of individuals with disability, along with the role of carers who care for someone with a disability (Carers Australia 2012).

The NDIS will transform the way services are delivered (CS&HISC 2014), and is likely to have an impact on the roles and responsibilities of carers. Specifically, carers who care for someone who is not capable of making their own decisions may be required to take on additional responsibilities (Queensland Alliance 2013).

Under the NDIS, there will be a higher level of formal care provided compared to existing arrangements. The NDIS is also expected to increase the number of workers in the disability workforce by 80,000 people (Worthington 2013; Australian Government 2014b).

#### Australian Government Budget 2014-15

The recent 2014-2015 Budget highlights the important role carers play in the delivery of health and aged care services. Salient changes within the Budget concerning carers include the introduction of the Young Carer Bursary Program to assist young carers, 25 years and under, to continue their study; and a replacement advisory structure, the Ministerial Advisory Council for Disabilities and Carers, to provide policy advice and recommendations on proposed legislation and policies affecting carers and the disability sector.

## Carers’ participation in education and training

Caring can have a significant impact on a person’s capacity to participate in education and training, particularly for young people who are in a caregiving role.

The impact of caring on education and training of young carers’ is demonstrated by levels of educational attainment. The level of educational attainment and participation by younger carers is generally low, with carers aged 15-24 years less likely to obtain a Year 12 qualification, or participate in study at university or TAFE (Bray 2012). Approximately 40 per cent of young primary carers participate in study, which is significantly less compared to 60 per cent of non-carers (Carers Australia 2013).

Young carers aged 19-24 years are less likely to have completed Year 12 or equivalent (around 66 per cent), compared with 73 per cent of non-carers. Data from the *ABS Survey of Disability, Ageing and Carers 2009*, reported by Carers Australia (2013), shows that approximately 40 per cent of non-carers aged 15-24 years were not studying, which is much lower than primary carers of the same age at 61 per cent, and 47 per cent of all carers. For this same age bracket, primary carers were the most affected in their capacity to undertake study and were much more likely to be studying part-time (13 per cent), compared with non-carers (10 per cent) (Carers Australia 2013).

The gaps in educational attainment are emphasised by young carers’ participation in higher education. For carers aged 18-24 years, 61 per cent were not studying and 36 per cent were undertaking further education or training. In comparison, just over half (55 per cent) of non-carers in the same age bracket were not studying, whilst 45 per cent were in further education or training (Carers Australia 2013).

## Carers’ labour force participation

Caring also has a significant impact on a person’s capacity to participate in Australia’s workforce and this is reflected in differences between the employment status of carers and non-carers.

As of 2012, the labour force participation rate for all carers was 56 per cent – 62 per cent for carers (but not a primary carer) and 42 per cent for primary carers. This figure is markedly less than the non-carer population, which has a 70 per cent labour force participation rate. There are two key reasons for this difference: firstly, carers are less likely to participate in the workforce due to their current caring commitments; secondly, carers have an older age profile, meaning they are less likely to be of working age (ABS 2012). The labour force participation rate of male primary carers was 62 per cent compared to 52 per cent for female primary carers (ABS 2012).

For those carers (including primary carers) within the workforce, over half (56 per cent) are full-time workers, 35 per cent are part-time workers and 8 per cent are underemployed. These figures differ significantly when compared to primary carers and again for the non-carer population, as outlined below.

* 43 per cent of primary carers work full time, 48 per cent work part-time and 8 per cent are underemployed.
* 65 per cent of non-carers work full time, 29 per cent work part-time and 6 per cent are underemployed (ABS 2012).

In short compared to the broader population, carers are less like to be working full time, more likely to be working part time, and more likely to be underemployed, and these patterns are more pronounced for primary carers.

### Industry of employment

Employment type among employed primary carers differs markedly across genders. For example, in 2012 seventy-eight per cent of employed male primary carers worked full-time. This figure is just 46 per cent for employed female primary carers (ABS 2012).

In general, the industry that carers work in only differs somewhat from the non-carer population with two key exceptions. Firstly, carers are more likely to work in the health care and social assistance industry; and the education and training industry. This is particularly the case for primary carers.

* 20 per cent of all primary carers work in the health care and social assistance industry compared with 12 per cent of non-carers.
* 13 per cent of all primary carers work in the education and training industry compared to 7 per cent of non-carers (ABS 2012).

This may be influenced by the gender and age of primary carers. Cass et al (2012) observed that in 2009, nearly half of mature age women employees were working in health care and social assistance, education and training, and retail.

Secondly, there were only slight differences between main employer type (i.e. government or private) when comparing carers and non-carers. According to Survey of Disability, Ageing and Caring data, 84 per cent of carers were employed by the private sector, this figure increased by two percentage points for the non-carer population (ABS 2012).

# 2. Skills and knowledge of carers

This chapter outlines the practical skills and knowledge that carers commonly acquire during their caring role, and how these skills can translate into post-caring work through additional education and training initiatives.

Research questions:

* *What are the practical skills and knowledge carers need to undertake their role?*
* *How transferable are these skills and qualifications to post-caring work?*

## Skills and knowledge of carers

It is understood that over the course of a caregiving role, carers develop practical skills and knowledge in a range of areas. However, these skills and knowledge were not often explicitly described in the literature. A large proportion of the literature search results focused on carer support programs that delivered general information on caregiving and self-care skills. While these programs are an important element in supporting carers, they were not considered relevant to the research question under consideration which sought to identify the *practical* skills and knowledge required by carers.

Refinement of the search results generated a small set of relevant results for inclusion in the review (n=23). These results most commonly (approximately 75 per cent) described the skills specific to caregiving for a person with a particular condition, such as dementia, cancer or diabetes. The remaining results considered the skills required generally of informal caregivers such as medication management, communication skills and the safe provision of personal care. Nearly all of this literature originated from clinical settings and over two-thirds of the results were classified as having a ‘high’ weight of evidence due to its methodological structure and its relevance to the research question. The literature that discussed more broadly the set of practical skills required by caregivers was rated as ‘medium’ weight of evidence as a consequence of lower relevance or less rigorous methodology.

### Core skills and knowledge for care

Simon et al (2013) acknowledge that, in many cases, carers develop skills and knowledge based on their own experiences, or on an ‘as needed’ basis – with health care providers often teaching carers key skills based on the needs of the person being cared for, or through attending informal / unaccredited training.

The informal and needs driven development of skills results in carers having an extremely diverse and variable set of skills. Skills range from assisting with daily living or medication administration, to dressing wounds, changing intravenous tubing or dialysis bag changes (Simon et al 2013). The extent and type of skills developed by the carer therefore depend on a range of factors, as described below.

* *Age of the carer and relationship to the person being cared for*. Young carers (e.g. those who are in secondary or tertiary education) may be in a position of caring for a parent or sibling, which in turn will lead to a certain level and range of skills being developed. Adult or mature aged care may be more prepared for a caring role, bringing with them a range of experiences. Their caring relationship may be for someone within or outside of their family.
* *Previous experiences* play a role in determining the level of skills which are developed by carers, particularly if a carers’ previous occupation was within the health and community services sector. This may mean they possess advanced technical skills in a range of areas which may benefit, and help them manage, their caring role.
* *Complexity of needs of the person they are caring for and how these change overtime* (e.g. disability, mental health, chronic illness and terminal illness). This may mean carers develop additional skills related to the coordination of external services and will impact the extent to which technical health skills may be developed.
* *Degree of care involvement*. For example primary or full time carers of people with high and complex needs will develop a stronger carer skill set than carers who may share their role with another family member or external service support.
* *Extent of other supports available*. These services can not only support and ease the caring role, but enable carers to acquire technical knowledge in a range of areas they wouldn’t otherwise. The availability of these supports also impact their degree of care involvement (Simon et al 2013; The House of Representatives Standing Committee on Family, Community, Housing and Youth 2009).

Table 3 outlines the skills and knowledge which carers typically need to develop over the course of their caring role, drawn from a range of studies across the Australian and international literature. These skills and knowledge have been grouped into four broad categories, including: general skills; day-to-day caring skills; health care skills; and advocacy skills.

It is noted that there are a range of specific skills which carers may develop relevant to particular conditions (as captured generally under health care skills: specific and technical expertise relevant to condition / disability / disease). The literature reviewed for this report has focused on identifying the more general skills and knowledge of carers.

Table 3 Practical skills & knowledge carers need to undertake their role

| **Skill type** | **Skills and knowledge** |
| --- | --- |
| **General skills** | * Time management
* Financial skills
* Legal skills
* Compassion / empathy
* Adaptive / Problem solving
* Communication skills
* Interpersonal and relationship skills
 |
| **Day-to-day caring skills** | * Cooking
* Cleaning
* Hygiene
* Driver
 |
| **Health care skills** | * First aid
* Medical information interpreter
* Medication administration
* Management and coordination of care needs
* Health and safety skills / manual handling
* Specific and technical expertise relevant to condition / disability / disease (e.g. Autism, dementia)
 |
| **Advocacy skills** | * Needs identification
* Negotiation
* Advisory
* Knowledge of health / care / community service system
 |

Source: United Voice 2014; Simon et al 2013; Atkins et al 2010; Potter et al 2010; The House of Representatives Standing Committee on Family, Community, Housing and Youth 2009; Carers South Australia 2008; Alzougool et al 2008; Bailey & Paul 2008; Eager et al 2007; Carers Australia n.d.

In contrast to Simon et al (2013), Eager et al (2007) conclude that there are no major differences in carers’ needs according to the types of care recipients. There are some expected differences in the need for support and practical assistance arising from the emotional pressures of dealing with the challenging behaviours of people with dementia. Additionally carers providing palliative care, and those carers dealing with complex and technical tasks, are also identified as being in need of more practical assistance and support.

### Common gaps in carers’ skills

Through no fault of their own, carers are often ill-prepared for their caring role, due to fast-changing or rapidly-deteriorating circumstances of the person they are caring for. As many carers begin caregiving without much introduction, information or training, and acquire their caring skills and knowledge on an ‘as needed’ basis, there are often a number of skills gaps faced by carers as their caring role emerges, changes and/or matures (Bailey and Paul 2008). Common gaps include:

* skills and knowledge in relation to the specific condition, disability or disease of the person being cared for (e.g. strategies for supporting someone with mental illness);
* safety within the caring role and manual handling (e.g. identifying risks and reducing hazards);
* caring needs following hospital discharge;
* the carer’s own wellbeing and approaches to managing stress;
* maintaining healthy relationships with the person they are caring for, their family and friends;
* crisis management and assertiveness when challenging situations arise;
* legal issues for family carers (e.g. wills and estates, power of attorney); and
* coping with bereavement (Carers Australia 2014; Carers South Australia 2008).

Whilst some carers identify gaps in their skills, and seek additional information or training from a health care professional or education through local carer support groups and representative associations, feedback from a small number of representative organisations, academics and training providers suggests that many do not. Anecdotally, this was identified as often being due to a lack of awareness of the training and supports available.

Interventions which support carers through education and training are more likely to improve outcomes for carers and the people they care for, and have the potential to reduce premature burnout, anxiety and stress (Productivity Commission 2013; Brodaty et al 2003).

## Transferability of carers’ skills and knowledge

This section discusses the transferability of carers’ skills and knowledge to undertaking further education and training and/or transitioning to employment both within the health and community services sectors, and to other sectors more generally. Only a few pieces of academic or grey literature were found that were directly concerned with identifying the extent to which the skills and knowledge of informal carers was transferable to formal caring roles. Each of these was only recently published – since 2013 – indicating an emerging field of evidence in this area. The studies identified varied in their weight of evidence assessment (from high to low), though were consistent in their findings that there is a significant gap in programs and initiatives that identify and translate informal skills and knowledge into employable skills.

It is important to consider the employment preferences of carers when looking at the transferability or relevance of carers’ skills to employment.

As the National Survey of Disability, Ageing and Carers (ABS 2012) shows, there are no significant differences between the industries in which carers and non-carers are employed (e.g. the broader population), with the exception that informal carers are slightly more likely to be employed in health and community services (between 2-8 per cent more likely), and as well as in education and training (between 2-6 per cent more likely).

This highlights that for those looking to further their skills and knowledge developed through caring, only some will be interested in employment in the health and community services sectors. The rest will continue to work, transition back into their previous field of employment, or re-enter the workforce through other industries or occupations according to the opportunities available to each individual.

