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Paper 4

**Unpaid Work, Unpaid Care,
Unpaid Assistance and Volunteering**

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The 2011 Census Paper Series

In July 2012, the Australian Bureau of Statistics began releasing data from the 2011 Census of Population and Housing. One of the more important results contained in the release was the fact that the number of people who identified as being Aboriginal and/or Torres Strait Islander (Indigenous) had increased by 20.5 per cent since the 2006 Census. There were also significant changes in the characteristics of the Indigenous population across a number of key variables like language spoken at home, housing, education and other socioeconomic variables. In this series, authors from the Centre for Aboriginal Economic Policy Research (CAEPR) document the changing composition and distribution of a range of Indigenous outcomes. The analysis in the series was funded by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) through the Strategic Research Project as well as FaHCSIA and State/Territory governments through the Indigenous Populations Project.

The opinions expressed in the papers in this series are those of the authors alone and should not be attributed to CAEPR, FaHCSIA or any other government departments.

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Abstract

The care economy includes activities such as providing unpaid child care; unpaid assistance for someone with a disability, a long-term illness, or problems related to old age; undertaking domestic work; and volunteering. Information on the level and type of unpaid work undertaken by all Australians was first collected in the 2006 Census. The questions were included again in the 2011 Census.

The benefits from the care sector to the Australian economy is significant. From a financial perspective, it represents savings in expenditure that otherwise would need to be allocated. For those receiving care, there are tremendous benefits to individuals and their families. While there are benefits from the carer's perspective, there are also likely to be substantial economic and non-economic costs that are often hidden. Previous research has shown that carers have lower financial security and a greater likelihood of having lower mental health. Furthermore, Indigenous carers currently providing informal care represent a potential care workforce that should be harnessed.

Analysis of data from the 2011 Census suggests that a relatively high proportion of caring activities are being undertaken in regional and remote parts of the country. Indigenous Australians in outer regional and remote areas are more likely to be carers than those in other parts of the country. This may reflect the lack of availability of formal care or assistance in these areas, or perhaps a preference for more informal channels of care in those locations. Within the Indigenous and non-Indigenous population, the burden of undertaking caring activities tends to fall predominately on females.

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List of acronyms

ABS	Australian Bureau of Statistics
AIGC	Australian Indigenous Geographic Classification
AMP	The Australian Mutual Provident Society
ANU	Australian National University
CAEPR	Centre for Aboriginal Economic Policy Research
ERP	Estimated resident population
FaHCSIA	Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs
GDP	Gross domestic product
NATSEM	National Centre for Social and Economic Modelling

1. Introduction and overview: Informal care

Unpaid activities undertaken by individuals represent a significant contribution to society and the economy. This includes caring for children either within or outside the household, as well as caring for the aged or those with a disability. The 'care economy' is both important and substantial (Pan American Health Organization 2010). Other forms of unpaid work include work within the household and volunteer work within the community.

The failure to account for the value of unpaid work is one of the many limitations of gross domestic product (GDP) as a measure of a country's progress. In Australia, it is estimated that over 21.4 billion hours of unpaid care work were undertaken in the 2009–10 financial year (Hoenig & Page 2012). The unpaid care provided by Australians not only reduces the strain on Australia's health care system but has substantial flow-on benefits to the individuals and families receiving care (Cummins et al. 2007).

Despite their importance, unpaid activities remain invisible in the national accounts; this is in contrast with paid child care, domestic help and various other activities which tend to be included. There is also an important gender component to this omission in that the exclusion of this significant sector from statistical systems underestimates the contribution that women in particular make to the economy and society at large.

Estimates from Access Economics (2010) suggest that carers provided 1.32 billion hours of unpaid care in 2010 with productivity loss estimated at \$6.5 billion and an estimated annual replacement value of care provided in 2010 of over \$40.9 billion..

While there are benefits from the care economy to society at large, there are also substantial costs, often borne by the individuals providing the care. Women tend to have lower labour force participation than men and also more likely to be undertaking part-time work. Some women and men are likely to prefer to be out of the labour force or be working part-time work. For many, on the other hand, low labour force participation is likely to be due in part to caring duties.

The Australian Bureau of Statistics (ABS) Time Use Survey suggests that in 2006, women spent a little over five hours per day in unpaid work. This is almost twice the allocation of men (three hours per day). This has not changed substantially from 1997 (ABS 2008). From an economic perspective, the share of paid to unpaid work undertaken by women has implications for their retirement savings. This can result in a higher risk of living their final years in poverty (Kelly 2006). Around 26.5 per cent of

women have no superannuation coverage and the median superannuation balance for females in 2007 was \$18,489. In comparison, the median balance for men was \$31,252, and 19 per cent of men had no superannuation coverage (ABS 2011a).

From a non-economic perspective, the time spent on unpaid activities leaves very little room to undertake paid work and recreation and leisure activities. According to a study by AMP–NATSEM (Cassells, Gong & Duncan 2011), in 2006 there were considerable gender differences in the way in which adults spent their time. Specifically:

Women are more likely to spend a greater amount of time each day on shopping, housework and child care; while men are more likely to be engaged in paid work for longer ... That is, women spend on average over two hours extra a day than men on domestic activities, child care and purchasing goods and services. Men spend almost the equivalent time on employment-related activities. Women spend slightly more time eating and sleeping, whereas men commit more time to recreational and leisure pursuits – an extra 30 minutes on average per day (Cassells, Gong & Duncan 2011: 5).

As a consequence, women are more likely to feel pressed for time, with the difference greater for women in families with children and women in employment. Men, on the other hand, are more likely to feel pressure from work and life balance.

The perception that caring activities are predominantly a female role is reflected both in the higher share of female carers but also the lower average earnings of those working in the care sector compared to the average Australian worker. Furthermore, the view of caring as a 'female domain' means that even within carer occupations, on average female carers earned less than male carers (Hoenig & Page 2012).

Another dimension that is not often factored into the cost of caring is the social and emotional wellbeing of people providing care. In a joint study of carers in Australia by Carers Australia, Australian Unity and Deakin University, the researchers found that the wellbeing of 83 per cent of individuals living with persons requiring care was the lowest value ever recorded for a large group of people. This was lower than individuals who were unemployed, individuals living alone and individuals with income of less than \$15,000 per year (Cummins et al. 2007).

In recognition of the value and the contribution that the unpaid work sector has on individual as well as community wellbeing, satellite accounts were introduced in 1993 as an extension to the national accounts as a way of extending the boundaries of economic activity which aims to make visible the unpaid sector (ABS 2005). Due to a high level of public pressure, in 2006 the Australian census collected information on unpaid work for the first time. The questions were again included in the most recent census.

In this paper, we investigate the demographic profile of the Indigenous population who:

- undertook unpaid care for a child or children without pay;
- provided unpaid care or assistance to family members or others with a disability, long-term illness or old age;
- undertook unpaid domestic work at home or other places for themselves, family and other people in the household; and
- spent time doing unpaid voluntary work through an organisation or group.

