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AUSTRALIA



WIYIYANI U THANGANI
(Women's Voices)

CARING ABOUT CARE

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Caring about Care

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Abstract

This report presents the findings of research that aimed to support the Aboriginal and Torres Strait Islander Social Justice Commissioner's work on *Wiyi Yani U Thangani*, and contribute to understandings of the scope of care work performed by Indigenous women. Specifically, the project explored: 1) how Indigenous women conceptualise care work, including its scope and nature, 2) how Indigenous women value and experience care work, 3) what volume and type/s of care work Indigenous women are regularly engaged in, and 4) how the care work of Indigenous women might be better recognised and valued in policy. The report draws on ABS data and fieldwork, including interviews and a time-use survey, conducted between August 2022 and May 2023 with Aboriginal organisations in five locations spanning remote, regional, and urban Australia. Drawing on these data, the report also calculates the approximate economic value of the care work Indigenous women undertake. The findings indicate that 'mainstream' definitions of care do not include the broad ways in which care is defined by Indigenous women. In women's stories, care repeatedly emerges as a source of personal and cultural strength. The research also finds, however, that women's care loads are exacerbated by historic and ongoing colonisation. The report concludes with seven recommendations indicating how policy could be reshaped to centre and support Indigenous women's care.

Key words: Indigenous women, unpaid care, colonisation, policy, time use, economic value, child care, aged care, disability care, domestic work, Country, culture.

Acknowledgment of Country

The research for this report took place in various locations, and all on unceded Aboriginal lands. The authors acknowledge and pay respects to the Elders past and present and recognise how the continuity of knowledge nurtures community and Country – including this research. Always was and always will be Aboriginal land.

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The researchers would also like to thank the Aboriginal organisations that partnered with us to enable completion of this study. We are grateful for your support and advice, without which this study would not have been possible.

We also appreciate the support, encouragement, interest, and input of the Aboriginal and Torres Strait Islander Social Justice Commissioner, Aunty June Oscar, and her team whose report, *Wiyi Yani U Thangani*, inspired us to undertake this study.

We would like to thank Professor Maree Meredith for reviewing a draft of this report and providing valuable comments; we appreciate the time and thought she gave to the task. We also thank Hilary Bek for excellent copy editing.

Acronyms

ACCO	Aboriginal community controlled organisation
ABS	Australian Bureau of Statistics
ACT	Australian Capital Territory
AIATSIS	Australian Institute of Aboriginal and Torres Strait Islander Studies
ANU	Australian National University
CIPR	Centre for Indigenous Policy Research
CI	chief investigator
DOCS	Department of Community Services
DV	domestic violence
ECEC	Early Childhood Education and Care
GDP	Gross Domestic Product
GNP	Gross National Product
HILDA	Household, Income and Labour Dynamics in Australia (survey)
IMMP	Individual Measure of Multidimensional Poverty
ICATUS	International Classification of Activities for Time-Use Statistics (United Nations)
ILO	International Labour Organization
NDIS	National Disability Insurance Scheme
PCYC	Police Citizens Youth Club
SNAICC	Secretariat of National Aboriginal and Islander Child Care
TAFE	Technical and Further Education

Preface

This Report was prepared for the Aboriginal and Torres Strait Islander Social Justice Commissioner, June Oscar AO, of the Australian Human Rights Commission. Following the release of her 2020 Report *Wiyi Yani U Thangani*, the Social Justice Commissioner held a series of Round Tables to discuss the implications of the Report for policy. Arising from the Round Tables was the recognition that although women's unpaid care work featured strongly among the issues raised by Aboriginal and Torres Strait Islander women in the national consultations for the Report, there was little to no research data available about the nature or extent of that work, and such data was needed to influence policy. In late 2021 Dr Janet Hunt then identified a team of researchers (i.e., the authors of this Caring about Care report), and with support from the Social Justice Commissioner, the team approached the ANU Gender Institute for funding to initiate research in this area. The research team worked closely with the Social Justice Commissioner and her staff in shaping the research, identifying some of the partner organisations to participate, and understanding the findings and their implications for policy makers. The Report was peer reviewed by Dr Maree Meredith, Pro-Vice Chancellor Indigenous, Canberra University, to whom we are very grateful.