That said it is also important to note that there is a natural transferability of skills and knowledge between informal and formal caring roles, while recognising that not all carers will want to pursue further education, training or employment in health or community services (Simon 2013; Carers Australia n.d).

Carers’ training and employment preferences are discussed in further detail in Chapter 3 of this review.

### Transferability of skills and knowledge to health and community services sectors

A key factor governing the transferability of skills and knowledge to the health and community services sectors is the extent to which practical skills and knowledge gained through caring align with current occupational requirements and formal education and training currently available.

For those carers who are interested in pursuing employment in the health and community services sectors, given the variation in skills which they may have developed, it is important that they are able to supplement gaps, standardise their knowledge and ability, and demonstrate their competency in particular areas (Simon et al 2013). There are a range of ways in which carers can do this – including through formal (described in the section below) education and training, and where possible capitalising on formal skills recognition processes.

There is a range of qualifications currently available for the health and community services sectors, which include a number of competencies that align with the skills and knowledge carers develop.

Table 4 summarises the basic alignment of carers’ skills, as identified previously, with competencies from the Health (HLT and HLT07) and Community Services (CHC and CHC08) training packages. The table highlights the large number and variety of practical skills that an informal carer may have, that are likely to be transferable to qualifications within the health and community services sectors. Most practical skills identified are relevant to at least one key competency within these training packages. It is important to note that more work is required to investigate the extent to which each skill is likely to map to a given unit. This more detailed mapping could then be used to inform training and recognition tools.

Appendix C provides the detail behind this table, showing the alignment between carers’ skills, competencies and relevant qualifications. This information demonstrates the large and varied number of qualifications, at a range of Australian Qualification Framework (AQF) levels, which may be relevant to informal carers considering further training in the health and community services sectors.

Despite the apparent relevance of their skills, few carers choose or are able to undertake further education and training, particularly formal qualifications as recognised by the National Carer Strategy (2011) and the literature (Simon et al 2013; The House of Representatives Standing Committee on Family, Community, Housing and Youth 2009; Carers South Australia 2009).

There are a number of barriers associated with carers accessing and undertaking education and training, which are discussed in Chapter 3.

Table 4 Summary qualifications and competencies matrix: Relevance to carer skills

| **Skill type** | **Carer skills** | **Examples of relevant competencies** | **Groups of qualifications relevant to carer skills and competencies** |
| --- | --- | --- | --- |
| **Community Services** | **Aged Care** | **Youth** | **Housing** | **Disability** |
| **General skills** | * Time management
 | * Process and maintain workplace information
* Use business technology
* Manage meetings / work priorities
 | ✓ | ✓ | ✓ | ✓ |  |
| * Financial skills
* Legal skills
 | * Assist with practice administration
* Prepare / Manage budgets
* Maintain financial records
* Manage finances within a budget
 |  |  |  |  |  |
| * Adaptive / Problem solving
 | * Provide administrative support
* Maintain the organisation’s information systems
* Contribute to information requirements in the community sector
 | ✓ | ✓ | ✓ | ✓ | ✓ |
| * Communication skills
* Interpersonal skills
 | * Communicate appropriately with clients and colleagues
* Use targeted communication skills to build relationships
 | ✓ | ✓ | ✓ | ✓ | ✓ |
| * Compassion / empathy
 | * Respond to loss grief and trauma
 |  |  |  |  |  |
| * Crisis management
 | * Respond to Critical Situations
* Plan for medical emergencies
* Respond to emergencies
 |  |  | ✓ |  |  |
| **Day-to-day caring skills** | * Cooking
 | * Provide food services
 | ✓ | ✓ |  |  |  |
| * Cleaning
 | * Provide support to meet personal care needs
* Work effectively in home and community care
 | ✓ | ✓ |  |  | ✓ |
| * Hygiene
* Health and safety / manual handling
 | * Participate in workplace health and safety
* Comply with infection control policies and procedures
 |  |  | ✓ |  |  |
| * Driver
 | * Transport clients
 |  |  | ✓ |  |  |
| **Health Care Skills** | * First aid
 | * Provide cardiopulmonary resuscitation
* Provide basic emergency life support
* Provide first aid
* Apply First Aid
* Perform CPR
 | ✓ |  |  |  |  |
| * Medical information interpreter
* Medication administration
 | * Assist clients with medication
* Administer and monitor medications
 | ✓ | ✓ |  |  | ✓ |
| * Management and coordination of care needs
 | * Undertake case management for clients with complex needs
 | ✓ | ✓ | ✓ | ✓ | ✓ |
| * Specific and technical expertise relevant to condition / disability / disease
 | * Deliver care services using a palliative approach
 |  | ✓ |  |  | ✓ |
| * Implement interventions with older people at risk of falls
 | ✓ | ✓ |  |  | ✓ |
| * Work effectively with people with a disability
* Maintain an environment to empower people with disabilities
* Support people with disabilities who are ageing
* Support community participation and inclusion
 | ✓ | ✓ |  |  | ✓ |
| * Work effectively in mental health
* Work with people with mental health issues
 | ✓ | ✓ | ✓ | ✓ | ✓ |
| * Provide support to people living with dementia
 | ✓ |  |  |  | ✓ |
| * Provide support to people with chronic disease
 |  | ✓ |  |  | ✓ |
| **Advocacy Skills** | * Needs identification
* Negotiation
* Advisory
 | * Advocate for clients
* Facilitate links with other services
 | ✓ | ✓ | ✓ | ✓ | ✓ |
| * Knowledge of health / care / community service system
 | * Prepare for work in the community sector
* Work effectively in the community sector
 | ✓ | ✓ | ✓ | ✓ | ✓ |

Note The above analysis indicates where carer skills relate to specific training package competencies. It is noted that skills may not fully map to a given competency and that not all carers will possess all of these skills. Further, there may be additional competencies within the Health and Community Services training packages that relate to these skills.
Source: ACIL Allen Consulting and CS&HISC 2014, analysis of information from www.training.gov.au

### Transferability of skills and knowledge to other sectors

While there is a strong alignment of carers’ skills and knowledge with the requirements of the health and community services sectors, as discussed above, the statistics show that the majority of carers are likely to pursue opportunities outside of the health and community services sectors, often staying in, or returning to, roles and occupations they were in prior to taking on a caring role.

Where carers choose to continue to work within, or transition back into, their previous field of employment – or a new occupational field not associated with the community services and health sectors – there are a number of general skills (see Table 3) gained through caring which may contribute towards further education and training and subsequent employment.

There is limited literature on the extent to which these pathways are at all defined. Carers are likely to face similar barriers regarding transferability of skills as those faced by others returning to work after other breaks in their employment, such as those returning from significant periods out of the workforce, or mature age workers re-entering the workforce or changing occupation. Some of the most significant barriers are likely to include the currency of their skills, technological skills/digital literacy and general business skills (Cass et al 2006; Arun et al 2004).

Other carer-specific factors also play a role in enabling carers to continue or re-engage in employment. Many of these factors are acknowledged by Cass et al (2012) and relate to the need for flexible working arrangements for carers and the adverse implications of negative perceptions from employers (particularly in relation to mature aged carers). In addition to the challenges described above that are often faced by mature-aged job seekers, these negative perceptions can include carers being seen as unreliable due to the assumed unpredictability of their ongoing caring responsibilities (Cass et al 2012).

In relation to mature aged workers, Cass et al (2012) find that the extent to which carers already hold a formal qualification(s) may influence the likelihood of them remaining in or
re-entering employment. This is consistent with the general literature and statistics on the employment prospects and outcomes for those with tertiary qualifications compared to those without.

# 3. Preferences and barriers to carers’ education, training and employment

This chapter discusses the barriers to accessing and undertaking education and training, the employment preferences of carers, as well as the barriers related to their employment.

Research questions:

* *What are the barriers (both skills and non-skills related) for current and former carers entering employment?*
* *What are the employment preferences of current or former carers?*

## Barriers to undertaking education and training

Given the importance of formal qualifications and skills recognition to improving the prospects for employment during and post caring, it is important to identify the barriers faced by current and former carers in undertaking education and training. Eight references were included that specifically investigated barriers to education and training, nearly all of which focused on the circumstances of young carers in secondary and tertiary education. A few were rated highly for weight of evidence, where extensive fieldwork with young carers was undertaken or sophisticated data analysis was employed. Most of the literature was rated as medium, as it aggregated general information on relevant barriers or identified some practices to reduce those barriers.

The literature includes numerous investigations and analysis of the barriers to education and training as they apply to young carers (child and young adult carers), but very little in relation to the experiences of adult carers. The barriers most commonly discussed in the literature are generally related to current carers’ ongoing caring responsibilities, the elapsed time since previous education and training, and the effects of reduced household income.

The literature on adult carers refers primarily to the barriers these carers may face in maintaining employment or re-entering the labour force once the caring role has ceased. This may in itself reflect the lack of attention given to the training, re-training or up-skilling needs and benefits for adult carers in their transition to post-caring employment, noting that the literature on training to re-enter the workforce is far more developed for other cohorts that have experienced lapses in employment.

For insight into the barriers adult carers may face in undertaking education and training, the project team interviewed representatives from Carers Queensland, a Registered Training Organisation that delivers accredited courses in Community Services and Aged Care. Findings from an evaluation of a carer training program in the United Kingdom (Centre for International Research on Care 2011) were also informative.

The following sections discuss the barriers to education and training faced by carers including:

* the challenge of combining caring responsibilities with study;
* the costs of education and training on a limited income;
* the lack of clear information about support mechanisms and processes for accessing them;
* difficulties accessing appropriate financial support for their caring responsibilities; and
* facing constrained choices in education and training due to interrupted study and their caring responsibilities, such as lower education achievement or selecting a tertiary institution on ease of access rather than preferred courses.

### Delivery of education and training

The need for flexible education and training delivery underscores the importance of a sensitive and socially supportive environment for carers more generally as they undertake education and training.

The main challenge adult carers face when considering a return to study is the difficulty in combining the contact hours and workload of study with their caring responsibilities. Attending a regular schedule of education and training may be difficult or impractical if carers are unable to access respite care or place their care recipient into appropriate day programs. An additional consideration for carers is the likelihood of unpredictable events or care crises that may interrupt their course of study (CIRCLE 2011).

Young carers undertaking courses with work placements also face additional difficulties in negotiating the location and contact hours of placements, as they seek to combine their education and training with caring responsibilities (CIRCLE 2011). It has also been reported that caring responsibilities influence young carers’ choice of institution, with ease of access prioritised over other considerations (CIRCLE 2011). Significantly, as young carers enter post-compulsory education and training they may find a gap in services as they no longer qualify for school-aged carer supports but are not yet old enough for adult carer supports (Carers Australia 2013; Cass et al 2009).

### Costs of education and training

The costs associated with education and training have been identified in the literature as being of particular concern to carers, including course fees and materials, the cost of transport to and from their place of education and training, as well as the cost of alternative care (CIRCLE 2011).

Carers Queensland noted the impact on carers of stricter eligibility criteria for subsidised vocational education and training (VET) that is emerging in many states/territories. In Queensland, for example, eligible students may only access a government subsidised training place up to and including their first post-school Certificate III qualification in priority areas but, many carers accessing Carers Queensland’s Certificate III in Community Services Work or Aged Care have prior, higher level qualifications that make them ineligible for a subsidised training place. With regard to the Certificate III in Community Services Work, Carers Queensland works to secure alternative sources of funding so that students pay only a nominal fee. This option is not available for the Certificate III in Aged Care and Carers Queensland.

The literature observes that a lack of appropriate and timely advice regarding their financial circumstances and associated education and training options is a hindrance to young carers (NIACE 2013; Aylward 2009b).

### Administrative burden of Recognition of Prior Learning (RPL)

The Australian Qualifications Framework defines Recognition of Prior Learning (RPL) as ‘an assessment process that involves assessment of an individual’s relevant prior learning (including formal, informal and non-formal learning) to determine the credit outcomes of an individual application for credit’ (AQF 2012). This involves assessors working with students to identify and provide evidence of their skills and knowledge and connecting that with units of competency within a qualification.

RPL is a notable opportunity for carers to have their skills formally recognised in the Australian VET system, yet the processes surrounding RPL can be a barrier for students seeking to transition into accredited courses, as highlighted by Carers Queensland and Hamer (2013).