Whilst there is some understanding both demographically and socioeconomically of the circumstances of carers more generally, very little is known of Indigenous carers. Yet Indigenous carers are disproportionately represented across the care economy with, for example, 13.3 per cent of Indigenous Australians 15 years and over providing unpaid care to someone with a disability, a long-term illness, or problems related to old age in the 2011 Census compared to 11.2 per cent of the non-Indigenous population. The substantial time spent caring for family and community leaves little time for engaging in employment. This is reflected in the lower labour force participation of the Indigenous population, particularly Indigenous females. The higher fertility rates of Indigenous females also have implications for the amount of time committed to providing unpaid child care. Most importantly, a large proportion of Indigenous males and females also live in outer regional and remote areas where access to child care or health care services are limited, making informal caring activities especially pervasive and essential.

The rest of the paper will be organised as follows. Firstly, we look at the data used in the analysis. Secondly, we look at the demographic profile of the Indigenous and non-Indigenous population undertaking unpaid work, distinguishing between the four types of unpaid work in Sections 4, 5, and 6. Finally, Section 7 provides some concluding comments and discussion.

2. Data and geography

Results presented in this paper are based on analysis of the 2011 Census of Population and Housing. In 2001, there were 410,003 Indigenous Australians counted in the census. This rose by 11.0 per cent over the subsequent intercensal period, reaching 455,030 in 2006. Growth over the most recent intercensal period was even greater, with a 2011 population count of 548,370— a 20.5 per cent increase. As the population has grown, it is likely that some people who identified as being Indigenous in the 2011 Census were either missed from the previous censuses or were identified as being non-Indigenous.

Another potential source of unexplained growth in the Indigenous population is the decrease in the number of people who did not state their Indigenous status. Around 4.9 per cent of the total Australian population did not respond to the Indigenous status question at all in 2011, down from 5.7 per cent in 2006. There were also significant changes to the Indigenous Enumeration Strategy between 2006 and 2011, with an increased focus on urban areas and a greater level of ongoing engagement with Indigenous communities in remote areas between censuses.

The ABS attempts to control for some of these errors through the estimated resident population or ERP. In 2006, the ERP for the Indigenous population was around 517,000 or 13.6 per cent higher than the number of people who identified as being Indigenous in the census. By 2011, the preliminary ERP had increased to around 670,000, which was 22.1 per cent higher than the population count. It might initially appear that a significantly higher proportion of Indigenous Australians were missed from the 2011 Census compared to the 2006 Census. It is equally plausible, however, that the 2006 Census counts should have been adjusted upwards to a much greater extent.

TABLE 1. Unpaid work collected in the 2006 and 2011 Censuses

Variable	Definition
UNCAREP	Unpaid assistance to a person with a disability, a long-term illness, or problems related to old age Records people who in the two weeks prior to Census Night spent time providing unpaid care, help or assistance to family members or others because of a disability, a long-term illness or problems related to old age. This includes people who are in receipt of a Carer Allowance or Carer Payment. It does not include work done through a voluntary organisation or group.
DOMP	Unpaid domestic work: Number of hours For each person aged 15 years and over, records the number of hours spent performing unpaid domestic work. It includes work that the person did without pay, in their own home and in other places, for themselves, their family and other people in the household, in the week prior to Census Night.
VOLWP	Voluntary work for an organisation or group Records people who spent time doing unpaid voluntary work through an organisation or group, in the twelve months prior to Census Night. It excludes work done: • as part of paid employment • if main reason is to qualify for Government benefit • in a family business.
CHCAREP	Unpaid child care Records people, who in the two weeks prior to Census Night, spent time caring for a child/children (under 15 years) without pay. This includes people caring for their own children, whether they usually live with them or not. It also includes people looking after other children, such as grandchildren, the children of other relatives, or the children of friends or neighbours. Care for a child given through an organisation or club is excluded. People were asked to indicate whether care was given for their own child and/or another child.

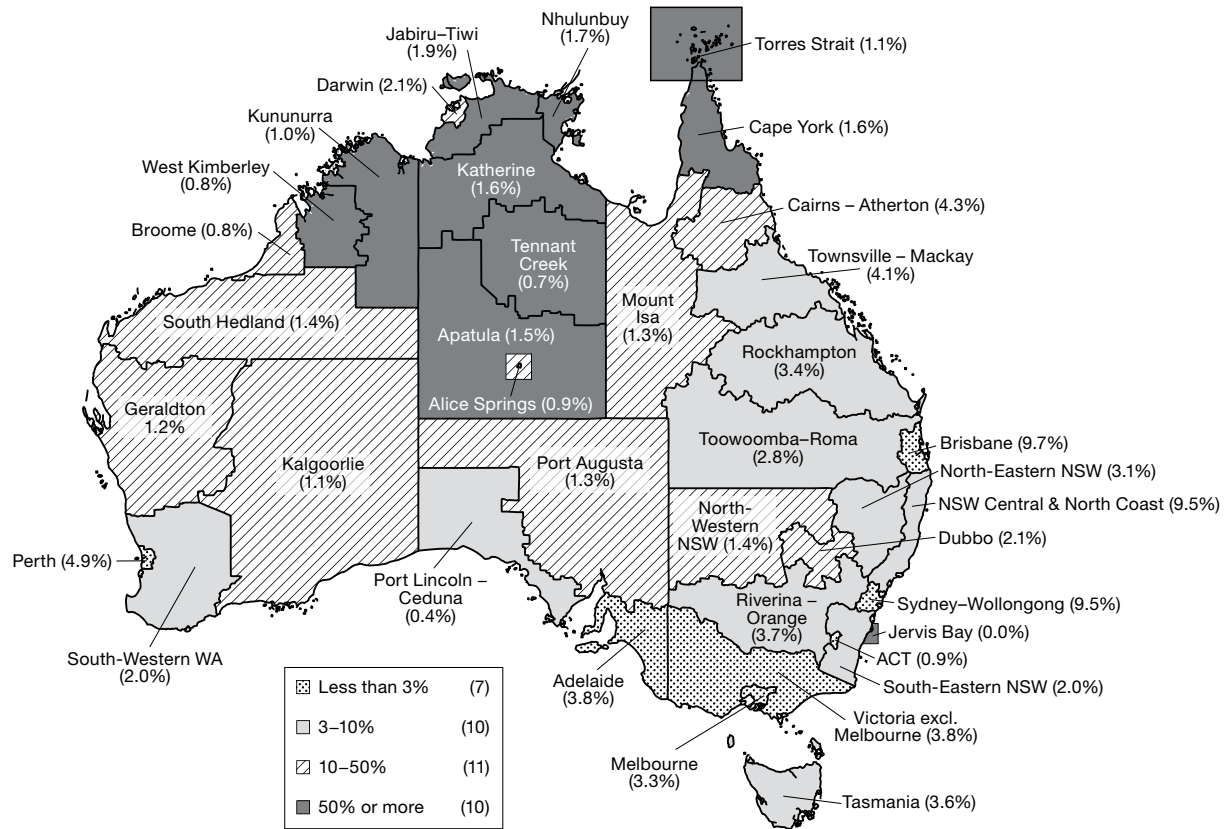
Source: ABS (2011b).

Table 1 shows details of the questions in the census on unpaid work.