There are no conflicts of interest to declare by any of the researchers engaged in this research.

Major funding for this study was provided by the Australian National University's Gender Institute. The Central Australian fieldwork was funded by the Office for Gender Equity and Diversity, Northern Territory Government, and The University of Queensland contributed participant vouchers and all costs for the Cape York fieldwork.

Executive Summary

Care is an essential part of life; it grows people, nourishes people, and no one can live without it. Yet definitions and understandings of care that guide and shape research, policy, and practice are too often informed by western colonial logics, whereby care is typically viewed as peripheral to the economy, and as a burden that undermines women's economic security. Seeing care through this lens provides only a partial and degraded view. It misses, for instance, the richness and complexity of alternative visions that elevate and centre caregiving as a crucial and respected activity that breathes life into people, communities, culture, land and whole societies.

The Australian Human Rights Commission's (2020) *Wiyi Yani U Thangani* report illuminates the importance of care to Australian Aboriginal and Torres Strait Islander¹ women. Aside from this, however, little has been done in scholarship to deeply explore understandings and practices of care by Indigenous women in Australia. Thus, this research aimed to provide an understanding of the scope and nature of care work performed by Aboriginal and Torres Strait Islander women, the complex realities shaping decisions around unpaid caregiving, and the associated impacts on women and those around them. Specifically, the project sought to explore: 1) how Indigenous women conceptualise care work, including its scope and nature, 2) how Indigenous women value and experience care work, 3) what volume and type/s of care work Indigenous women are regularly engaged in, and 4) how the care work of Indigenous women might be more formally recognised and valued, including through policy. We note that our study does not examine further the care work of Aboriginal and Torres Strait Islander men or others who identify as gender diverse. Instead, for our study, we invited participants who self-identified as women and thus, this study is not a gendered analysis of Indigenous care work. We took this decision because the Australian Human Rights Commission Aboriginal and Torres Strait Islander Social Justice Commissioner specifically sought more detailed research on Indigenous women's care work. Nevertheless, more research remains to be done from a wider gender perspective.

Fieldwork for this study was undertaken between August 2022 and May 2023 in partnership with Aboriginal organisations in five locations spanning remote, regional, and urban parts of Australia. These partners and study locations were: Sisters in Spirit Aboriginal Corporation (Australian Capital Territory), Tangentyere Council and the Tangentyere Women's Family Safety Group (Central Australia), Cape York Partnership Indigenous Organisation (Cape York), Yawoorroong Miriuwung Gajerrong Yirrgab Noong Dawang Aboriginal Corporation (East Kimberley), and Yanalangami Women's Leadership Program at Tranby Aboriginal College (Greater Sydney). Qualitative interviews were conducted with 102 participants overall, while time-use surveys were also conducted with 96 of these 102 participants.

Chapter 1 of this report introduces the study background and context, situating it within the historical context that has seen the longstanding devaluing of care work under capitalism and colonialism. We also position care within existing literatures on care work, before describing the study methods and approach. In Chapter 2, we summarise the (scarce) statistical information available about Aboriginal and Torres Strait Islander women's care work from the 2021 Census of Population and Housing undertaken by the Australian Bureau of Statistics (ABS). This includes Aboriginal and Torres Strait Islander women's participation in unpaid disability care, childcare, domestic work, and voluntary work, drawing on both national and regional data (the latter being relevant to the five sites/locations selected for this study). This analysis of the ABS census data shows that Aboriginal and Torres Strait Islander women do more unpaid work than non-Indigenous women and Indigenous men. This is especially the case for childcare and care of people with disabilities, largely because of the demographic structure and relatively poorer health of Aboriginal and Torres Strait Islander peoples. It is also notable that

¹ In this report, we use the terms Aboriginal and Torres Strait Islander *and* Indigenous to refer to collectively to the sovereign first peoples of the lands that are now referred to as Australia. Where we use the term 'Aboriginal' or 'Torres Strait Islander' alone, we do so intentionally as a means of referring specifically to these groups separately.

nationally, 8.6% of Aboriginal and Torres Strait Islander women who themselves had a disability also simultaneously provided unpaid assistance to other people, and 12.1% did voluntary work.