The administrative and documentation requirements for RPL in Australia are perceived as too onerous by students, who are already managing significant amounts of documentation and bureaucracy in their caregiving roles (Hamer 2013). As part of the interview process, Carers Queensland also observed that students were primarily reluctant to undergo RPL due to the burden associated with providing the relevant evidence. Carers Queensland also identified that some students opt to not undergo RPL preferring to participate in all elements of the formal training and the opportunity to study with fellow carers.

Hamer (2013), in her investigation of RPL practices in Australian vocational education and training, observes difficulties for learners in successfully navigating RPL. Hamer notes that some forms of RPL do not adequately value the experiential learning that occurs outside of formal education settings and the onus is on the learner to be able translate their skills and knowledge into forms recognised by institutions. Learners are generally not well placed to perform such translation, particularly if they have not had any recent experience with formal education and training systems (Hamer 2013).

### Poor access to support

Moore et al (2009) observed barriers to access and participation in education and training arising from the personal circumstances of being a young carer who is primarily responsible for an adult care recipient as well as themselves. These barriers included lack of sleep, stress, lack of food, no time for homework, having no time to participate in extra-curricular activities, and social isolation due to a lack of social support or negative perceptions and comments (whether from students or teachers).

A number of studies highlight a lack of support mechanisms for young carers in secondary and tertiary education, including assistance in managing study and caring commitments and access to appropriate respite care (Aylward 2009a). The unpredictability of caring may impact on carers’ attendance including at assessments (Carers Australia 2013; Cass et al 2009).

## Carers’ employment preferences

Carer’s preferences with regard to employment in particular occupations or industries are not well addressed within the literature. Similarly to the transferability of carers’ skills and knowledge, very little of the literature focused on identifying the employment preferences of carers; a far greater focus to date has been the impact of caring responsibilities on workforce participation. The small amount of literature identified was rigorous and rated highly for weight of evidence as it is focused on extensive qualitative investigation with carers or sophisticated analysis of published, quantitative datasets.

As noted in the previous two chapters, carers tend to reflect the general population in their patterns of employment by industry, with the exception of health care and social assistance, and education and training, where carers tend to be over-represented compared to the general population. Detailed data is provided in Table 5. It is worth noting that the bias towards employment in health care and social assistance, and education and training is much more pronounced for primary carers.

Table 5 Employment characteristics of carers: by industry

| **Industry** | **Per cent employed by industry** |
| --- | --- |
| **Primary carer** | **Carer, not primary carer** | **All carers** | **Not a carer** | **Difference (carers / not carers)** |
| Health care and social assistance | 19.8 | 13.9 | 15.3 | 11.5 | 3.8 |
| Education and training | 12.3 | 8.6 | 9.4 | 7.4 | 2 |
| Retail trade | 11.2 | 11.0 | 11.0 | 11.0 | 0 |
| Manufacturing | 7.0 | 8.6 | 8.3 | 8.1 | 0.2 |
| Public administration and safety | 5.9 | 7.0 | 6.9 | 6.6 | 0.3 |
| Accommodation and food services | 5.7 | 5.1 | 5.3 | 7.0 | -1.7 |
| Professional, scientific and technical services | 5.0 | 7.4 | 6.8 | 7.9 | -1.1 |
| Administrative and support services | 4.9 | 3.7 | 3.9 | 3.2 | 0.7 |
| Transport, postal and warehousing | 4.8 | 5.2 | 5.0 | 5.0 | 0 |
| Construction | 3.6 | 7.0 | 6.4 | 9.4 | -3 |
| Wholesale trade | 3.2 | 3.0 | 3.2 | 3.6 | -0.4 |
| Other services | 3.2 | 4.4 | 4.2 | 4.0 | 0.2 |
| Financial and insurance services | 3.0 | 3.8 | 3.6 | 3.5 | 0.1 |
| Agriculture, forestry and fishing | 2.4 | 2.9 | 2.6 | 2.1 | 0.5 |
| Arts and recreation services | 2.2 | 1.6 | 1.9 | 2.0 | -0.1 |
| Information media and telecommunications | 1.8 | 2.1 | 2.0 | 2.1 | -0.1 |
| Electricity, gas, water and waste services | 0.9 | 1.0 | 1.0 | 1.4 | -0.4 |
| Mining | 0.7 | 1.6 | 1.6 | 2.5 | -0.9 |
| Rental, hiring and real estate services | 0.5 | 1.7 | 1.6 | 1.6 | 0 |

Source: ABS *Disability, Ageing and Carers, Australia*, cat. 44300DO003, released November 2013.

Further to this, data on primary carers’ occupations do show a slight increase in variation compared to the general population, with areas of over and underrepresentation, as seen in Table 6. Notably, carers are overrepresented in labourer, community and personal service and clerical and administrative worker occupations.

Table 6 Employment characteristics of carers: by occupation

| **Occupation** | **Per cent employed by occupation** |
| --- | --- |
| **Primary carer** | **Carer, but not a primary carer** | **All carers** | **Not a carer** | **Difference (carer / not carer)** |
| Professionals | 22.8 | 22.3 | 22.5 | 22.4 | 0.1 |
| Clerical and Administrative Workers | 17.2 | 15.3 | 15.5 | 14.3 | 1.2 |
| Labourers | 13.5 | 10.6 | 11.2 | 9.3 | 1.9 |
| Community and Personal Service Workers | 12.1 | 10.4 | 10.9 | 9.5 | 1.4 |
| Managers | 11.2 | 12.9 | 12.6 | 13.1 | -0.5 |
| Sales Workers | 9.9 | 9.3 | 9.4 | 9.5 | -0.1 |
| Technicians and Trades Workers | 8.3 | 12.0 | 11.1 | 14.6 | -3.5 |
| Machinery Operators and Drivers | 5.3 | 6.6 | 6.4 | 6.7 | -0.3 |

Source: ABS *Disability, Ageing and Carers, Australia*, cat. 44300DO003, released November 2013.

In considering the industries and occupations within which carers will be employed, their preferences and choices will also be shaped by a number of factors, including:

* the intensity and duration of their caregiving;
* the range of supports available to them and to their care recipient, and their ability to access those supports;
* educational attainment;
* flexibility of working hours within a particular industry / occupation;
* location of employment; and
* previous work history.

Carers Trust (2014) identifies the impact some of these factors have had on young carers in particular. In a survey of 77 young carers, of the 39 respondents who were working:

* 44 per cent chose the job because it was not far to travel, meaning they could continue to undertake their caring role;
* 38 per cent had also considered the flexibility of working hours when choosing their job.

Further discussion of how these factors interact with one another and the impact they may have on carers and their experience of employment is discussed below.

### The impact of caregiving on employment

#### Impact of caregiving on participation in employment

An emphasis on understanding the differential impacts of caregiving depending on when and how often it occurs in the caregiver’s life course has emerged in recent years. Improved national data collections have allowed researchers to investigate the timing and duration of care-giving episodes, being aware that:

Caregiving situations can follow different trajectories across time (e.g. characterized by stability, steady escalation or decline, or periodic or cyclical crises) which also can influence the nature, timing and flow of care demands, and subsequent accumulation of employment consequences. In addition, caregivers may experience multiple caregiving episodes across their life course. Therefore, costs may accumulate and intensify over the adult life course.

Fast et al 2013, p.16

Fast et al (2013) found that the number of caregiving episodes carers had experienced during their lifetimes influenced the probability of reduced hours of work later in life. Women were 5 per cent more likely to report recent reduction in work hours for each additional care episode they had experienced over their life course; the inverse was true for men, where additional care episodes over their life course decreased the probability of reduced work hours by 96 per cent.

Fast et al (2013) also report a ‘threshold effect’ whereby caregiving only has an impact on labour force participation once it exceeds a certain level of intensity or demand. This intensity may be measured as hours of care provided, being co-resident with the primary care recipient, frequency of caring activity (daily, weekly, monthly), the provision of personal or medical care, or the duration of caregiving. More intense caregiving (more than 20 hours per week of care) is associated with a higher probability of experiencing employment consequences, such as reducing the hours of employment, or making the decision not to enter the labour force or withdraw from it completely.

Australian studies (Cass et al 2012; Gray et al 2008; Bittman et al 2007) have found a similar range of employment consequences associated with caregiving. Where primary carers continue in the labour force, the most common is that carers make changes to their employment in order to manage their dual roles. These changes included reduced working hours (as seen in the shift from full- to part-time hours or refusal of overtime), taking unpaid leave for whole or part days of work to attend appointments with their care recipient, using leave entitlements to meet care responsibilities, declining promotions, changing jobs and taking unpaid leave.

Cass et al’s study (2012) examines specific issues for mature aged female carers (a group who is likely to have undertaken multiple caring roles over their life course) and find that this cohort was more likely to experience interrupted attachment to the labour market arising from their parenting, partnering and/or caring histories. In this cohort, primary carers were more likely to have a weak attachment to the labour market as a consequence of interruptions to employment.

Austen and Ong (2009) also found that a reduction in caring roles, particularly at mid-life, did not increase the chances of women returning to paid work. However, the gap in employment and earnings between women primary carers and non-carers narrowed with improved educational attainment and better health. This study’s analysis of ABS data found that of the mature aged women carers who were not employed, 66.7 per cent had educational attainment levels of Year 12 or less while 10.6 per cent held a bachelor degree or higher.

Those who reported poor health as a result of their caregiving were less likely to be in the labour force than those reporting good to excellent health (Fast et al 2013). These results echo those found by Austen and Ong 2009 in their analysis of the Household, Income and Labour Dynamics in Australia Survey (2001-2005).

#### Impact of caregiving on employment preferences

One particularly relevant study (Larkin 2009), investigated the transitions and preferences of carers who had ceased caring, including preferences for post-caring fields of employment. Larkin’s (2009) study of post-caring trajectories showed that of those carers who were of working age when their caring responsibilities ceased, most undertook paid employment once their caregiving role ceased. Half of this group changed their job post-caring in order to undertake paid employment associated with caring, whether in a direct caregiving role or indirectly through work such as counselling at a carers support centre.

Larkin (2009) also observed across the whole sample that the experience of caring strongly influenced many of the post-caring activities undertaken by former carers, seen in the commencement of voluntary work associated with caring, such as with disability groups, hospices or carer support centres.

## Barriers to employment

There is considerable literature on the impact of limited labour force participation on carers (Cass et al 2013; Commonwealth Financial Planning 2009; Bittman et al 2007), and attention has also been given to what supports carers in maintaining paid employment (Australian Human Rights Commission 2013). It is primarily this literature that has identified those factors known to hinder a carer’s ability to maintain paid employment at levels prior to their caregiving.

The majority of the literature (n=11) which explored the barriers to employment for caregivers was rated highly for weight of evidence due to its emphasis on comprehensive analysis of qualitative data sets or extensive qualitative investigation with caregivers. The remainder was classified as having a medium weight of evidence where analysis was conducted at a higher level or reported good practices in identifying and addressing barriers to employment.

### Barriers to participation in employment

The most commonly cited challenges for carers seeking employment are inflexible work schedules and work overload, which prevents carers from balancing the multiple demands of full-time employment and informal care giving. Commuting distance between places of work, home and caregiving also leads to reduced hours of paid employment (Bernard and Phillips 2007).

Cass (2006) reports that of a group of carers not currently employed, 40 per cent said they experienced ‘formidable’ barriers to paid work that included a lack of alternative care arrangements, difficulty in arranging their working hours, loss of skills from being out of the workforce for an extended period of time, and their age

Research conducted by the European Foundation for the Improvement of Living and Working Conditions (Cullen and Gareis 2011), the Carers, Employment and Services Report Series (Yeandle et al 2007; Yeandle 2007a) and by the Employers for Carers organisation in the United Kingdom (Employers for Carers 2013) all found that barriers to employment were located at multiple sites: in the care support system, conditions of employment and workplace policies, and carer’s work and education experiences. As such, successful return to employment requires access to appropriate care support in order to reduce the caring burden, a job whose working schedule and workplace policies acknowledge and meet the needs of the carer, and the carer’s skills and knowledge meet local demand.

A report prepared by Carers Victoria (2010) underscored the need for holistic approaches to carer support so as to enable carers to commence, and maintain, paid employment. *Ways to Work* examined the barriers and supports for workforce participation of carers of adolescents and adults with an intellectual disability. It found that day care services were too short (with normal hours of operation between 9am and 3pm) and that there was a lack of affordable and accessible out-of-hours care options and vacation care. This had the effect of limiting the employment choices of carers (Carers Victoria 2010).