To undertake analysis at the regional and local level, the papers in this series use the Australian Indigenous Geographic Classification (AIGC). The AIGC is a four-level structure that builds up from the Statistical Area Level 1 which is common to both the AIGC and the Australian Statistical Geography Standard. The next level above the Statistical Area Level 1 in the AIGC is Indigenous Locations, of which there were 1,116. The next level above Indigenous Locations are Indigenous Areas, of which there were 429. This number lowers to 411 substantive areas after excluding administrative codes representing those in a particular State or Territory who did not give any additional detail on their place of usual residence, or who were migratory on the night of the census.

The most aggregated level of geography in the AIGC is Indigenous Regions. There were 57 of these in the 2011 version of the AIGC. After excluding administrative regions and the Christmas–Cocos (Keeling) Island region (which has very few Indigenous Australians), this leaves 38 Indigenous Regions used in the analysis for this series. Figure 1 gives the name and location of each of these regions. The shading for the regions refers to the percentage of the population in the region who were estimated to be Indigenous, ranging from less than the national average (3.0%) in the dotted areas to more than half of the population (the darkest shading). The numbers after the Indigenous Region name refer to the percentage of the total Indigenous population count who identified that region as their place of usual residence on the night of the census.

FIGURE 1. Percentage of Indigenous Region census count who were estimated to be Indigenous (shading) and percentage of total count of Indigenous Australians (text), 2011



Source: Customised calculations based on the 2011 Census.

There are two key points that emerge from Figure 1. First, it is in relatively remote regions that the share of the population who identify as being Indigenous is highest. There are 10 regions where more than half of the population counted in the 2011 Census identified as being Indigenous, with the Torres Strait (84.8%), Apatula (80.5%) and Jabiru–Tiwi (79.3%) all having more than three out of every four usual residents being Indigenous.

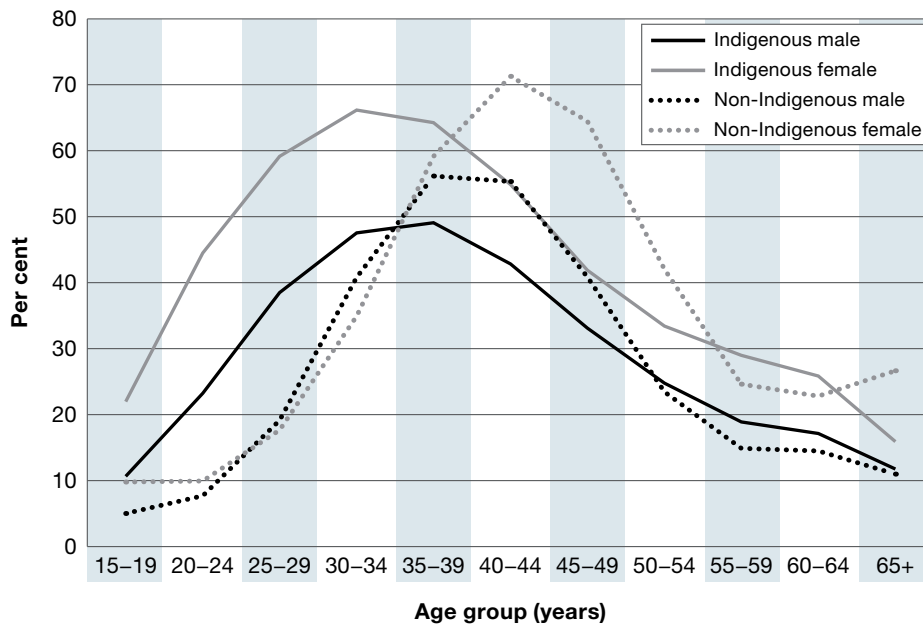
While it is remote regions in north, central and western parts of the country that have the highest percentage of the population being Indigenous, the regions with the greatest absolute number of Indigenous Australians are in the south and east of the country. The Brisbane, New South Wales Central and North Coast, and Sydney–Wollongong regions all have an Indigenous population estimate of 60,000 or more, whereas most of the remote regions have populations of around 10,000 Indigenous Australians or less. In essence, the Indigenous population in 2011 was estimated to be relatively remote (in comparison to the non-Indigenous population), but in absolute terms quite urban.

3. Unpaid child care

We begin the analysis in the paper by looking at unpaid child care. Around 43.6 per cent of Indigenous females reported that they provided unpaid child care to either their own children and/or other children in the two weeks preceding the 2011 Census. This is much higher than the proportion of Indigenous males (29.1%). Indigenous males and females were more likely to undertake unpaid child care than their non-Indigenous counterparts, with 34.2 per cent of non-Indigenous females and 25.8 per cent of non-Indigenous males reporting such activities. Those proportions have not changed substantially since 2006.

One of the key findings from Paper 2 in this series (Yap & Biddle 2012) was that Indigenous females were much more likely to have children at a relatively young age than their non-Indigenous counterparts. It would appear from Figure 2 that this has an impact on the provision of unpaid child care for both Indigenous men and women (though more so for the latter). Approximately 65 per cent of all those Indigenous Australians who provided unpaid child

FIGURE 2. Percentage of Indigenous and non-Indigenous males and females who provided unpaid care for own children or other children in the last two weeks, 2011



Source: Customised calculations based on the 2011 Census.

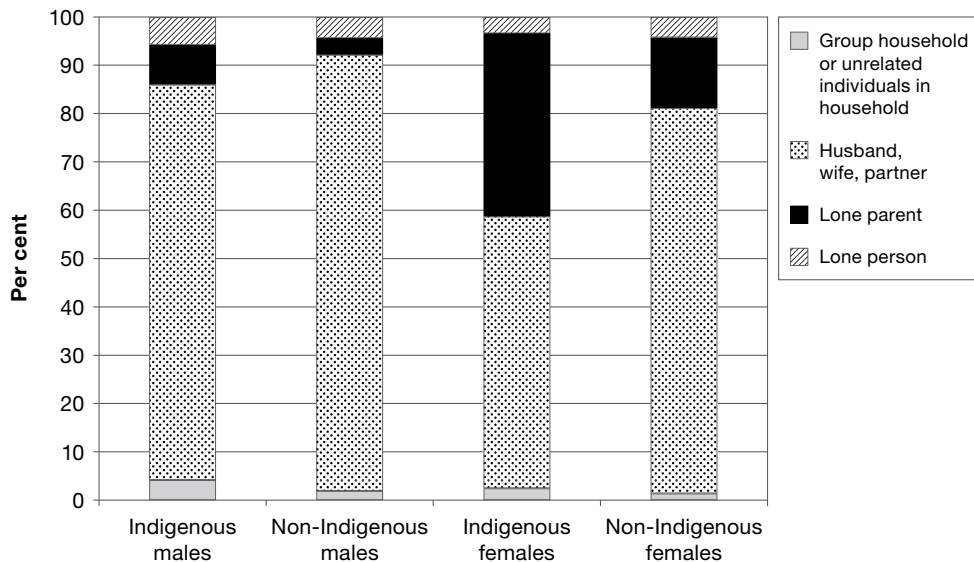
care were between the ages of 15 and 39. For the non-Indigenous population, the corresponding figure was 38 per cent.