Chapters 3 –7 report the key qualitative findings from each of the five field study sites. The data has been thematically coded in each case and, as far as possible, we have described these findings using the words of interviewees themselves. These rich descriptions provide deep insights into the experiences of Aboriginal and Torres Strait Islander women who are providing care, often unpaid, to their families and communities. The major themes from each site have a great deal of commonality, despite their very different contexts. Overall, the chapters draw out how women value the care work they do, the breadth, complexity and volume of the care they give and what that entails. They also talk about how their unpaid care work and their paid work – very often itself also in caring professions – intersect, and reflect on the many health, financial and other impacts that this work has on them, as well as how they try to look after themselves through all this. Many women shared their frustrations around how the various services needed to support their communities were non-existent or not culturally safe, and many were also frustrated by the challenges they face in accessing support. These women are often the backbone of their extended families and communities, not only providing support for survival, but laying the foundations for self-determined and decolonial economic relations.

In Chapter 8, we report the findings from a short time-use survey, which was adapted for use in this study from the Individual Measure of Multidimensional Poverty (see [here](#)). Where participants agreed to take part in the survey, it was conducted directly after each qualitative interview. In total, we collected time-use survey data from 96 research participants and analysed the data using the *International classification of activities for time-use statistics* (United Nations, 2016) categories to report our findings in two ways. The first method aligned with our interpretation – drawing on the study's qualitative interview data – of how Aboriginal and Torres Strait Islander women conceptualised 'care activities' (care for others, care for Country and care for self) and 'other activities' (the latter included sleeping/resting and study/paid employment). This analysis found that care activities accounted for, on average, about 62% of our participant women's time on a usual weekday (i.e. 14.8 hours per day on average), with 48% of their time (i.e. 11.5 hours) taken caring for others and/or caring for Country and culture specifically.

The second method of analysis was in terms of the four Activity Classifications that the ABS uses to group time-use activities: 'Necessary activities' such as sleeping, eating, personal care, health, and hygiene; 'Contracted activities' like paid work and study; 'Committed activities' like domestic work, childcare, adult care, and voluntary work; and 'Free-time activities' such as social interactions, going out, and watching television. We found that women spent most of their time (9.6 hours per day, on average) undertaking what the ABS calls committed activities, such as domestic work and caregiving, and they had very little free time (3.3 hours per day, on average). Women with paid employment had less free time and spent less time on necessary activities than other women. We found that the participants in our study were spending more than double the amount of time on committed (care) activities compared to all Australian women. In addition, they were often multitasking. That is, they were caring whilst also undertaking other activities, and so were 'on call' practically all the time.

Using Federal Award rates for relevant employment categories, we then calculated the approximate economic value of the unpaid care work women do (excluding care for self). We did so because (lost) remuneration for this work was raised directly by Indigenous women during our interviews. We estimate that the market value of this labour ranges between \$223.01 to \$457.39 per day (representing an annual estimated salary of between \$81 175.64 to \$118 921.40). Yet, this labour is not paid for, despite its incredible contribution to women's communities and society, and despite it being expropriated by the settler economy. Moreover, despite the high workload carried by women, many of the women included in our study are categorised as 'unemployed' and passed off as unproductive by settler policies and measures.

Our findings indicate that ‘mainstream’ definitions and measures of care do not include the vast and broad ways care is defined by Aboriginal and Torres Strait Islander women in Australia. For example, whilst care as a strength is an important insight from the women in this study, (white) liberal feminism has often characterised unpaid care as a burden that is unrecognised, undervalued, and which women need to seek liberation from. Liberal feminists have, thus, prioritised getting into paid work and public office and formalising care work. But what is evident from this study is that whilst jobs and external accolades are not unimportant, and care loads can be extremely heavy and demanding, Aboriginal and Torres Strait Islander women place great value on family, community, culture, and Country. In this regard, the use of (white) liberal feminist thought to explain Aboriginal and Torres Strait Islander women’s care can result in harmful and inaccurate framings, which elevate paid and formal work *over* unpaid work across many policy settings including (but not limited to) social security policy, economic policy, employment policy, Indigenous policy, gender policy, and education policy. In doing so, these entrenched policy settings systematically marginalise *all women*, but particularly Indigenous women.