### Supporting transitions back to work

There are particular barriers to returning to employment once caregiving responsibilities have ceased that relate to the psychosocial readiness of carers to transition from informal caregiving into paid employment. For example, the effects of the loss of the caregiving role have been discussed by McCarron et al 2011 and Larkin 2009. Both studies observe that the cessation of care, whether through death or placement of the care recipient in a care facility, involves a period of adjustment and reconstruction for the carer.

Larkin (2009) describes three overlapping stages of ‘the post-caring void’, ‘closing down the caring time’ and ‘constructing life post-caring’ in those instances where the care receiver has died. McCorran et al (2011) expand on this, adopting the transition to a less demanding caregiving role that is involved when the care recipient moves into a care facility. In both cases, the loss of carer supports (practical, emotional, and financial) and the loss of the care receiver engenders complex emotional reactions that include grief, relief and anger.

The carer’s transition to a post-caring role can be made more difficult by a lack of recognition of the skills and expertise they have developed, compounding the difficulties in obtaining post-caring employment. McCorran et al also note the dearth of literature on carers’ expertise and the post-caring or care transitions experience.

# 4. Approaches to supporting carers’ participation in education, training and employment

This chapter details a number of different approaches, both from Australian and international contexts, to supporting the engagement of carers in education and training, and for successful transition to employment.

Research questions:

* *What education and training initiatives have been developed to recognise and build the skills and knowledge of carers?*
* *What evidence is available of approaches taken to successfully integrate current or former carers into employment?*

## Approaches to supporting participation in education and training

The House of Representatives Standing Committee on Family, Community, Housing and Youth (2009) found that the ‘intensity of the caring role, and the absence of alternative care arrangements for people being cared for, restricts the opportunity for many carers to partake in education’. With this in mind, this section presents a range of different approaches, from Australia and internationally, that have potential to support the engagement of carers in education and training. Supports for young carers are discussed specifically in relation to secondary education, whilst supports for all carers more generally are discussed within the context of post-compulsory education and training.

The majority of the literature relevant to this theme was classified as medium weight of evidence, focused primarily on descriptions of good practice with some reference to an evidence base. The high quality literature (n=5) mostly consisted of structured and systematic literature reviews that aggregated good practice and its evidence base. Two pieces of literature were generated from a United Kingdom project that investigated the needs of young carers in education and training, and assessed good practice.

### Transitioning from secondary education

#### Provision of guides and resources

Recognition of the impacts of caring responsibilities on young people has led to the development of various guides and resources that support young carers as they complete their secondary education. These resources are most commonly aimed at teaching staff in order to raise awareness of the extent of caring responsibilities undertaken by young people, and describe the strategies that will most support young people as they combine education and caring.

Some resources have been developed by Carers Australia in consultation with Young Carers Australia, addressing secondary students (Carers Australia 2007) and young carers in rural and remote areas (Carers Australia 2011). Based on research conducted by the Institute of Child Protection Studies at Australian Catholic University, the secondary students resource first identifies the need for schools and teachers to provide an understanding response when students identify as young carers and then to teach them to know how to identify a young carer.

The secondary students’ resource also encourages schools to adopt whole-of-school approaches to young carers that educate the school community about the issues facing young carers, the range of illnesses, disabilities, alcohol or drug problems for which young carers provide support, and promote support services to young carers. This approach is also supported by the Carers Trust (2014).

As part of the National Carer Awareness Campaign, within the National Carer Strategy, a Care Aware website was established in 2012. The content of this website has been transferred to the DSS website and provides a range of information and resources for carers and for education and training providers about the potential caring responsibilities of students. It is not known how widely used this information is by students or education and training providers.

#### Flexible and supportive education delivery

Teachers are encouraged to provide catch-up time for young carers and actively support flexible approaches to managing workload, homework and assignment deadlines (Carers Australia 2011; Moore et al 2009).

In the senior secondary years, appropriate supports for young carers include completing senior secondary qualifications over three, rather than two years, and providing advice on applications for special consideration. It may be appropriate in some circumstances for schools to facilitate the transfer of a young carer to a vocational education and training setting where timetable flexibility may best support education completion (Carers Australia 2007).

It is also noted within these resources that young carers in rural and remote areas face additional challenges arising from limited access to support services, the demands of travelling for medical appointments and treatment and limited mobility if their family is not able to use private transport (Carers Australia 2011).

#### Young Carers’ Passport

An example of in-school support for young carers is found in the Young Carers’ Passport, which has been adopted in some schools in the United Kingdom. The passport is used by students as a discrete way of letting teachers and school staff know when they need help and additional support at school. By showing the passport, young carers are able to take time out to undertake their caring responsibilities, access in-school support or counselling, or get extra help to manage their school work (Calderdale 2012).

#### Young Carers Mentoring Scheme

In an example that focuses on the transition from secondary to tertiary education, the University of the West of England conducts a Young Carers Mentoring Scheme for young carers from primary to secondary school age. The mentoring provides individualised support for young carers who may be experiencing negative impacts, and works with young carers to raise their awareness of higher education opportunities and their aspirations of moving into higher education. It also provides practical support to improve young carers’ attainment through weekly mentoring sessions that cover study skills, and opportunities for young carers to explore future educational and career options beyond 16, the most appropriate pathways for themselves, and to consider the differences between school and further and higher education (Carers Trust 2013).

An evaluation of the program found evidence of a considerable impact on young carers’ confidence and self-esteem, which has subsequently enabled them to move towards their educational goals and succeed in negotiating an educational transition (Carers Trust 2013).

#### Youth Connections

The Youth Connections program in Australia provides individualised case management support services to young carers who have disengaged or are at risk of disengaging from education. The progress report on the National Carer Strategy (2012) identifies that 3 per cent of Youth Connections participants in 2011 identified carer responsibilities as a barrier to engagement.

Just over half of these participants have achieved a final outcome — either re-engagement or a sustained improvement in engagement with education, training or employment. An additional 21 per cent were assessed as making significant progress in addressing their barriers to full engagement in education. Whilst the Youth Connections program demonstrates strong outcomes for young carers, it is unclear, the extent to which this program actively targets or seeks out young carers to participate.

### Flexible delivery of tertiary education and training

The National Institute of Adult Continuing Education (NIACE) undertook research into good practices in tertiary education colleges in the United Kingdom that supported young carers in particular to complete their senior secondary qualification.

The range of good practices identified by NIACE included:

* running drop-in days for young adult carers at the local colleges;
* employing young adult carers as trainers to run awareness training sessions for college staff;
* developing networks with a range of other services, including colleges, so there is good information for young adult carers;
* a college proactively identifying young adult carers as a result of working with a local young adult carers project over a number of years;
* a teacher training college running workshops for teachers on young adult carers, and
* a college having a young adult carer ‘line worker’ (NIACE 2013).

The availability of comprehensive support services, such as social or youth workers and strong connections with community agencies, have also been identified as good practice for supporting carers in these education settings (Ofsted 2009).

The Office for Standards in Education (Ofsted, United Kingdom) has made a series of good practice recommendations with regard to the delivery of further education (equivalent to vocational education and training) to young carers. This has included senior management commitment to identifying young carers and providing tailored support to match their additional needs, and improved training for college staff to raise awareness about the characteristics and additional needs of learners with caring responsibilities. Flexible approaches to curriculum delivery, including modularisation, flexible timetabling and the further development of virtual learning environments to enable greater supported self-study opportunities were also recommended (Ofsted 2009).

In regard to virtual learning environments and flexible online delivery more broadly, there is limited evidence regarding preference for, and effectiveness of, online learning environments in better enabling carers to participate in education and training. Yeandle and Wingfield’s (2011) review of the Caring With Confidence program in the United Kingdom (discussed further below) found that 90 per cent of carers participating in the training enrolled in face to face delivery, with 5 per cent opting for self-paced learning and 5 per cent for online delivery. Anecdotal evidence from interviews conducted for this review also suggested that many carers have a preference for face-to-face training delivery. This is an area for possible further research.

Similar to Ofsted, Carers Australia has also conducted research into young carers in tertiary education and makes a series of recommendations regarding effective policies and practices, including:

* developing explicit policies for young carers describing provisions (access to special consideration, extensions etc.), sources of support within the institution and in local agencies;
* training and guidelines for staff on how to deal appropriately with students who are carers (identifying students, appropriate personal responses, and practical strategies to assist students with their studies); and
* establishing links between institutions and carers associations, dedicated young carer programs and non-government agencies involved in carer support
(Carers Australia 2013).

Carers Trust (2014) provide similar recommendations in relation explicit policies to identify and support young carers. Carers Trust and Carers Australia both note the lack of data and information on the experiences and needs of young carers in tertiary education and recommend further research.

Similar to adult carers, young carers also identify that additional in-home support and respite is needed so that they can meaningfully engage in education and extra-curricular activities (Moore et al 2009).

### Specific education and training initiatives developed for carers

A range of specific informal and formal education and training initiatives are discussed below which are targeted towards informal carers. These examples include those from Australia, as well as examples from the United Kingdom.

#### Informal education and training initiatives

Carers can attend informal information sessions or training to address skill gaps (as discussed above) or to help build the necessary skills over the course of their caring role ‑ particularly as the needs of the person they are caring for change.

There are a range of information sessions, workshops, and courses available for carers in each state and territory through Carers Associations, education institutions and other community based organisations (such as neighbourhood houses).

In particular, informal education, information sessions and workshops are available at carers associations in each state and territory. A brief summary of the types of education and workshops on offer are provided below.

* disability and disease specific training (e.g. hearing loss, dementia – managing behaviours, practical strategies for supporting someone with a mental illness);
* understanding and coping with change, loss and grief;
* transitions – managing change after the caring role;
* carer support groups;
* legal issues for family carers / estate planning information sessions (financial affairs and assets);
* working with health and service providers; and
* Prepare to Care hospital program.

Similar information and education sessions and workshops are available through other relevant representative bodies, such as Alzheimer’s Australia, which provide more specific and tailored information, as well as more technical training for caring for people with particular disabilities, illnesses and diseases.

In the ACT, the Canberra Institute for Technology (CIT) runs a range of workshops and training sessions for family (informal / unpaid) carers. CIT Skills for Carers was established in 1999, and whilst the training provided is unaccredited, carers benefit from receiving this training through an education institute by the way the training is structured and formulated, as well as delivered by qualified academic staff. One of the unique aspects of Skills for Carers is that it is delivered through an education and training institution, providing access to a range of education professionals, trainers and resources.

Given the range of informal and unaccredited education and training on offer for carers in Australia, it is important to recognise the range of education and training that a carer may have participated in throughout their caring role.

Caring with Confidence program

The Caring with Confidence program provides a further example of informal training in the United Kingdom, delivered to carers on a broader scale.

The program was designed to provide training and support to carers with the objective of supporting greater choice and control in different aspects of their life. The program was delivered between 2008 and 2010 with a budget of £15.2 million, commissioned from a consortium comprising four carers’ organisations and delivery was implemented through a network of local training providers.

The informal training program comprised the development of standardised training modules and materials, delivered by trained facilitators. Carers could access the program through three different modes: face-to-face, online or through self-directed study. A set of generic modules was offered in addition to modules tailored for carers in specific circumstances or with particular types of caring responsibility. The modules covered the following topics:

* introduction to care giving;
* day-by-day caring activities;
* self-care;
* communication;
* available resources;
* coping skills; and
* maintaining family, social and life connections.

Most participating carers had very positive experiences of the program and cited benefits such as learning new skills, knowledge of available support and help to enact their caring role or taking up new social, leisure or health activities. Of all carers who registered for the program (n=13,939), 90 per cent registered for face-to-face session, 5 per cent for the self-study option and 5 per cent for online delivery (Yeandle and Wigfield 2011).

#### Formal education and training initiatives

The review identified two examples of formal education and training initiatives targeted specifically towards informal carers. One example was identified in Australia, with the other operating in the United Kingdom. Each example is described in detail below.

Carers Queensland Certificate III in Community Services

Carers Queensland is a representative association for carers, as well as a registered training organisation, that offers the Certificate III in Community Services to its members. Training is delivered on-site at three metropolitan locations with classes held one day per week for approximately 5 hours. This scheduling has been adopted to support carers’ access to training by recognising the limited opportunities carers may have to alternative care arrangements and provide a study load that is manageable alongside their caring responsibilities. It also seeks to support training delivery to individual carers whose study is interrupted by care crises through personalised support. Additionally, the students’ care giving work is recognised as an alternative to a work placement.