The younger age of caring is partly due to the younger age distribution of the Indigenous population. However, Figure 2 clearly demonstrates a later peak in the caring proportions for the non-Indigenous population.

The highest propensity for undertaking unpaid child care occurs almost 10 years earlier for the Indigenous population. The peak in the distribution of caring activities occurs at the ages of 30–34 for Indigenous males and females. For the non-Indigenous population, this peak occurs at the ages of 40–44 for females and 35–44 for males. There is also an increase in the proportion of non-Indigenous females providing unpaid child care at the 60–64 and 65-plus age group that is not evident in the other groups. Grandparents providing care for grandchildren represents a significant contribution to the Australian economy, but this largely goes unnoticed in the discussion of Australia’s ageing population (*The Australian*, 20 September 2012).

Most of the caring activities undertaken in the younger age groups may reflect early motherhood. However, a portion of it may be a reflection of elder siblings caring for younger ones. For those undertaking caring activities, Indigenous females were more likely than all other groups to be caring for other children (13%). This was 5 per cent more than Indigenous males and 4 per cent more than non-Indigenous females. They were also least likely to have reported not providing any child care (56%). A large proportion of Indigenous females and non-Indigenous females also reported providing unpaid care for their own children as well as other children (27% and 23% respectively).

FIGURE 3. Distribution of relationship in household by Indigenous status and sex for those reported undertaking unpaid child care for own children and/or other children, 2011



Source: Customised calculations based on the 2011 Census.

The provision of unpaid care differs depending on the type of household one lives in. This is demonstrated in Figure 3, which shows the distribution of relationship in household by Indigenous status and sex for those reported undertaking unpaid child care for own children and/or other children. It is possible to distinguish four household types:

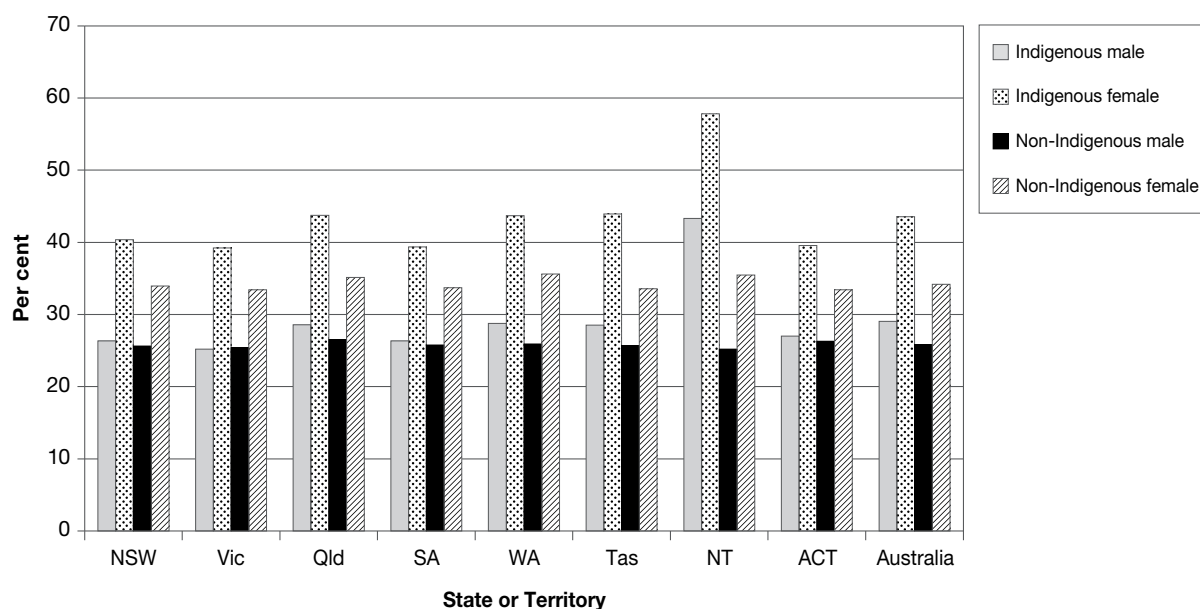
- Someone living in a group household of unrelated individuals;
- A husband, wife or partner;
- A lone parent; and
- A lone person.

The majority of all four population groups who provided unpaid child care tended to be living with partners. The biggest difference between the Indigenous and non-Indigenous populations, however, is in the share of unpaid carers who were lone parents. Around 37.9 per cent of Indigenous females providing unpaid care were lone parents. While lower, 8 per cent of all Indigenous males providing unpaid care were lone parents, twice the proportion of non-Indigenous males.

Figure 4 examines variation by State or Territory in terms of the provision of unpaid care. Indigenous females in the Northern Territory had the highest proportion who provided unpaid care for own children and other children in the last two weeks—substantially higher than all other jurisdictions. By contrast, the Australian Capital Territory, New South Wales, Victoria, South Australia and Tasmania all had relatively low percentages. Across the different states, the gap between the proportion of males and females providing unpaid care is larger for the Indigenous population than for the non-Indigenous population, with the gap being the largest in Tasmania and Queensland.

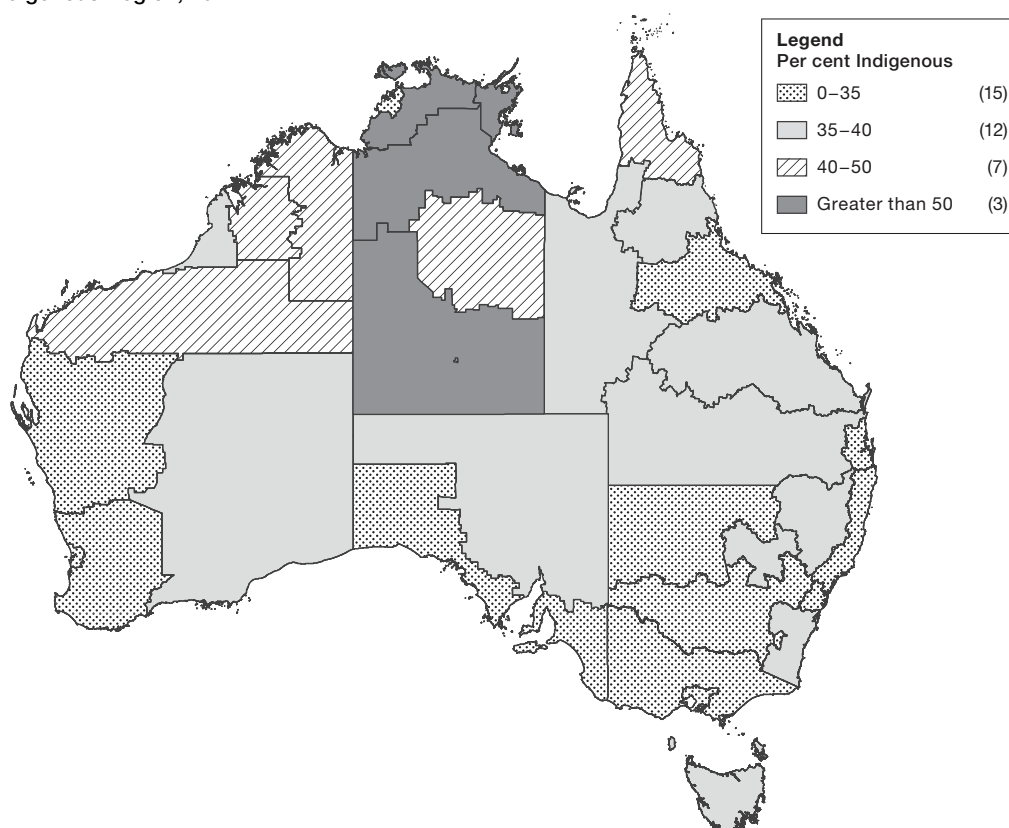
Figure 5 looks at a much more detailed level of geography—Indigenous Regions. Indigenous people living in capital city regions had a lower propensity of having undertaken unpaid child care. Moving inwards into regional and remote areas, the propensity increases. Nhulunbuy and Jabiru had the highest percentage of Indigenous population reported having undertaken unpaid child care (over 60%). One reason behind the lower proportion in capital city regions could be due to the availability of formal care, kindergarten and preschool, as well as the greater employment opportunities in these regions.