Another common theme illustrated by women in this study was that colonisation has created and continues to create damage to the lives of Aboriginal and Torres Strait Islander people. This includes the impacts of colonisation on gender roles, on child removals, incarceration rates, poor health, racism, and more. Women in our study noted that state institutions set up to ‘care’, are often uncaring and may be violent. This damage, as well as the ongoing impacts of harmful state responses, requires Indigenous people’s care to heal, adding extra demands on existing care loads. As a result, many of the women interviewed in this study were tired and often, carers needed care too. Some were in, or had been through, periods of utter exhaustion and illness due to trying to carry the stressful care load they had. Most had little or no time to themselves, to have a break from the caring work they do or have a holiday without needing to care for others while they did. Rest was hard to come by.

Another theme emerging from the research is how unpaid care and paid employment interact. For many of the participants, care was central to their paid work roles as well as the unpaid care work they did at home. Specifically, most of the women in paid employment in this study had roles in the community sector which put them at the frontline of caring for community. They saw this work as part of their broader commitment to supporting their families, communities and advancing Indigenous peoples. It is therefore hard to draw a line for these women between paid and unpaid work.

Overall, our findings in this study underline the importance of a new approach to supporting Aboriginal and Torres Strait Islander women, where their voices, ideas and needs are central, and where care is placed at the heart. This is different to just ‘fitting’ Indigenous care into various models, policies and measures already in circulation. Rather, a whole new approach needs to be taken that elevates Indigenous women’s voices, and centres and celebrates their care as an essential and crucial expression of culture. This is a must if Australia is to take seriously its obligations under several human rights instruments, to which it is a signatory – including the *United Nations Declaration on the Rights of Indigenous Peoples*, and the *United Nations Convention on the Rights of the Child*. Together, these instruments set out minimum standards for the protection and survival of Indigenous peoples, cultures, and children, including the free expression and practice of Indigenous cultures, the right to self-determination, the right of Indigenous peoples to maintain and strengthen their economic, social and cultural institutions, the right of children to be safeguarded, protected, and cared for while maintaining connection to culture, and the right to free prior and informed consent. Indeed, in this regard, unpaid care work in particular is – as described by the former Special Rapporteur on Extreme Poverty and Human Rights, Magdalena Sepúlveda Carmona – a ‘major human rights issue’ and one that poses a significant threat to women’s enjoyment of basic human rights the world over (United Nations, 2013, p. 2). Taking this into account, we reflect on some possible ways forward in Chapter 9.

Ultimately, the devaluing of care work is something that affects all Australian women, but also Australian and global society as a whole. The stories of caregiving that Aboriginal and Torres Strait Islander women generously share in this report are more than just stories: they represent ways of being

and doing that centre and prioritise care for humans, animals, plants, and Country that are absolutely necessary for human flourishing and survival. These are ways of being that must be urgently prioritised if humans across all societies – including both Indigenous and non-Indigenous peoples – are to not only survive, but also thrive, into the future.

Recommendations

A consolidated list of the recommendations arising from this study is outlined below. These are fully explained and contextualised in Chapter 9 of this report.

Recommendation 1: The Australian Government should establish a taskforce led by and comprised of Aboriginal and Torres Strait Islander women to design a national action plan to elevate, centre, and support care

A taskforce of this nature would enable Aboriginal and Torres Strait Islander women to self-determine structures and supports that would best suit their needs, as well as the needs of their families and communities, rather than having these needs and solutions dictated to them by non-Indigenous institutions and actors. Such a taskforce must be adequately resourced and supported to operate and would have (at least) the ability to advise governments about how to better support Indigenous women and peoples in their care roles.

Recommendation 2: Government departments should reshape public policy to be gender sensitive and anti-colonial, including by centring and valuing Aboriginal and Torres Strait Islander care work as a critical aspect of economies

This centring and valuing of care work may include (but may not be limited to) ensuring that care work is appropriately rewarded and remunerated, particularly where multiple care responsibilities overlap. This should include, for example:

- i. reviewing and reforming existing carer payments and allowances to increase financial support to caregivers
- ii. increasing social security payments (particularly JobSeeker unemployment benefit) so that Aboriginal and Torres Strait Islander women who receive such benefits are not having to do care work living under the poverty line with significant costs for their children, families, and themselves
- iii. making any criteria for government support cognisant of kinship care and sensitive to the nature of caring relationships for Aboriginal and Torres Strait Islander peoples
- iv. providing financial support to grandparents raising grandchildren, similar to that provided for fostering children
- v. increasing paid parental leave to men to further encourage them to take up caring roles from early in children's lives, and
- vi. recognising caregiving as legitimate and crucial work in 'welfare-to-work' programs and policies (for as long as these continue to exist), to ensure such programs do not create barriers to care.