Carers Queensland provides an automatic RPL process for the unit ‘*CHCICS410A Support relationships with carers and families*’ and also offers RPL, where requirements can be met, for ‘*CHCICS304B Work effectively with carers’*. Students’ caring responsibilities are also accepted as meeting their work placement requirement. On completion of the course, students attend a six week Job Club and receive assistance with writing a résumé, job searching and preparing for interviews.

Between March 2010 and mid-2013, 52 informal carers have completed the qualification, with 28 securing full- or part-time work. The remaining students have gone on to further study, whether at university or with other registered training organisations (Carers Queensland 2013). In contrast to qualifications in Community Services, Carers Queensland has observed far lower enrolment levels in its Certificate III in Aged Care which may be partially due to the impact of more substantial work placement requirements.

Learning for Living

The Learning for Living program in the United Kingdom is an example of an online learning resource developed for carers. Personal development and learning tools are made available to carers through a website and completion of an online formal qualification. The online learning platform provides carers with a flexible study option which carers can work through at their own pace. The qualification is optional; carers may still access the online learning resources without undertaking the qualification (City & Guilds 2004).

The formal qualification is a *Certificate in Personal Development and Learning* *for Unpaid Carers*. This is a nationally recognised qualification designed to help unpaid adult carers return to paid employment or undertake further education. It aims to build on the skills developed through their caring role(s) and includes a focus on building confidence and computer skills. The Certificate consists of four main units with four topics per unit. Each topic takes around 2.5 hours which amounts to 10 hours per unit, and equals approximately 40 hours of total study (City & Guilds 2004). The units comprising the certificate are:

* Unit 1: personal development planning for carers – includes returning to learning, communicating and putting skills to use
* Unit 2: the needs of the carer – includes keeping healthy and sharing responsibilities
* Unit 3: influences on and impact of the caring role – includes understanding relationships and living with loss
* Unit 4: the carer as manager – includes safety matters, managing money and understanding care services (City & Guilds 2004).

The review was not able to identify any further information on the effectiveness or outcomes of this program.

#### *Foundation skills support*

The Australian VET Foundation Skills programs are designed for students who may require additional support in resuming formal education and training.

Foundation Skills are defined by the National Foundation Skills Strategy as:

* English language, literacy and numeracy: listening, speaking, reading, writing, digital literacy and use of mathematical ideas.
* Employability skills, such as collaboration, problem solving, self-management, learning, and information and communication technology skills required for participation in modern workplaces and contemporary life (SCOTESE 2012).

Foundation Skills may be offered either as a stand-alone qualification or as units taught alongside a vocational qualification. The development of these skills may support re-entry into further education and training or the workforce due to improved confidence, study skills and knowledge of modern workplace practices. The Adult Literacy and Life Skills Survey found that improving literacy and numeracy skills at all levels leads to improved labour force participation and income levels (ABS 2006).

### Recognition of Prior Learning

RPL provides an opportunity for carers to have their skills and knowledge gained through their caring role formerly recognised as part of further education and training. As discussed in Chapter 3, the administrative requirements to do so are often burdensome.

Good practice in RPL recognises that the process achieves good outcomes for students, providers of education and training and the industry in which the qualification is sought, if that process:

* reduces the documentary burden on students;
* assists students in understanding what skills and knowledge are relevant; and
* assessors possess in-depth knowledge of current industry practices and skills requirements (COAG 2009).

This can be achieved through a range of practices including intensive support for RPL candidates or supporting assessors in conducting structured competency conversations with candidates. In one good practice example, the North Coast TAFE facilitated RPL for Aged Care and Home and Community Care using a practical assessment tool for selected units that focused on an ‘I can’ approach, supported by training for assessors. Reported outcomes included increased requests for RPL in areas with little history of credentials and improved performance in the workplace (COAG 2009).

### Financial support for education and training

As has been indicated by Simon et al (2013) and McCarron et al (2011) there is a dearth of literature concerned with supporting the transition of adult carers into education and training, particularly with regard to the recognition of skills and expertise developed during their period of caregiving. As McCarron et al (2011) and Larkin (2009) observe, the post-care experience is a difficult one and the transition to a post-care role requires attention and support.

Observations by Carers Queensland in their delivery of accredited courses to current carers indicate that attention needs to be paid to a supportive social environment for carers as they learn, ease of access to carer supports such as counselling or support services, and a manageable workload to ease the burden of combining care with education and training.

Under current funding models, carers may face barriers in accessing education and training that is affordable if they do not meet the eligibility criteria in their jurisdiction. This may be the case for mature aged carers who hold a previous qualification higher than eligibility criteria may allow, but is outdated or is not relevant to the industry in which they are seeking work. Carers may also be on limited incomes but may not meet criteria to be eligible for fee concessions (NCVER 2014).

While government funding mechanisms for VET varies by jurisdiction, most states and territories are moving towards a student entitlement model in line with the National Partnership Agreement for Skills Reform (COAG 2012). Under these models, subsidies for VET are based on student demand, regulated through eligibility criteria. In some jurisdictions, such as South Australia, certain courses are also designated as priority courses or in areas of skill shortage may also be fee free to the student.

Eligibility criteria most often include:

* the student’s age (less than 20 years of age);
* enrolling in a Foundation Skills course whilst not in possession of a qualification of Diploma or higher;
* seeking to ‘upskill’ by enrolling in a course higher than current qualification;
* first Certificate III qualification;
* Aboriginal or Torres Strait Islander students; and
* recognised concession holders such as Health Care Card, Pensioner Concession Card or Veteran Affairs Concession Card.

#### Additional supports for carers

The Queensland Government currently has in place *Community Learning*, a five year training program that provides additional support for learners with diverse needs to gain qualifications up to Certificate III. This is a responsive funding model that supports partnerships between registered training organisations and community-based organisations to develop training projects designed to meet the specific needs of disadvantaged learners in their local communities. It is through this program that Carers Queensland has been able to offer the *Certificate III in Community Services* to its members for a nominal fee and in a manner that supports carers’ needs.

The Young Carer Bursary Program, announced in the 2014-15 Budget, will also provide added support to approximately 150 young carers each year, aged 25 or under, to undertake education and training. The programme has received funding for an initial three year period.

## Approaches to supporting participation in employment

There are a range of approaches described in the literature which can encourage and support carers to either maintain their caring role, or to transition back into employment following their caregiving role. Reflecting the available literature, it is noted that the majority of the approaches presented are broad legislative and policy measures. There is also some evidence regarding a range of pathways programs.

Of the references included for review specific to employment (n=17), six were assessed as high quality, with this work based on international or national studies into ‘what works’ for supporting carers in maintaining their employment. Where the literature was rated medium, it was focused on providing descriptions of good practice or included descriptions of good practice in broader policy discussion of the benefits of supporting carers in employment. Evaluations of policies or programs with specific reference to carers were very limited, with only one reference being found.

### Legislative recognition of the rights of carers

Carers first gained legislative recognition in Australia in 1985, which facilitated access to income support through the social security system and the establishment of Carer Payment (previously the Carer Pension) (Cass et al 2012). As identified in Chapter 1, the National Carer Recognition Framework (2010) builds on this specific recognition with the aim of focusing efforts on improving support for carers and better recognising the social and economic contributions that carers make to society (Australia Government n.d).

Informal carers have also recently been formerly acknowledged within the *National Disability Insurance Scheme Act* *(2013).* Carers are also included within the needs assessment process for NDIS participants. For example, if agreed by the participant and their carer, services or supports can be used to strengthen and build the capacity of carers to support the participant.

Whilst these are important steps in recognising and supporting roles of carers, the United Kingdom and Sweden also provide examples of furthering the support for carers within legislation.

#### Carer assessment and support legislation

Carer assessments involve the review of carers’ needs by a professional in order to identify supports which may be required to assist them in undertaking their caring role. The depth of assessment undertaken varies, but may include identification of the need for training in a particular area so that the carer can meet the needs of the person they are providing care to, or regarding day care or respite needs to support their caregiver to maintain their employment.

In the United Kingdom for example, the *Carers and Disabled Children Act 2000* now extends to provide carers with an assessment of their needs and to access support to assist their caring role (Cass et al 2012). It also provides carers with direct payments where they are in need of financial support, instead of providing formal services to the person in need of support (Cass et al 2012). The main difference between this and the Australian legislation is that carers in the United Kingdom are provided with an assessment of their needs, which includes the identification of skills and training needs as well as additional supports.

Carer assessments in the United Kingdom are provided by local councilS and assess the carers’ need for support in providing care, in maintaining activities and responsibilities in addition to their caring role and any supports required by the person for whom they are providing care. Eligibility for support is assessed on the level of risk posed to the caring role; if the risk is assessed as critical then the local council is required to address the risk through the provision of appropriate services to the carer or the person for whom they care. A range of factors are considered a critical risk, including major health problems, the carer feeling significant loss of control over their caring role or ability to meet their own domestic needs, possible loss of significant social support systems for the carer or possible loss of employment (Carers UK 2014).

Carer assessments in the United Kingdom may also be used to identify the support carers need to transition to employment and Carers Grants may be used flexibly to assist carers access back-to-work training and career advice.

While the legal and policy framework supports this use of carer assessments and Carer Grants, a study of its implementation by local area authorities revealed little progress. Where staff were trained and directed in promoting carers’ employment, some progress was made in the provision of specialist support to carers such as advice about in-work benefits, cost-benefit analysis of employment opportunities, courses to build confidence and support carers’ job search and preparation skills (Yeandle et al 2007).

Another example is in Sweden, where existing legislation has been revised in order to strengthen supports for carers. Whilst this has not included the development of specific carer recognition legislation, Sweden adapted its Social Services Act in 2009 to outline that municipal social welfare boards ‘have to assist’ carers by providing support (Albin et al 2011; Cass et al 2012). Evaluation has shown that this approach has resulted in varied outcomes between municipalities, due to both the highly varied needs of carers in different situations, and the extent to which municipalities have the capacity to address and support such needs (Albin et al 2011). Again, the Australian legislation stops short of including such a requirement to provide support to carers (Cass et al 2012).

While these legislative approaches may be perceived as focusing primarily on supporting carers to undertake their caring role – rather than to further their education and training, or transition into employment – they do address some of the barriers identified in Chapter 3. In particular, legislative requirements such as these may go a way to increasing the availability and access to alternative care arrangements, thus enabling carers to consider mixing education and training or part-time work with their caring role.

### Ensuring appropriate workplace flexibility and conditions

Research into the workplace approaches and mechanisms that support carers in maintaining their employment has consistently identified the need for employee-initiated flexibility in managing work schedules, workplace policies and attitudes that support caring and access to information about carer support in the workplace and in the community. This section describes a range of practices adopted in the United Kingdom, Europe and Australia.

In a study of carer assessments undertaken in the United Kingdom, Arksey (2002) observed a range of practices that carers identified as critical to maintaining their employment.

These included:

* leave policies to cover both planned and unplanned occurrences;
* carer-friendly working arrangements, including flexible work hours, part-time work, (longer) lunch breaks and leaving work on time;
* access to the telephone, preferably in private;
* supportive line managers, and
* supportive co-workers.

The Australian Human Rights Commission has published a toolkit for Australian workplaces that outlines a range of workplace mechanisms for supporting carers (Australian Human Rights Commission 2013). The toolkit recommends the development of an integrated carer strategy for the workplace based on an audit of current workplace flexibility and carer policies, a survey of staff to understand what is needed and would be valued and the identification of practices or policies that will bridge the gap between existing support and the caring needs identified by staff. Appropriate workplace mechanisms include information and advocacy, flexibility in working time and leave arrangements, access to support services (such as child care, private phone use) and financial assistance. Further detail is provided below.

* **Information and advocacy:** dissemination of information to employees regarding workplace carer strategy, toolkits for line managers to assist them in supporting carer employees, carers’ networks across the workplace, information portals providing resources on combining care and employment.
* **Flexible work and leave arrangements:** clear advice on access to paid and unpaid leave for carers, flexi-time, compressed work week, reduction in working hours, job-share arrangements, the ability to ‘purchase’ additional leave with the salary ‘smoothed’ over the year, access to long-term unpaid leave with retention of job, flexibility in work location (at home, or site closer to where care is provided).
* **Care-related services:** an in-house Employee Assistance Program, access to confidential helplines and facilitation of access to counselling, subsidised in-home care with minimised employee contributions.
* **Financial services:** child care vouchers available through salary sacrifice, support in employees obtaining tax-related benefits, repayable aid for exceptional care-related costs (Australian Human Rights Commission 2013).