FIGURE 4. Percentage of Indigenous and non-Indigenous males and females who provided unpaid care for own children or other children in the last two weeks by State or Territory, 2011



Source: Customised calculations based on the 2011 Census.

FIGURE 5. Percentage of Indigenous population who provided unpaid care for own children or other children in the last two weeks, by Indigenous Region, 2011



Source: Customised calculations based on the 2011 Census.

4. Unpaid domestic work

The ABS defines 'domestic work' as including shopping, household cleaning, gardening, meal preparation, home maintenance and managing household financial affairs (ABS 2011b). A greater share of unpaid work tends to be undertaken by females. This is true in both the Indigenous and non-Indigenous population. While the vast majority of people provided at least some domestic work, there was a much greater difference across the population when using a threshold of five hours or more per week. This is shown in Figure 6, which gives the percentage of Indigenous and non-Indigenous males and females who undertook at least five hours of domestic work in the week preceding the 2011 Census.

Across the life course, more than 50 per cent of all population groups had undertaken at least five hours of unpaid domestic work in the previous week. The non-Indigenous population had a higher propensity to report undertaking unpaid domestic work, perhaps reflecting the smaller households in which this group lived and hence the fewer people available to share the domestic workload. Within the Indigenous population, those in the age group of 25–35 years were more likely to undertake unpaid domestic work (around 80% for females and 70% for males). For the non-Indigenous population, the age group with the highest propensity for undertaking unpaid domestic work was 35–39 years (around 90% for females and 80% for males).

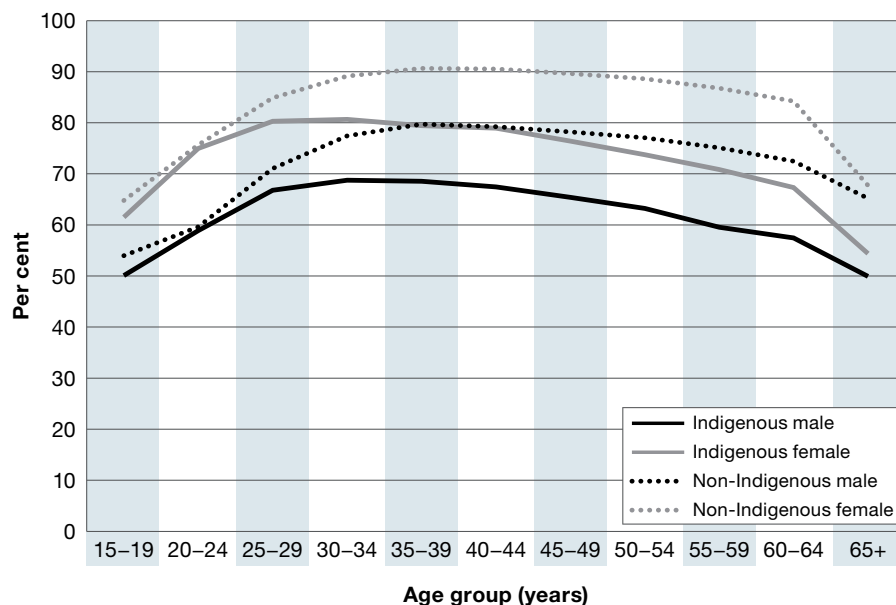
Indigenous females tended to report a higher number of hours of unpaid domestic work than Indigenous males, and were less likely to have reported undertaking no unpaid domestic work. One in every four Indigenous females reported no hours of unpaid domestic work. For Indigenous males, almost 40 per cent reported undertaking zero hours of unpaid domestic work. At the other end of the spectrum, 30 per cent of Indigenous females reported undertaking 15 hours or more unpaid domestic work, compared to only 11 per cent of Indigenous males.

In 2006, amongst Indigenous individuals who undertook 15 hours or more of unpaid domestic work, 47 per cent were also employed full-time (35 hours or more). This is similar to the proportions found in the non-Indigenous population. Interestingly, Indigenous and non-Indigenous males were more likely than females to be working full-time and undertaking 15 hours or more unpaid domestic work. Whilst this information for the 2011 Census has not yet been released by the ABS, it is unlikely that the pattern observed in 2006 would have changed substantially.

Figure 7 demonstrates that not only is there a large difference between Indigenous males and females in doing any unpaid domestic work, there is an even greater difference at the upper end of the distribution. Around 29 per cent of Indigenous females reported doing 15 hours or more, compared to 11 per cent of Indigenous males. The corresponding figures for the non-Indigenous population are 36 per cent for females and 12 per cent for males.

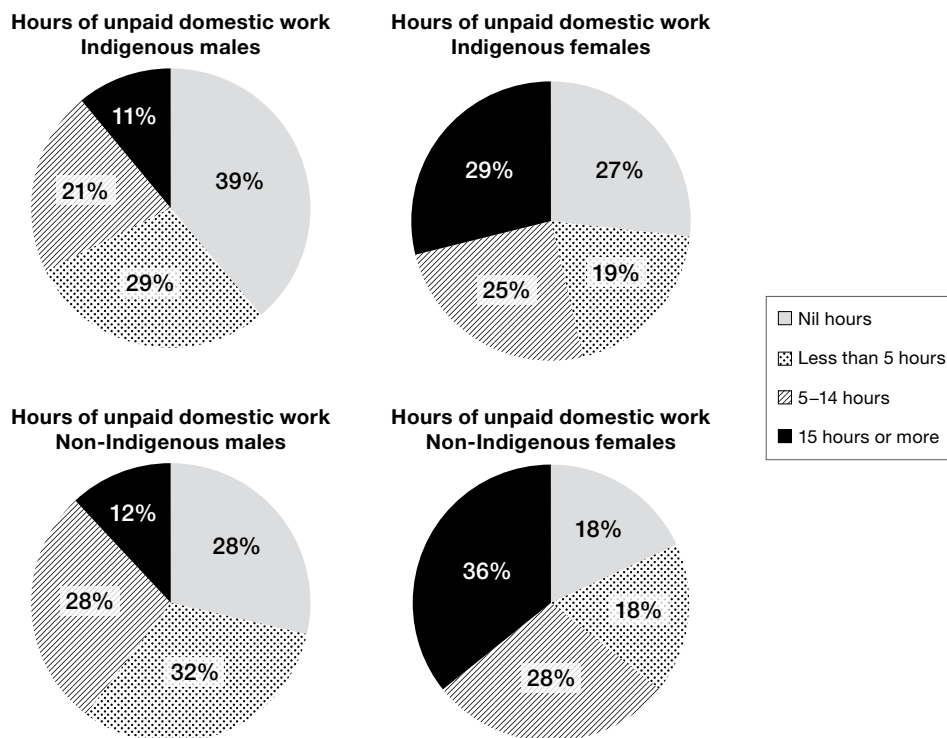
Figure 8 shows that across the regions, the share of the Indigenous population undertaking at least five hours of unpaid domestic work in the preceding week varies quite considerably. However, there does not appear to be a consistent pattern to this variation either by State or Territory, or by remoteness. While the percentages are generally high all around (more than 50%), the propensity to undertake unpaid domestic work is highest in northern parts of the country and in those regions on the east coast.