Recommendation 3: Drawing on holistic Aboriginal and Torres Strait Islander definitions of care (that is, care of not just people, but also Country, culture, and all living things), and in close consultation with Indigenous women, the Australian Bureau of Statistics should develop and implement more sensitive measures of Indigenous women's care work

Such an approach would make Aboriginal and Torres Strait Islander women's vast amounts of care labour more visible in future policymaking, providing a basis for it to be more strongly and appropriately supported and nurtured. This may, for example, take the form of amended questions in regular census and survey collections, and/or a dedicated time-use module that is routinely undertaken and representative of Indigenous peoples across Australia.

Recommendation 4: To prevent future harms to Aboriginal and Torres Strait Islander peoples that increase the need for care, governments at all levels should ensure public policy is anti-racist, decolonial, and upholds Indigenous self-determination

This may include (but may not be limited to) the following:

- i. Ensuring strong and sustained resourcing to Indigenous community-controlled organisations to provide Indigenous-led community services to support carers and those they care for, and to ensure Indigenous women have a choice of service providers. Aboriginal and Torres Strait Islander community-controlled organisations are best placed to provide culturally sensitive supports that are accessible and enable healing, rather than creating more harm. The burden of paperwork/reporting which currently impedes Aboriginal and Torres Strait Islander community-controlled organisations from providing the service itself should also be drastically reduced or removed (and if not removed, then organisations should be at least funded to undertake this administration). (Also see Watego et al.'s 2019 recommendations on this.)
- ii. Ensure that access to Indigenous community-controlled support services is prioritised across Australia, but particularly in rural and remote areas. This includes, for instance: providing culturally sensitive aged care facilities and supports to those living with disability as well as their carers (e.g. ensuring that National Disability Insurance Scheme [NDIS] providers are readily available across urban, regional, and remote areas); establishing and/or increasing the number of Aboriginal and Torres Strait Islander led/run playgroups and childcare services, while also ensuring existing services and programs can (and are resourced to) operate according to schedules that map to women's work and other demands; prioritising Indigenous led/run alcohol and other drugs rehabilitation and healing services, to ensure appropriate treatment options are available for those experiencing addiction/s; and ensuring that culturally appropriate crisis support, crisis accommodation, and services supporting those experiencing domestic and family violence, mental health challenges, or other related issues, are widely available. Wait times for all services must be reasonable to ensure accessibility in times of need.
- iii. Addressing and stamping out racism and coloniality within mainstream services of all types. This includes by ensuring cultural competency amongst government departments, agencies, and services and contracted non-government services.

Recommendation 5: Governments across Australia must reform child protection systems and procedures to ensure they uphold the human rights of children, carers, and parents, and to prevent ongoing harms caused by these systems

In forming this recommendation, we note the excellent recommendations of the [2022 Family Matters Report](#) published by the Secretariat of National Aboriginal and Islander Child Care (SNAICC), which, if implemented, would resolve many of the problems women in this study talked about. However, from this research we draw attention to the following:

- i. Child protection systems must operate in line with the *United Nations Declaration on the Rights of Indigenous Peoples*, by transferring statutory responsibility and adequate funding for Aboriginal and Torres Strait Islander child protection to Indigenous community-controlled organisations and implementing the Aboriginal and Torres Strait Islander Child Placement Principle across these systems.
- ii. Governments must shift the child protection system's funding and activity balance from intervention services to Indigenous community controlled integrated family support services to enable much more wrap around support to families at risk of interaction with the child protection system at an early stage. The aim should be to prevent child removal altogether and make the goal of maintaining children within Indigenous extended families the highest priority.
- iii. Child protection systems must be reformed to require engagement with existing or potential kin carers before any decisions are made about an Aboriginal or Torres Strait Islander child's removal or placement. Adequate support must also be provided to enable such carers to carry out their obligations.
- iv. Foster and kinship carers should be better supported in their engagement with the child protection system to significantly reduce the administrative burdens associated with providing care in these capacities.
- v. Strengthen accountability of government systems to their clients for upholding the human rights of carers and those they care for, through an independent mechanism, such as a Carer's Ombudsman or similar.