A large scale study of initiatives in European workplaces (Cullen and Gareis 2011) identified similar effective practices as well as practices that connected employees with external agencies, training seminars on caring, and access to health and wellbeing training for carers. A survey of employees and employers found that the costs associated with workplace mechanisms were relatively low because the percentage of carers in the workforce at any one time was correspondingly low. Employers also reported benefits such as reduced absenteeism, lower staff turnover, increased motivation, greater loyalty to the organisation and improved job satisfaction.

#### Flexible working hours

Flexible working hours are a key component of workplace flexibility. The Australian *Fair Work Act* *(2009)* contains National Employment Standards, which are made up of 10 minimum requirements for employees, including the right to request flexible working arrangements. Initially, these arrangements could only be requested by a parent who has been employed for 12 months or more, who is responsible for the care of a child under school age, or aged under 18 years with disability. Requests to work flexibly may include changes to work hours, patterns of work or location. However, the Fair Work Amendment Act 2013 recently extended this right to carers.

Internationally, there are a number of countries in which these requests for flexible working arrangements are available for carers more generally. These include arrangements in Sweden, the United Kingdom, New Zealand and the Netherlands – which extend this opportunity to all workers. In many cases the duty is placed on employers to accommodate flexible working arrangements; however some of these countries also have systems of appeal (Cass et al 2013).

Cass et al (2013) highlight that flexible working hours are a key element of ensuring carers have a real choice to maintain their employment whilst taking on a caring role and that extending this right to carers in Australia could support this further.

#### Employers for Carers

Employers for Carers in the United Kingdom uses a membership approach to encourage employers to support carers in employment.

*Employers for Carers* is chaired by British Gas and supported by the specialist knowledge of Carers UK. They provide support to member employers to retain employees who have caring responsibilities. Employers for Carers recognises the benefits of retaining skilled and experienced workers, over the costs that can be incurred through recruiting and training new staff. It highlights that identifying needs of carers and creating a supportive working environment is important for retaining valuable employees (Employers for Carers 2013).

Employers for Carers provides practical advice and support for employers who are seeking to develop carer friendly policy and practice; promotes the business benefits of supporting carers; and influences government and employment policy and practice to create a supportive workplace culture for carers (Employers for Carers 2013). Ways in which Employers for Carers support its member organisations include:

* raising awareness of caring and caring issues in the workplace and engaging with employees who identify as carers;
* reviewing current workplace policies and practices, training and supporting managers to implement carer friendly policies, and monitoring outcomes; and
* developing and supporting staff carer networks, and directing employees to workplace and external support (Employers for Carers 2013).

### Career breaks

Building on the legislative approaches described above, there are also a number of broader policy initiatives which the literature highlights can enable carers not only to maintain their caring role, but to combine this with education, training and/or employment.

Career breaks, time credits and policy approaches have been used in Belgium, to ensure a better balance between work and family life. The literature highlights that these breaks and credits are also useful for people, such as carers, who may need to take a limited period of leave from work (Devisscher 2004).

Career breaks were first introduced in Belgium in 1985. Every employee, across both the public and private sectors, could stop work or reduce work hours for a limited period with the approval of their employer. Due to the success of the approach, career breaks were eventually introduced for specific circumstances such as palliative care, care for a family member with serious illness, or parental leave. In these instances, employers could not refuse leave to employees (Devisscher 2004).

Whilst career breaks for the public sector and specific circumstances have been maintained, career breaks within the private sector have been replaced by time credits. Under this approach, employees are able to reduce their hours by up to 50 per cent for between three and 12 months without losing their position. There are also a range of addition credits available to mature age and long serving employees (Devisscher 2004).

Evaluation of these approaches has highlighted that the number of people that choose to take a career break is high, and this leads to a range of positive benefits, particularly regarding their home environment. Unfortunately the impact of these breaks on carers is not distinguishable. There are also some negative impacts, including potential negative effects on labour participation overall, and participants being more likely to reduce their working time after taking a career break (Devisscher 2004).

As identified by Cass et al (2012), this policy approach could support carers in Australia particularly those who may need to take on a caring role for a specific time period and are able to continue with some level of work.

### Carer credits

A number of countries have implemented carer credit initiatives specifically focused on carers of older people or people with disability or chronic illness. These countries include the United Kingdom, Germany, Ireland and the Czech Republic.

Often, the primary aim of carer credits is to improve the adequacy of mature age benefits for women, who are likely to have gaps in their workforce participation which lead to fewer years of wage contributions, lower average earning and consequently lower pensions in many cases. This scheme involves crediting a carer with an amount of time in months or years to their work record while they are providing care.

One of the most recent countries to introduce carer credits is the United Kingdom. The United Kingdom pension system combines a flat rate system with a variable pension based on previous earnings. Therefore, to ensure that carers do not have significant gaps in their employment, carer credits have been introduced for those who provide care to one or more persons with disability for 20 hours or more per week, when the carer is not in receipt of the carer allowance (Cass et al 2012).

Considering the application of carer credits in the Australian context is somewhat different, given our flat-rate aged pension system. Cass et al (2012) and Vlachantoni (2008) describe that carer credits can encourage an equal distribution of paid and unpaid work, assist with the re-entry of carers into paid work, and reduce financial disadvantage stemming from caring in later life. Carer credits also promote the value to society of caring work.

### Pathway programs

Two examples of pathway programs focused specifically on carers were found within the literature, each of which are discussed below.

The Skills for Care Learning and Skills Council in the United Kingdom has developed a national pathway to entry to into social care work, designed for job seekers within this sector. It has three key elements:

* the development of local partnerships between social care employers, learning providers and employment support advisers (from Jobcentre Plus or Work Programme providers);
* the route-way toolkit, which is a set of practical resources designed specifically for employment support advisers; and
* the route-way course, which is a pre-employment training course that lasts at least 60 hours and can be taught flexibly over a three to six week period.

Throughout the 60-hour course, students develop their communication and employability skills and learn about the values and principles that are central to all types of work in the social care sector. The course also teaches students about the range of job and career development opportunities available in the sector.

The learning outcomes for this course have been developed into an accredited Award on the Qualification and Credit Framework ‑ the Level 1 Award in Preparing to Work in Adult Social Care. The Award consists of five level 1 units and has a credit value of six. The outcomes of this pathway are yet to be evaluated.

The second example is the People into Employment (PIE) project, designed to support people with disabilities, carers and former carers in gaining mainstream work. This pilot project in the north-east of England designed and offered a single point of entry to a range of employment, training and advice agencies and services, including financial support (Arksey 2003).

The project adopted an open recruitment policy, generally helping the least ‘job-ready’ people who did not seriously consider paid work to be a viable option for them. Potential clients were referred to PIE by a range of bodies, including voluntary sector organisations and other job search agencies.

The PIE project development officer assisted clients in their job-search activities which included seeking out suitable work related training courses or placements, job searching, and transporting and accompanying clients to job interviews. Attempts were made to tailor support to meet the expressed needs of individual job seekers rather than offering a ‘one size fits all’ approach. It was found that spending time in the initial stages on matching clients to work that was appropriate to their abilities and interests was beneficial in the longer term for the carer.

As identified through evaluation by Arksey (2003), key ingredients in PIE’s success were adopting a tailor-made approach to job-search activities and training; adjusting the pace at which people move towards sustained employment, particularly in the case of former carers; recognising and responding to the differing needs of people with disabilities, carers and former carers; confidence boosting; accompanying clients to job interviews; good job matching; and ongoing practical and emotional support for both clients and employers.

## Ongoing support for both study and employment

There are a number of measures, many of which are already in place in Australia, which may provide broader support for carers in enabling them to undertake education and training or transition into employment.

### Income support

There are three types of income support payments available to carers in Australia, including the Carer Payment, Carer Allowance and Carer Supplement. Additionally, carers may also receive income support through access to the age or disability pension.

#### Carer Payment

Eligibility for Carer Payment in Australia is based on the provision of constant care to someone within the home environment. The payment is only available to those carers aged over 16 years, is means tested and can only be received by the primary carer.

As part of this payment, recipients can only undertake up to 25 hours of education, training or employment per week, with no added flexibility around this hourly weekly limit. The literature highlights that this limited number of hours can result in a disincentive for carers to combine education and training or employment with their caring role (Cass et al 2013; House of Representatives Standing Committee on Family, Community, Housing and Youth 2009; Cass 2006). Similar limits apply to carer payments in other countries, including the United Kingdom.

Cass et al (2013) also highlight that, currently, when a carers’ role ends due to death of the person they are caring for, they continue to receive the Carer Payment for 14 weeks. This provides carers with a transition period to re-enter the labour market if they have been out of the workforce. However, carers may also require additional supports to be successful in this regard, particularly in coping with bereavement and ensuring their readiness to re-enter the workforce.

Literature highlights that limits on earning attached to income support payments for carers can force carers to reduce or downgrade their employment, from professional level to low paid or menial work (Cass et al 2013; Cass 2006). A lack of flexibility around earning limits can create challenges for carers participating in casual work – to ensure they are below the weekly limit, and makes an offer to increase their employment or responsibility difficult (Cass et al 2013).

#### Other carer payments

The Carer Allowance in Australia is an additional payment for carers who provide daily care to a person with a severe disability or medical condition, or who is aged. The payment is not means tested, and care must be provided within the home environment.

The Carer Supplement is provided to those receiving the Carer Allowance or Payment to assist with the costs of caring for a person with disability or medical condition. Additionally the Carer Adjustment Payment is available to families of children between 0-6 years who have a sudden or severe illness, disability or accident.

Whilst these payments may be perceived as providing less support in enabling the participation of carers in education, training or employment, it is worth noting the positive benefits associated with these objectives, where the financial wellbeing of carers is protected. The literature identifies that where this occurs, carers are provided with greater opportunities to participate in education, training and employment during their caring role (Cass et al 2013).

#### Bereavement payment

As discussed earlier, the literature highlights that financial strain following the death of a care recipient can be an additional challenge faced by carers. A Bereavement Payment is available to carers who are receiving a social security payment at the time of death of the care recipient. The purpose of this payment is to assist with settling financial affairs associated with expenses incurred by the deceased prior to death.

The National Carers’ Strategy (2011) outlined changes (which took effect in 2012) to this eligibility to ensure that carers receiving the Carer Allowance and an income support payment (other than carer payment) were also eligible for this Bereavement Payment.

#### Pension Education Supplement

The Pension Education Supplement is also available in Australia to carers who receive income support payments (such as the Carer Payment). This supplement provides students with financial support to help with the ongoing costs of full-time or part-time study in a secondary or tertiary course (Department of Human Services 2014).

### General support services for carers

Integrated support practices and initiatives can assist carers in maintaining employment while providing informal care. One example of this is the Anhörig 300 project in Sweden. The project aimed to provide a range of supports for carers, as well as information (Albin et al 2011).

The range of supports provided through Anhörig 300 typically included:

* no-cost relief service for 15-25 hours per month;
* study groups for carers focused on legislation, understanding dementia, use of technical aids etc.;
* short-term out-of-home respite care and access to emergency respite care in case of emergency carer illness;
* drop-in centres for carers and the elderly;
* day care centres for the elderly; and
* home visiting service and nursing care and coordination (Albin et al 2011).

An evaluation of the program further identified the need for educational programs and seminars for carers (Albin et al 2011).

There have also been a number of programs trialled in Australia which aim to support carers’ employment through the provision of respite care services. These programs are outlined below.

* The Employed Carer Innovative Projects which piloted innovative approaches to supporting carers in the workforce through providing flexible and responsive respite care. These projects were evaluated by URBIS in 2008.
* The Employed Carers Extended Respite program which aimed to extend, align or complement existing respite and support services. The program was targeted towards primary carers of older Australians who were experiencing difficulty in maintaining or securing employment. An evaluation of this program was undertaken by URBIS in 2009 which identified that the program had increased the ability of carers to continue their caring role.
* The Demonstration Day Respite in Residential Aged Care Facilities initiative was part of the 2007/08 Federal Budget, with funding provided over four years by the National Respite for Carers Program to establish 31 demonstration sites for day respite care in aged care facilities across Australia. An evaluation of the initiative was undertaken by the Department in 2013.