FIGURE 6. Percentage of Indigenous and non-Indigenous males and females who undertook at least five hours of domestic work in the last week, 2011



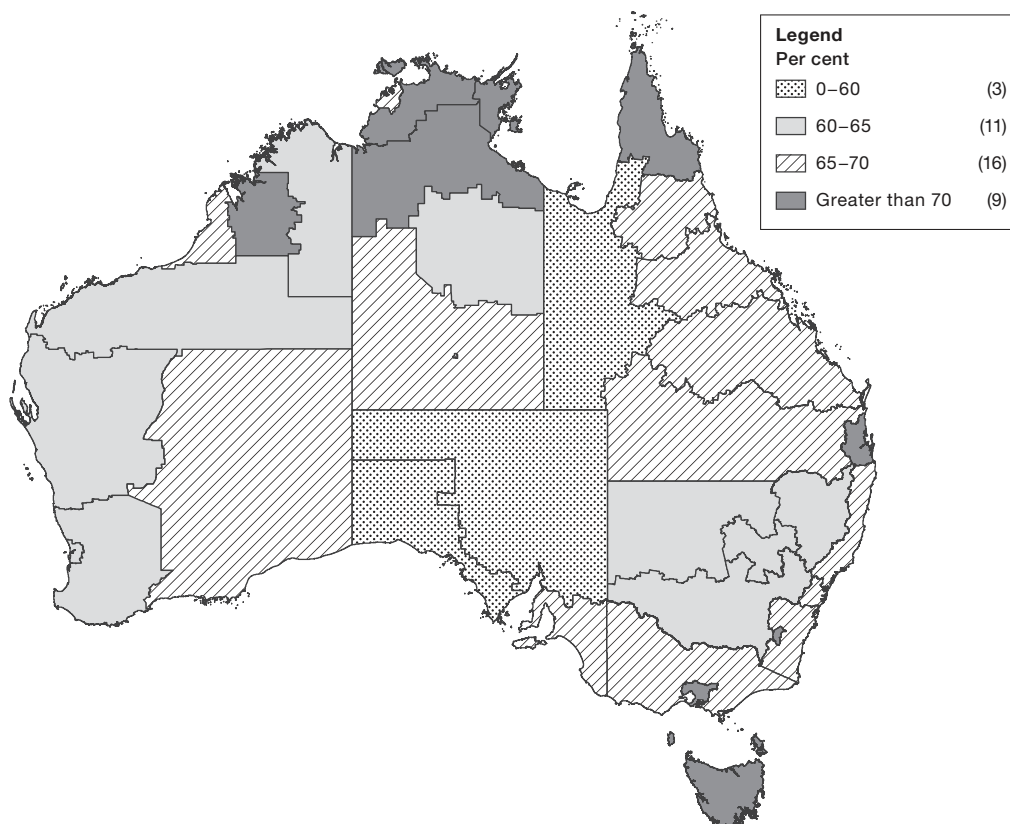
Source: Customised calculations based on the 2011 Census.

FIGURE 7. Percentage of Indigenous and non-Indigenous males and females by hours of unpaid domestic work in the last week, 2011



Source: Customised calculations based on the 2011 Census.

FIGURE 8. Percentage of Indigenous population undertaking at least five hours of unpaid domestic work in the preceding week, by Indigenous Region, 2011



Source: Customised calculations based on the 2011 Census.

5. Unpaid assistance for someone with a disability, a long-term illness, or problems related to old age

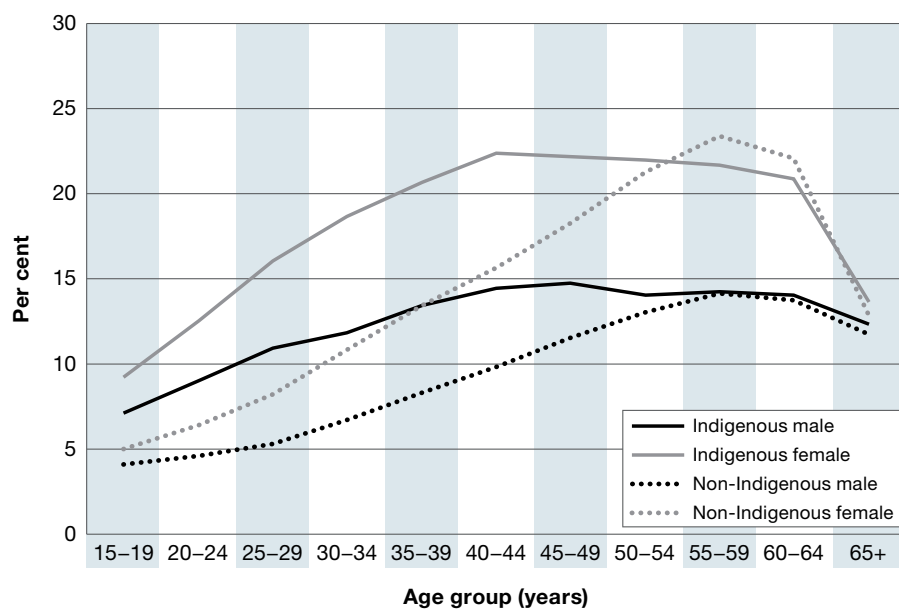
There is a higher prevalence of disability amongst the Indigenous population when compared to the general population (Australian Institute of Health & Welfare 2009). Whether or not a person has a disability clearly has an effect on an individual's own outcomes and we will look at self-reported disability in a later paper in this series. However, caring for someone with a disability or illness is a significant part of the care economy, particularly for the Indigenous population.

Figure 9 shows that across the life course, the proportion of the Indigenous population who provide unpaid assistance for someone with a disability, a long-term illness, or problems related to old age increases until it peaks in the 40–44-year age group. Beyond then, it remains reasonably constant. Indigenous females have the highest propensity to provide unpaid assistance across the four comparison groups for all age groups prior to those aged 55 years and over. As early as 15 years of age,

the caring activity begins. Approximately one in every ten young Indigenous Australians (male and female) reported providing unpaid care for someone with a disability, a long-term illness, or problems related to old age. This number may actually be larger than reported, as young carers tend to be the most likely to be hidden, particularly young Indigenous carers (Smyth, Blaxland & Cass 2011).