Recommendation 6: Supports for Aboriginal and Torres Strait Islander carers must be strengthened and/or created to ensure carers are also being cared for

This may include (but may not be limited to) the following:

- i. Support services (including a crisis fund) should be established for Aboriginal and Torres Strait Islander carers to access assistance when needed (e.g. to assist with housework, laundry, transport and emergency finances).
- ii. Communication to Aboriginal and Torres Strait Islander people and communities about existing support services for carers must be improved, so it is clear what support is available. (This cannot only be via a website if people have either no or limited access to internet.)
- iii. Support groups for Aboriginal and Torres Strait Islander women who provide care should be identified/created/adequately funded.
- iv. Respite opportunities for Aboriginal and Torres Strait Islander women providing care should be developed and promoted as a means of ensuring their health and wellbeing is nurtured.

- v. Indigenous community controlled services in areas such as early years care, family services and aged care, should be expanded and sustainably and adequately resourced; the services need to be designed by Aboriginal and Torres Strait Islander people to be culturally safe, holistic and to meet their cultural needs.

Recommendation 7: Governments at all levels must fully acknowledge and appreciate, as well as reflect in public policy, the intricate links between paid and unpaid care roles undertaken by Aboriginal and Torres Strait Islander women

This may include (but may not be limited to), for example:

- i. making sure that Aboriginal and Torres Strait Islander women who are expected to care for their cultures by providing cultural leadership in their workplaces (e.g. by leading cultural engagement, improving cultural awareness, or similar) are appropriately recognised and remunerated for this 'cultural load' that they carry (often in an unpaid capacity)
- ii. ensuring that Aboriginal and Torres Strait Islander peoples can access flexible arrangements and/or appropriate leave (e.g. carer's leave, cultural leave) where needed to accommodate unpaid care roles. (This links with recommendation 4, above, which calls for greater investment in Indigenous community-controlled organisations; these organisations were referred to frequently by women as doing better at understanding and accommodating their care needs. Better funding for these organisations would enable them to provide more accommodating and culturally appropriate workplaces for Indigenous women and peoples more generally).

Chapter 1: Introduction

Care is an essential part of life; it grows people, nourishes people, and no one can live without it (Federici, 2019; Puig de la Bellacasa, 2017; Tronto, 1994). It is the affective and material work that ensures we continue to exist – in the day to day as well as over generations (Fraser, 2016). This work is often unpaid and largely undertaken by women (Fraser, 2016); particularly Indigenous women (Hunter et al., 2016; McKinley et al. 2021). There is no society or indeed life without the care work of raising the young, caring for the elderly, maintaining homes, building and sustaining communities and the vast work of ecological care. Yet whilst care is central to the flourishing of social, economic, and cultural life, the literature on care is dominated by western and white feminist accounts of care, with very little appreciation for the diversity of Indigenous notions of care.

This research aimed to provide an understanding of the scope and nature of unpaid care work performed by Aboriginal and Torres Strait Islander women in Australia, the complex realities shaping decisions around unpaid caregiving, and the associated impacts on women. As the fieldwork was led by four non-Indigenous researchers and only one Indigenous co-researcher in Central Australia, we worked closely with five Aboriginal partner organisations. The project aimed to understand how Aboriginal and Torres Strait Islander women across different regions of Australia themselves conceptualise care work, how they value and experience it, including its challenges, how much of it they do, and how and if policy could better recognise and value it.

The social and economic implications of undertaking unpaid care work have long been a subject of academic and policy discussions. However, research on Indigenous women’s unpaid care roles is extremely sparse, both in Australia and elsewhere. There has been an enduring need for research that supports Indigenous women to share their own stories and experiences of unpaid care, which may include not just care of family and community, but also care of Country and care of culture.