## Relevant approaches in other sectors

There are a range of other approaches to supporting individuals with complex needs in other non-caring circumstances as they transition into and maintain employment that may inform policies and practices to support carers into education, training and employment. These include job service agencies, active labour market programs and parental leave practices.

### Job Services Australia

Job Services Australia (JSA) is a Commonwealth program that supports job seekers through a streamed approach that recognises the range of barriers that may hinder the successful search for, and participation in, employment. Job Service Providers (JSPs) are contracted to provide employment search and placement services, with the degree of support provided to each jobseeker based on the level of disadvantage and difficulty they may experience in obtaining employment. The level of disadvantage is determined through the Job Seeker Classification Instrument, a questionnaire delivered in an initial assessment with clients and encompassing eighteen categories or factors.

As a result of this assessment, job seekers are allocated to one of four streams and eligible for certain types and levels of assistance. Carers are eligible to register directly with a JSP, with this eligibility based on receipt of the Carers Payment. Additionally, carers who have been in receipt of income support (including Carer Payment) for two or more years, who could not work because of their caring responsibilities are eligible for the Wage Connect Subsidy when registered with a JSP. The extent to which informal carers are aware of and use JSA is unknown. Further information about carer outcomes under this program would also be beneficial.

### Active labour market programs (ALMPs)

The use and effectiveness of active labour market programs (ALMPs) for disadvantaged jobseekers or those with complex needs may provide further insight into approaches that may support carers’ transition to employment. ALMPs are designed to promote job searching and (re-)entry into the workforce for with varying degrees of assistance provided on the basis of jobseekers’ skills and needs.

The most common types of ALMPs are:

* classroom or on-the-job training;
* job search assistance;
* subsidised private sector employment;
* subsidised public sector employment;
* threat of assignment to program; and
* combination of programs.

Analysis of ALMPs demonstrates that subsidised public sector employment programs are relatively ineffective whereas job search assistance and case-management programs have generally favourable impacts, particularly over the short term. Classroom and on-the-job training are not particularly effective in the short term but have more positive impacts in the longer term as increased skills contribute to employment sustainability (Card et al 2010).

A study by the OECD notes the importance of adequate staff resources in job search assistance and case-management programs, as sufficient regard for the effects of individual circumstances and local job market conditions are factors in the success of these programs. Mixed strategies – combining job search assistance and participation in training or similar options – may also be effective. The OECD also argued that ALMPs that focus on sustaining employment through additional supports, such as child care and assistance with transport, have higher long-run effects than standard programs (OECD 2005).

### Other approaches

Other relevant approaches that could inform support for carers in maintaining a connection to the workforce can be found in parental leave practices that encourage attachment to the workplace while on leave. As the Fair Work Ombudsman’s best practice guide indicates, the adoption of effective parental leave policies assists employees in managing their transition out of and back into work and helps employees to achieve work/life balance. This in turn increases attachment to the workplace and their employer (Fair Work Ombudsman 2013).

The best practice guide recommends tailored approaches that recognise the needs of employers and employees. Flexible approaches to paid and unpaid leave are encouraged, including consideration of how employer-funded leave can interact with government-funded leave. Maintaining communication with the employee is strongly encouraged and may occur through forwarding staff newsletters and updates, nominated times for in-person discussion about managing leave and return to work expectations.

Planning for a smooth transition back to the workforce includes consideration of work arrangements that supports work/life balance and the management of new caring responsibilities. These arrangements can include:

* accessing annual leave in single day or part day periods;
* taking time off in lieu of overtime payments;
* accessing accrued rostered days off in part days or more flexibly;
* part time work;
* job-share arrangements; and
* telecommuting or home-based work (Fair Work Ombudsman 2013).

These broader approaches to supporting transition to employment, generally, have not been applied to carers in Australia. However, there is potential for these approaches to be further developed, trialled and reviewed in relation to specific outcomes for carers, and to identify lessons to inform the development of more tailored policies and initiatives for carers.

# 5. Conclusion and key findings

## Overview of the literature

In total, 133 articles were included in the review, with the majority of articles relevant to research questions regarding relevant practical skills and knowledge (Question 1), education and training initiatives (Question 2) and program/policy approaches to integrating carers into employment (Question 4). There was less in the literature that was of relevance to the transferability of skills and qualifications to post caring work (Question 3) and to carers’ employment preferences (Question 4b).

Overall, the literature review found there to be a lack of high quality research available in relation to informal carers, their skills and knowledge, education and training, and their transition to employment. Furthermore, only a small amount of this research has been undertaken in Australia.

In particular, the literature on policies and approaches to support carer participation in education, training and employment was variable in its quality. Only a small proportion was given a high weighting as it featured a clear and rigorous methodology and was directly relevant to the research questions. The rest of the literature in this area was given a medium or lower weighting often due to small sample sizes, a less structured methodology or having indirect or partial relevance to the research questions. These articles included surveys and reports of good practice, as well as broad analysis of particular policy responses.

Importantly, where the literature identified specific policies, approaches and programs to support education and training or the employment of carers, few references included performance data or evaluation of their relative effectiveness.

There was also limited research relating to particular sub-groups of carers. Whilst there is a strong emerging field of literature regarding young carers, and some evidence regarding the barriers faced by carers located in rural and remote areas, there is little research that examines different impacts or initiatives for carers in other sub-groups (e.g. carers from different socioeconomic or cultural backgrounds or part-time and full-time workers).

## Key findings and specific gaps in the literature

The key findings of the literature review are summarised below in relation to recognition of carers’ skills and knowledge; employment preferences and pathways into employment; supporting participation in education and training; and supporting participation in employment.

### Recognition of carers’ skills and knowledge

There is a gap in the literature on practical skills and knowledge of informal carers. The literature review identified 23 relevant references. Much of the literature in this area was condition specific (e.g. skills required for caring for someone with dementia or stroke), with only a few considering skills and knowledge required by informal carers more broadly.

Synthesis of the relevant literature did identify some common skills for carers, as described in Table 3. There is a lack of common understanding in the literature regarding what carers’ skills are or how best to formally recognise these skills through training or skills recognition processes.

The review found that it was possible to relate the skills identified in the literature to existing training and competencies required for different roles. This process demonstrated the relevance of carers’ skills to training and roles in community services and health. However, to support articulation of training pathways and development of appropriate tools for recognition of prior learning, a more comprehensive and detailed mapping process is required.

The review also demonstrated a lack of evidence of the appropriateness and effectiveness of existing training programmes for carers. A number of education and training programmes developed specifically for carers were identified. In Australia most of these programs deliver informal (unaccredited) education and training (such as those programs run through state and territory carers’ associations). Only one Australian accredited training program was identified, which is delivered by Carers Queensland.

### Employment preferences and pathways into employment

It is important to consider the employment preferences of carers when looking at the transferability or relevance of carers’ skills to employment. The employment preferences of carers and the transferability of their skills was another key gap in the literature. This topic can perhaps be described as an emerging field, as the review was only able to identify relevant literature published since 2013.

The available literature indicates that the majority of carers are likely to return to roles and occupations they were in prior to taking on their caring role and that carers are slightly overrepresented in health care and social assistance as well as education and training.

The literature also identified two pathway programs that aim to increase the readiness and skills of carers for employment in the United Kingdom. The People into Employment (PIE) pilot program (2012) was found to be effective in transitioning carers into employment. No information was available on the effectiveness of the Skills for Care national pathway program. The literature also highlights the effectiveness of similar pathway programs or active labour market programs (ALMPs) in other sectors.

### Supporting participation in education and training

A clear finding by the review was the importance of available supports for carers to enable them to participate or maintain education and training or employment. In particular, these included various income supports as well as respite, day care and access to support groups.

The review found a large amount of literature was consistent regarding the:

* importance of raising awareness and providing guidelines and resources to education and training providers regarding support and education options for carers; and
* need to provide flexible education and training opportunities for carers, both at the secondary school level and in tertiary education and training.

The review also identified a number of tools that have been shown to be effective in supporting carers to access education and training.

* **Carer Passports** and mentoring programs were identified as effective ways of supporting young carers in education and training.
* **Training subsidies, incentives and study allowances** were also shown to have a significant role to play in encouraging and supporting carers to undertake further education and training.
* **Foundation skills courses and RPL** were identified by the review as having potential to support carers in entering education and training, however further investigation is required to examine how these mechanisms may be most effective for carers.

### Supporting participation in employment

The literature suggests that there should be a focus on actively raising awareness among employers of both the benefits of employing carers and the best ways in which to support them within the workplace. Further detail is provided below.

* **Employers for Carers** in the United Kingdom deliver advice and support for member employers to develop carer friendly policy and practice and retain skilled workers.
* **Flexible working hours and workplace conditions** were commonly identified as being a key factor in carers being able to maintain employment, e.g. flexible leave arrangements and access to employee assistance programs.

Legislative approaches identified included those in the United Kingdom and Sweden which recognise the rights of carers in legislation include provision for an assessment of need and access to support for carers within legislation. There was little information available on the effectiveness of these approaches and the extent to which they have improved support for carers in relation to undertaking education, training or transitioning to employment.

In addition, the review identified a range of other approaches to supporting individuals with complex needs in other non-caring circumstances as they transition into and maintain employment. There is potential for these approaches to be evaluated in relation to specific outcomes for carers, and to identify lessons to inform the development of other more tailored policies and initiatives for carers.

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# Appendix A Literature search methodology

## Literature search strategy

This section details the search strategy used for the review, including search terms and targets and inclusion and exclusion criteria.

The project team located and examined a significant amount of literature located and examined as part of this review. However, there were evidence gaps in specific areas. As such, the review examined the literature across a variety of cohorts, where relevant, to identify effective approaches which may be relevant to carers.

Additionally there was limited peer-reviewed literature due to the relative specificity of the topic. As such, grey literature formed a significant part of this review. For example websites and publications of key organisations (e.g. Carers Australia) were searched, as well as publications from governments and carer representatives internationally. Searching of grey literature included key policy documents developed over the last five years, and supporting evaluations and other administrative data that indicated the effectiveness of approaches. Searching conference and dissertation databases was also completed to help to identify the grey literature.

The search strategy comprised:

* search terms
* search targets, such as electronic databases, journals and research institutes
* inclusion and exclusion criteria.

These are described in greater detail below.

### Search terms and targets

The search was based on the use of key words, used singly and in combination to ensure that all relevant evidence was collected for screening and analysis. Terms were used when searching all targets, including electronic databases, journals, conference and working papers etc.

A summary of key search terms relating to carers, skills and education, and employment, are detailed in Appendix B. These terms were added to and refined as the search was implemented.

Multiple search rounds were conducted across a number of databases, journals and websites (up to three rounds of searching), as search terms continued to be refined. Importantly, one round of literature searching was also conducted following stakeholder consultations (described below) to pick up on any specific literature or initiatives identified by key stakeholders.

At the completion of each search round, results were provided to the research team to select articles that met the inclusion criteria for the review. The range of literature identified from each search round was analysed and key information gaps highlighted, prior to undertaking further rounds.

### Inclusion and exclusion criteria

The following criteria were established as a means of producing a relevant dataset of references which was further categorised and analysed as part of the review.

Inclusion criteria were:

* English language;
* literature published nationally or internationally;
* literature published since 2004, with a focus on literature published since 2009, and
* theses produced within Australia and New Zealand.

Exclusion criteria were:

* languages other than English;
* literature published during or prior to 2003;
* theses produced outside Australia and New Zealand, and
* literature primarily focused on skills and/or initiatives for formal carers (e.g. those who are formerly employed to provide care, including foster carers).

## Weight of evidence

The evidence collected for the literature review was reliable and relevant. The ‘weight of evidence’ approach was adopted, as established by the Evidence for Policy and Practice Information and Co-ordinating Centre at the Institute for Education, University of London. This approach allowed a composite assessment of each study to be made against three criteria:

* **A** = The trustworthiness of the results judged by the quality of the study within the accepted norms for undertaking the particular type of research design used in the study (methodological quality);
* **B** = The appropriateness of the use of that study design for addressing the literature review's research question (methodological relevance); and
* **C** = The appropriateness of the research for answering the review questions
(topic relevance).

A simple numeric scale was used to rank each study. For example, a scale of 1-3 indicated high, medium or low quality/relevance. This resulted in a judgement of overall weight of evidence (WoE) based on the assessments made for each of the criteria A-C. A guide to grading WoE is described in Table 2.