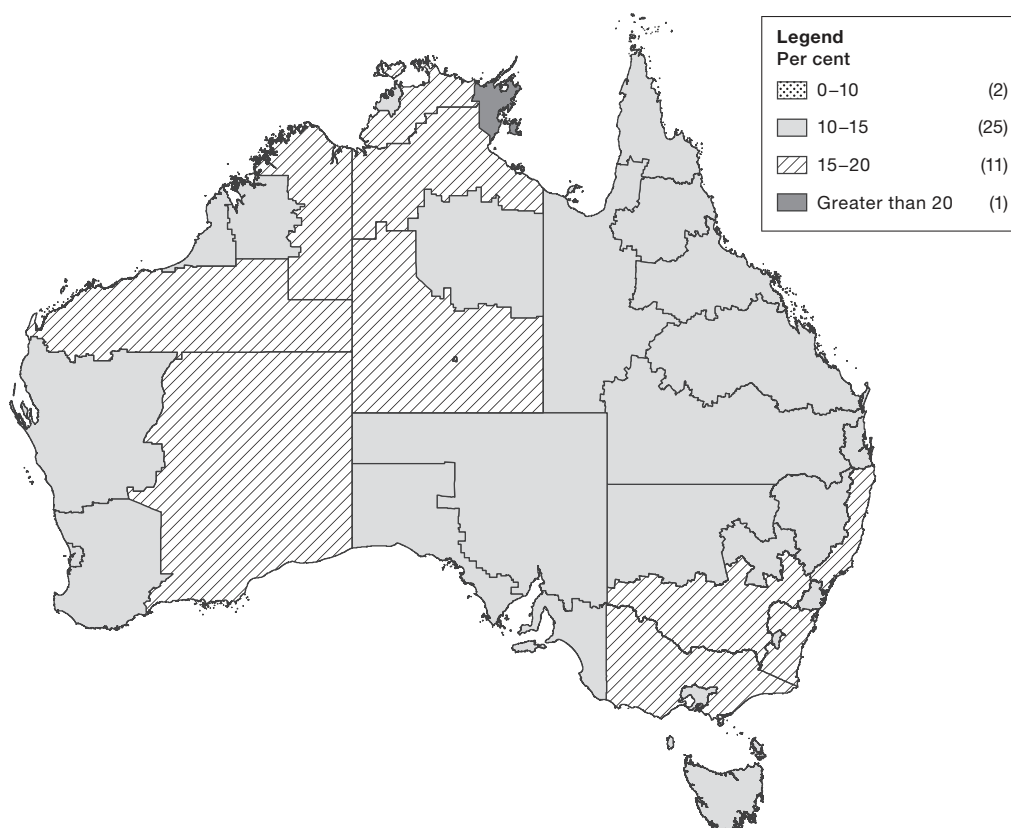
At the other end of the age distribution are elders providing unpaid assistance for others with a disability, a long-term illness, or problems related to old age. A little more than 10 per cent of Indigenous and non-Indigenous Australians aged 65 years and over provided unpaid assistance. Once again, there are considerable differences by gender, with Indigenous females providing a much greater level of care than Indigenous males. For Indigenous Australians, the greatest differences by gender occur in the middle of the age distribution, but for the non-Indigenous population the greatest difference by gender is in the later stages of life. This is likely to be a reflection of the longer life expectancy of non-Indigenous females.

FIGURE 9. Percentage of Indigenous and non-Indigenous males and females providing unpaid assistance for someone with a disability, a long-term illness, or problems related to old age, 2011



Source: Customised calculations based on the 2011 Census.

FIGURE 10. Percentage of Indigenous population reported providing unpaid assistance for someone with a disability, a long-term illness, or problems related to old age, by Indigenous Region, 2011



Source: Customised calculations based on the 2011 Census.

For all Indigenous males and females providing unpaid assistance for someone with a disability, a long-term illness, or problems related to old age, 11 and 16 per cent of them had need for assistance with core activities themselves, putting a further strain on those individuals. For the non-Indigenous population, that population represents about 9 and 10 per cent of those who nominated providing unpaid assistance for someone with a disability, a long-term illness, or problems related to old age.

Figure 10 maps the percentage of the Indigenous population having reported providing unpaid assistance for someone with a disability, a long-term illness, or problems related to old age condition by Indigenous Region. It shows that the highest proportion of such assistance was found in regions in parts of the Northern Territory, New South Wales and Western Australia. While there is some overlap in the supply and demand for assistance related to disability, a long-term illness, or problems related to old age, it appears that in a number of regional and remote parts of the country there is either a lack of availability of formal care or assistance, or that there is a preference for unpaid care.

6. Volunteering

Volunteering is the fourth component of the care economy covered in the census. Research indicates volunteering benefits the individual as well as the community (Kerr et al. 2001). According to the 2011 Census, there were over three million volunteers nationally—an increase from approximately 2.8 million in 2006. The non-Indigenous population are more likely to have reported being a volunteer than the Indigenous population (17% compared to 13%).

The lower propensity of volunteering amongst the Indigenous population could potentially be due to the concept of volunteering included in the census being largely a western one. Specifically, respondents to the census were asked 'In the last twelve months did the person spend any time doing voluntary work through an organisation or group?' It has been argued that standard definitions of what constitutes volunteer activity are culturally biased (Kerr et al. 2001). Smith and Roach (1996) find that Indigenous Australians' participation in voluntary work is higher than non-Indigenous Australians once a wider range of activities which provide resources to the community without financial recompense, such as 'hunting and gathering' are included in the definition.

Figure 11 shows that volunteering tends to be concentrated predominantly among the younger age groups of 15–19-year olds as well as the middle age groups (aged 35–44 years). The dip in volunteering amongst those aged 20–34 years (especially amongst the non-Indigenous population) is likely to coincide with child-bearing and child-rearing responsibilities.

Figure 12 shows that volunteering rates are lower in remote and regional parts of the country than in urban areas. This is in contrast to unpaid child care and unpaid domestic work that tends to be highest in Indigenous Regions in the Northern Territory. This is likely to be driven by definitional issues, with remote parts of the country being the areas where volunteering is least likely to be done as part of an organisation or group. In addition though, it may also be that the other caring activities documented earlier in this paper leave less time for volunteer work.