This research fills this gap and builds on the Australian Human Rights Commission (AHRC, 2020) Aboriginal and Torres Strait Islander Social Justice Commissioner’s report, *Wiyi Yani U Thangani* (‘Women’s Voices’). In this report the Aboriginal and Torres Strait Islander Social Justice Commissioner, June Oscar AO, argued that whilst Indigenous women do more unpaid labour per capita than any other demographic group in Australia, this labour is often unrecognised. Consequently, the Commissioner pointed to how the ‘structures needed to create enabling conditions are largely absent, and instead are trapping far too many of our women and girls in conditions of poverty’.² In a more recent keynote speech to the First Nations Portfolio Economic Seminar at the Australian National University (ANU) in Canberra, the Commissioner also reflected on the voices of those women who spoke as part of the *Wiyi Yani U Thangani* project, explaining:

I cannot overstate the centrality of the care work our women do, to their comments about the development of better economic models. They saw care of Country, children, old people, kin, culture, all non-human relations as the glue, the relationships that connect everything and maintains our knowledges, cultural practices and the spiritual, mental and physical health of Country and people. The recognition of care imbues our culture and Country assets with deep values of health and wellbeing. This transcends an exploitative economy of extraction, growth and ultimately, the rapid erosion of the very cultural and environmental assets that can bring us wealth (Oscar, 2023).

This research report extends on the crucial work of the *Wiyi Yani U Thangani* project, sharing the specific insights coming from the expertise, wisdom and generosity of Aboriginal and Torres Strait Islander women in the Australian Capital Territory, Central Australia, Cape York, East Kimberley, and

² The full AHRC (2020) *Wiyi Yani U Thangani* report is available at: https://humanrights.gov.au/sites/default/files/document/publication/ahrc_wiyi_yani_u_thangani_community_guide_2020.pdf

Greater Sydney. Overall, this research aims to generate empirical evidence that can inform ongoing policy advocacy, as well as provide a base for ongoing research that supports Aboriginal and Torres Strait Islander women. This project was undertaken in accordance with the Australian Institute of Aboriginal and Torres Strait Islander Studies *Code of ethics for Aboriginal and Torres Strait Islander research* (AIATSIS, 2020) and received ethical clearance from the ANU Human Research Ethics Committee (2022/032), which was also ratified by The University of Queensland Human Research Ethics Committee (2022/HE000587).

This report is structured across 10 chapters. Chapter 1 provides a background to the study, briefly outlining the core importance of care labour. In Chapter 2, we summarise what is known from the most recent census data about the extent of care work that is undertaken by Aboriginal and Torres Strait Islander women across Australia as well as in the specific locations where we conducted the research. In Chapters 3–7, we explore the various responses from Aboriginal and Torres Strait Islander women in the ACT, Central Australia, Cape York, the East Kimberley and Greater Sydney. Chapter 8 reports the findings of the time-use survey undertaken for this research, before overarching themes from the interview data are discussed in Chapter 9. This is followed by specific policy recommendations, including many which came directly from the women who took part in the research.

First, however, the following section sets out the background and context to this study. In particular, we anchor the study within a longer history of the devaluing of care – both caregiving done by Indigenous *and* non-Indigenous women. We then turn to the importance of care in the academic literature, including extant literatures on Indigenous conceptions and practices of care.

1.2 Background – The importance of care in the academic literature

As noted earlier, caregiving is the glue that holds communities and societies together. However, it has been long devalued and subjugated under patriarchal capitalism, which ‘free rides’ on women’s reproductive labour (Fraser, 2016) and results in a global gender pay gap, which sees women experiencing entrenched poverty at disproportionately high rates (UN Women, 2023). For women of colour and Indigenous women, experiences of racism, exploitation, and intergenerational traumas arising from violent colonial policies create further layered impacts that worsen and deepen socioeconomic disadvantage (hooks, 1981). This is also the case in Australia, where women have long been denied equal entry to the workforce, while at the same time having their unwaged care labour rendered invisible and unproductive.³