A significant consideration in assessing WoE for the targeted literature was understanding the range of literature discovered. The literature search uncovered academic and grey literature that sought to do one or more of the following:

* *define the issue:* describing the extent or impact of the issue. This may include statistical analysis of transition to employment outcomes for former carers, or qualitative description of a cohort’s carer skills and knowledge
* *provide policy or economic context:* description or analysis of what is currently occurring, either in Australia or overseas, which may or may not indicate impact or success of current approaches
* *provide impact analysis:* evaluation or impact analysis of discrete programs, initiatives or policy approaches
* *propose solutions:* putting forward new or refined approaches, programs or initiatives based on analysis of the issue, its context or alternative approaches found elsewhere.

The WoE framework was designed to accommodate this range of literature by recognising its methodological quality, ensuring literature that provided rigorous insight and analysis was captured for later analysis.

The overall WoE score determined whether a source of evidence was included for data extraction. Evidence sources that score an overall low rating were not included in coding and further analysis. Those evidence sources scoring an overall high or medium rating were included in data extraction and further analysis. WoE assessment required an initial assessment, followed by a confirmation assessment to ensure consistency, accuracy and the formation of a reliable dataset for data extraction.

## Formative quality assurance

The formative quality assurance process for this review involved internal and external review.

Internally, the project team ensured that the literature included in the review was comprehensive through the conduct of multiple search rounds, refining search terms along the way. The project leader reviewed the results after each round of searching to identify any potential gaps (in relation to addressing the research questions) and to provide guidance on the focus of future search rounds.

Additionally, the team undertook internal moderation to clarify coding after an initial phase of coding, and again at the mid-point and end of the exercise.

A member of the team also provided quality assurance over the course of the project. This included advice on the coding results, record keeping protocol and analysis, as well as review of all project deliverables.

An external review process was conducted through the Project Management Group, established by CS&HISC, which included members from the Department of Social Services, Department of Industry and CS&HISC. The Project Management Group was engaged at key points in the project, and will review and approve final deliverables.

# Appendix B Search results

## Academic literature search terms and waves

A series of searches of bibliographic databases was undertaken, firstly to identify a broad range of literature on the key topics from national and international sources and then to refine the searching when specific gaps were identified and key authors and sources identified.

### Search Wave 1: International

The first wave of searching was conducted using a set of terms which identified literature specifically related to unpaid carers. This required the removal of the generic terms ‘carer’ and ‘caregiver’ from the search strategy and instead focused the search on qualifying these key terms with terms and synonyms to isolate the concept of the ‘non-working’ or ‘unpaid’ carer. This was necessary due to the large volume of data on carer skills and training relating to paid carers either working in or outside aged care facilities which needed to be restricted from the result set.

The resulting set was then further refined using the necessarily broad terms ‘education’, ‘training’ and ‘skills’ which were retrieved when they appeared only in the title or subject fields in order to select the most relevant literature.

Table 7 Search Wave 1: Search terms and databases

| **Search term type** | **Search terms** | **Databases** |
| --- | --- | --- |
| Carers | ti(family pre/0 carer\*) orti(informal pre/0 carer\*) orti(family pre/0 caregiver\*) orti(informal pre/0 caregiver\*) orti(unpaid pre/0 carer\*) orti(unpaid pre/0 caregiver\*) orti(non-work\* pre/0 carer\*) orti(non-working pre/0 caregiver\*) | British Education Index, Medline, British Library Inside Conferences,British Nursing Index, EMCare®, ERIC, Global Health, King'sFund, PAIS International, ProQuest Dissertations and ThesesProfessional, PsycINFO, Social SciSearch®, Gale Group Health & Wellness Database |
| Skills | ti,su(skill\*) or ti,su(train\*) orti,su(reskill\*) or ti,su(retrain\*) orti,su(prior pre/0 learn\*) |
| Timeframe | (s1 and s2) AND yr(2000-2019) |
| Education | ti,su(qual\*) or ti,su(know\*) orti,su(educat\*) or ti,su(stud\*) orti,su(prior pre/0 learn\*) |
| Employment and transition | ti,su(employ\*) orti,su(transition\*) or ti,su(welfarepr/2 work\*) or ti,su(workforce\*)or ti,su(job\*) or ti,su(labour\*pre/0 market) or ti,su(labor\*pre/0 market) |

Source: Bibliographic searching using the Proquest database host system

### Search Wave 2: Australasia

The second wave of searching focused on Australasian bibliographic sources and was used to check for any Australasian data which did not appear in the first wave international search. The date range was deliberately broadened to reflect the greater relevance of local experience.

Table 8 Search Wave 2: Search terms and databases

| **Search term type** | **Search term** | **Databases** |
| --- | --- | --- |
| Carers | Informal caregiversUnpaid carer | APAIS Australian Public Affairs, APIAS Health, Australasian – Informit Health Collection, Australian Families and Society, Australian Education Index |
| Education and training | Family carer and train\*Family caregiver and train\* |
| Employment and transition | (Carer or Caregiver) and employ\* and transit\* |

Source: Bibliographic searching using RMIT Informit platform

### Search Wave 3: Australasia

As a result of the second wave searching the database searching was broadened to include health, business and work related literature. The focus of this phase was on transition pathways and recognition of prior learning – identified as gaps in the first and second waves.

Table 9 Search Wave 3: Search terms and databases

| **Search term type** | **Search terms** | **Databases** |
| --- | --- | --- |
| Employment and transition | Employ\* and transit\* and (Carer\* or caregiver\*) | APAIS Australian Public Affairs, APIAS Health, Australasian – Informit Health Collection, Australian Families and Society, Australian Education Index, Business Collection, Periodicals Index, Rural and Remote Health, NUS Theses Collection, Worklit,  |
| Transit\* and pathway\* and car\* |
| Recognition of prior learning | Recog\* and prior\* and learn\* and (carer\* or caregiver\*) | APAIS Australian Public Affairs, APIAS Health, Australasian – Informit Health Collection, Australian Families and Society, Australian Education Index, Business Collection, Periodicals Index, Rural and Remote Health, NUS Theses Collection, Worklit, Records Plus |
| Recog\* and prior\* and learn\* |

Source: Bibliographic searching using RMIT Informit platform

### Search Wave 4: International

Finally the fourth wave of searching went back in to a broader range of databases, including Econlit and Medline, with a tightly focused search on the key terms we had previously identified appearing only in the title or subject fields, combined with a broader search for articles referring to skills and training when related to employment.

Table 10 Search Wave 4: Search terms and databases

| **Search term type** | **Search term** | **Databases** |
| --- | --- | --- |
| Carers Employment and training | informal carer\*/ti and employ\* and skill\*informal caregiver\*/ti and employ\* and skill\*informal carer\*/su and employ\* and train\* | Ebsco - Academic Search Complete, Academic Search Index, Business Source Corporate Plus, Business Source Index, CINAHL Complete, EconLIT with Full Text, Education Source, Engineering Source, ERIC, Index to Legal Periodicals & Books Full Text (H.W. Wilson), International Political Science Abstracts, Legal Source, MEDLINE Complete, Political Science Complete, Psychology and Behavioral Sciences Collection, Public Administration Abstracts, Public Affairs Index, Social Sciences Full Text (H.W. Wilson), SocINDEX with Full Text, World Politics Review |

Source: Bibliographic searching using the EbscoHost platform

## Grey literature search

The table below lists the organisations which were included in the desktop search of grey literature.

Table 11 Organisations Included in grey literature search

| **Organisation**  | **Jurisdiction** |
| --- | --- |
| University of New South Wales, Social Policy Research Centre | Australia |
| CIT Skills for Carers | ACT |
| Carers Australia | Australia |
| Australian Institute of Family Studies | Australia |
| CarersWA, CarersVictoria, Carers SA, CarersNSW, Carers QLD | WA, SA, VIC, NSW, QLD, ACT |
| Australian National Young Carers Action Board | Australia |
| Carers NZ | New Zealand |
| CarersUK | UK |
| Skills for CareUK | UK |
| CarersTrust: Employers for carers | UK |
| NHS Choices – CarersDirect | UK |
| Children’s Society – Young carers | UK |
| Alzheimer’s Association | US |
| National Alliance for Caregiving; National Center on Caregiving | US |
| Sloan Center on Ageing and Work | US |
| European Association Working for Carers - Eurocarers | Europe |
| Canadian Homecare Association | Canada |
| The Carers Association | Ireland |
| Care Alliance Ireland | Ireland |
| International Alliance of Carers Organisation | International |
| International Palliative Care Family Carer Research Collaboration (IPCFRC) | Victoria |
| Caresearch  | Australia |
| HealthDirect Australia | Australia |
| Working carers gateway | Australia |

Source: ACIL Allen Consulting 2014.

# Appendix C Carers’ skills, competencies and qualifications

Table 12 shows the results of a desktop review of carers’ practical skills and knowledge (as identified in the literature) and their relevance to competencies and qualifications in the health and community services sectors. The review covered qualifications up to certificate IV and their core units of competency, from the two relevant training packages: the Health Training Package (HLT and HLT07) and the Community Services Training Package (CHC and CHC08).

The analysis identified 24 core units of competency that are relevant to a specific carer skill. It should be noted that this is not a complete list of relevant competencies. In addition, most of the carer skills identified relate to additional units competencies that are elective (optional) rather than core content for the qualifications included in this review. This indicates that carers’ skills being even more relevant to the competencies required of formal care and support roles than looking at core units of competency alone.

Furthermore, the analysis also identified ten qualifications where the core content was relevant to at least two of the carer skills.

Table 12 Qualifications and competencies matrix: Relevance to carer skills

| **Skill type** | **Carer Skill** | **Relevant core competencies** | **Relevant qualifications** |
| --- | --- | --- | --- |
| **General skills** | * Time management
 | * BSBINM201A Process and maintain workplace information
 | * Certificate IV in Youth Work
* Certificate III in Home and Community Care
* Certificate III / IV in Community Services Work
* Certificate IV in Community Services Advocacy
* Certificate III in Aged Care
* Certificate IV in Disability
* Certificate IV in Community Services (Information, advice and referral)
* Certificate III / IV in Social Housing
* Certificate III in Disability
* Certificate IV in Aged Care
 |
| * Financial skills
* Legal skills
 |  |
| * Adaptive / Problem solving
 | * CHCADMIN302D Provide administrative support
* CHCINF302D Maintain the organisation’s information systems
 |
| * Communication skills
* Interpersonal skills
 | * CHCCOM302D Communicate appropriately with clients and colleagues
* CHCCOM403A Use targeted communication skills to build relationships
* CHCICS304B Work effectively with carers
 |
| * Compassion / empathy
 |  |
| * Crisis management
 | * CHCYTH004 Respond to Critical Situations
 |
| **Day-to-day caring skills** | * Cooking
 |  |
| * Cleaning
 | * CHCHC311C Work effectively in home and community care
 |
| * Hygiene
* Health and safety / manual handling
 | * CHCICS301B Provide support to meet personal care needs
* HLTWHS001 Participate in workplace health and safety
* HLTWHS300A Contribute to workplace health and safety practices
* CHCWHS312A Follow WHS safety procedures for direct care work
 |
| * Driver
 |  |
| **Health Care Skills** | * First aid
 | * HLTAID003 Provide first aid
 |
| * Medical information interpreter
* Medication administration
 |  |
| * Management and coordination of care needs
 |  |
| * Specific expertise relevant to condition / disability / disease
 | * CHCPA301B Deliver care services using a palliative approach
* CHCPA402B Plan for and provide care services using a palliative approach
 |
| * CHCAC417A Implement interventions with older people at risk of falls
 |
| * CHCDIS301C Work effectively with people with a disability
* CHCDIS302A Maintain an environment to empower people with disabilities
 |
| * CHCMH411A Work with people with mental health issues
 |
| * CHCAC319A Provide support to people living with dementia
* CHCAC416A Facilitate support responsive to the specific nature of dementia
 |
| **Advocacy Skills** | * Needs identification
 | * CHCAD401D Advocate for clients
 |
| * Negotiation
 |
| * Advisory
 |
| * Knowledge of health / care / community service system
 | * CHCCS411C Work effectively in the community sector
* CHCCD412B Work within a community development framework
 |

Source: Training.gov.au, analysis by ACIL Allen Consulting 2014.

1. The figures outlined above may be a under representation of the total carer population given carers often do not self-identify as a carer as they perceive the support they provide as an extension of an existing relationship (Australian Human Rights Commission 2013). [↑](#footnote-ref-1)