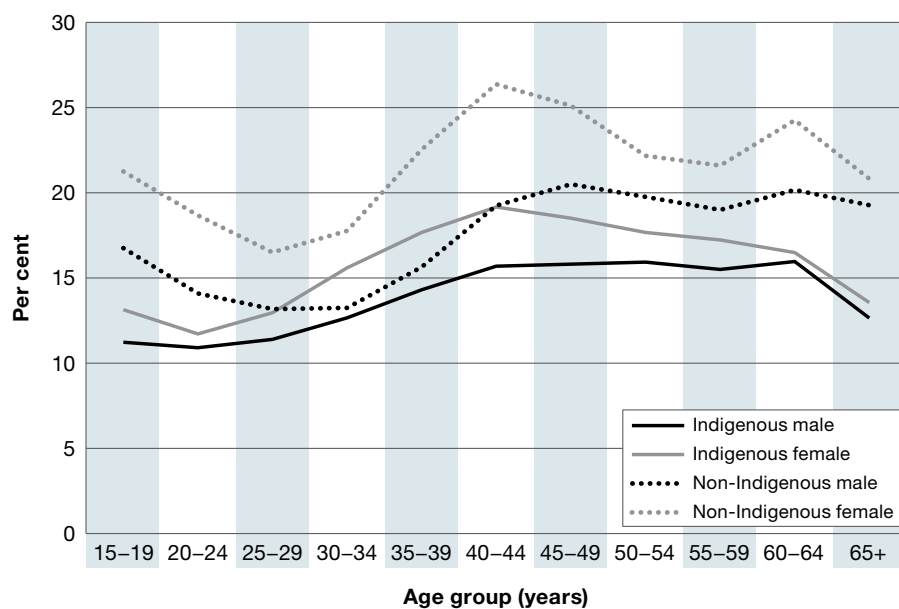
7. Summary and conclusions

The care economy is a substantial one with a sizable paid sector, but an even larger unpaid sector. In the context of the Indigenous population, definitional issues around what constitutes paid and unpaid is difficult. In a study of volunteering in an Indigenous community, the volunteering activity reported by the key informants included caring for the aged and sick, child minding, maintenance of yards and providing transportation, many of which would not be classified as volunteering according to standard (ABS 2011) definitions (Kerr et al. 2001).

Given the magnitude of the unpaid hours of caring for someone with a disability, a long-term illness, or problems related to old age; caring for children; and undertaking domestic work, there is increasing recognition of the importance of making this sector of the economy visible. This is especially important considering the gender division of labour and its impact on women's wellbeing, both economically and non-economically.

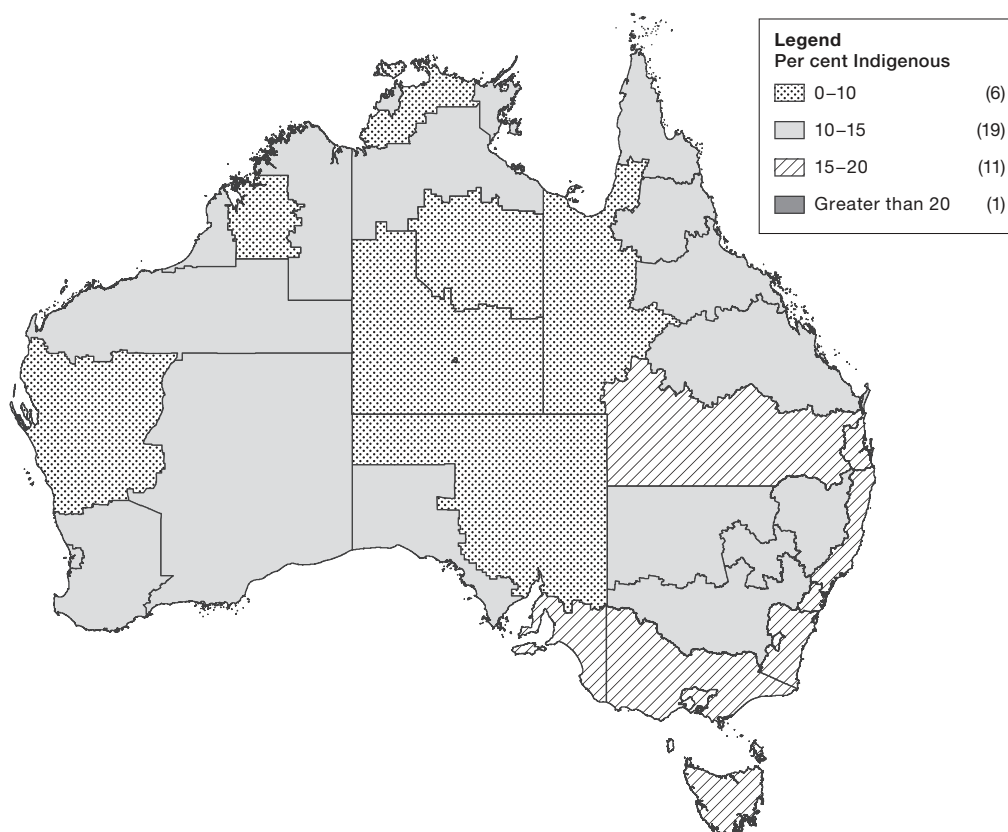
Caring activities tend to predominantly fall on females, and this is true for both the Indigenous and non-Indigenous populations. Across the four dimensions analysed in this paper, females had a higher propensity to be providing unpaid child care, unpaid assistance and unpaid domestic work. It is important to keep in mind that many women (and men) draw considerable intrinsic benefit from care activities. This includes spending time with one's own children and other children in the community, as well as the contribution that is made to the community and wider society by providing care for those with a disability, a long-term illness, or problems related to old age. An area

FIGURE 11. Percentage of Indigenous and non-Indigenous males and females who reported having volunteered, 2011



Source: Customised calculations based on the 2011 Census.

FIGURE 12. Percentage of Indigenous population who volunteered, by Indigenous Region, 2011



Source: Customised calculations based on the 2011 Census.

of policy concern arises when that caring is being provided due to societal pressure or a lack of other services in the area. The fact that rates are often higher in remote and regional parts of the country suggests that this might be the case.

Whatever the reasons for providing unpaid care and domestic work, females have less available time to undertake paid work or education. This has long-term financial implications through reduced retirement funds and a risk of living in poverty in their old age. While there are payments and tax benefits available for individuals engaged in the care economy such as parenting payments, carer payments and allowances, and family tax benefits, the payments alone will not address the opportunity costs of long-term caring responsibilities.

Some of the recommendations that have arisen from the different consultations and research around caring are the feasibility of carers' superannuation (in particular for individuals not in the paid workforce), increasing carer payments, setting up child care facilities at workplaces, as well as work arrangements like compressed work weeks (HREOC 2007; Hughes 2007).

Research has estimated that the benefits from unpaid care to the Australian economy are significant. From a geographic perspective, Indigenous Australians in outer regional and remote areas were more likely to be carers than those in other parts of the country (Edwards et al. 2009). There are higher rates of disability in these areas, suggesting that the demand for care is high. This is critical, given formal provision or paid care is not generally available or easily provided, due partly to the high cost of delivering those services. Indigenous carers currently providing informal care represent a potential care workforce that should be harnessed, possibly through the proposed National Disability Insurance Scheme.

The care economy is important for many reasons. From a financial aspect, it represents savings in expenditure that otherwise would need to be allocated. For those receiving care, there are tremendous benefits to individuals and their families. However, from the carer's perspective, there are substantial economic and non-economic costs that are often hidden. Carers have lower financial security and a greater likelihood of having lower mental health. This has resulted in a negative impact on their subjective wellbeing. The National Carer Strategy acknowledges both the financial strain that carers face and the impacts of caring on their health and wellbeing. Regarding the latter, future datasets on Indigenous Australians that include measures of subjective wellbeing should ideally include a much greater range of information on caring activities.

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