So-called ‘second-wave’, liberal feminism made demands for women to enter the labour market and be treated equally to men, spurring mass feminisation of the workforce, but this has not ensured women’s economic security. Instead, as Hochschild (1989) pointed out, women now tend to do a ‘second shift’: one at their place of employment and another when they arrive home. According to the International Labour Organization (ILO, 2018, p. 37), women worldwide performed about 76.5% of the total hours of unpaid care work in 2018, and ‘In no country in the world do men and women provide an equal share of unpaid care work’. The question of care, therefore, is one that affects *all* women globally. However, what these ILO statistics miss are differences in how care labour is understood beyond western definitions, as well as how it is anchored in and inflected by histories of racial oppression (Duffy, 2007; Moreton-Robinson, 2000). Indeed, far greater attention is needed to understand the intersectional experiences of women’s caregiving, including how caregiving might not only be experienced differently, but also understood and interpreted differently by those who are least represented in white liberal feminist

³ The ongoing focus by policy on only the monetised section of the economy has long been critiqued by feminist economists such as Hazel Henderson and Marilyn Waring. Henderson’s ‘layer cake with icing’ image illustrates well how the natural environment and the social cooperative or ‘love economy’ underpin the monetised economy, which is just the icing on the cake (Henderson, 2021; Henderson et al., 1986). Waring (1988) strongly critiqued the absurdity of the way Gross National Product (GNP) was calculated, when, for example, childcare was counted if in a formal childcare centre, but not if carried out by the parent in the home. Hence much of women’s work was simply not counted.

accounts. As Esquivel (2014) argues, this might go towards achieving a more transformative notion of care, which recognises, reduces and redistributes care work to achieve greater equality overall.

Indigenous practices of care in Indigenous literatures range from care of Country, care of community, care of children and care of the elderly (Arvin et al., 2013; Hall, 2016; Hammill, 2001; Cross et al., 2010; McKenzie et al., 2010; McKinley et al., 2021; Salmon et al., 2019; Whyte & Cuomo, 2018). 'Caring for Country' is often used to describe work taken by Australian Aboriginal and Torres Strait Islander peoples encompassing, 'looking after all of the values, places, resources, stories, and cultural obligations associated with that area, as well as associated processes of spiritual renewal, connecting with ancestors, food provision, and maintaining kin relations' (Altman et al., 2007, p. 37). It is, as Dudgeon et al. (2023, p. 19) refer to it, 'a complex, multidimensional relational practice which not only connects people to Country, but to the other domains of wellbeing, to mind and emotions, body, family and kin, community, culture, and spirituality.' In this regard, this care is linked to the maintenance of cultural ties, identity, autonomy and health, resulting in the betterment of the socio-political, cultural, economic and physical and emotional wellbeing of Indigenous peoples (Salmon et al., 2019; Whyte & Cuomo, 2018; Dudgeon et al., 2023). It also has many important ecological impacts – including conservation, fire management, carbon abatement, invasive species control and water management – all crucial in times of climate and ecological crisis (Dudgeon et al., 2023; Salmon et al., 2019; Whyte & Cuomo, 2018).

Indigenous women's unpaid care labour is also at the forefront of struggles and endurance against oppressive settler colonial structures, such as supporting families through settler-induced trauma, violence, state incarceration, and the removal of children by the state (Hall, 2016; Povinelli, 2011). Specifically,

...women's social reproductive labour is a space that holds within it both violent colonial oppression and exploitation, and the creative labours of resistance, growth, and possibility: production and reproduction or Indigenous, non-capitalist, non-patriarchal forms of caring, living and working (Hall, 2016, p. 228, original emphasis included).

Other than the *Wiyi Yani U Thangani* report, and some analyses of Australian census data, there is little research on Aboriginal and Torres Strait Islander women's caregiving in Australia. Some exceptions include a 2012 report using 2011 Australian Census data where Yap and Biddle (2012) found that Aboriginal and Torres Strait Islander women did the largest amount of unpaid care than any other group, and that rates of unpaid care were highest in regional and remote parts of the country. Hunter et al.'s (2016) later study, using longitudinal data from the 2006 and 2011 Censuses, supported these findings, also arguing that higher rates of severe illness and profound disability 'corresponds with heavy caring burdens' for Aboriginal and Torres Strait Islander peoples; overwhelmingly women. This study also showed that those providing most care to persons with disability were more likely to be in part-time (rather than full-time) employment and moreover that: 'Indigenous women with caring responsibilities have an employment rate of 41%, lower than the employment rate of 48% for those [Indigenous women] without caring responsibilities' (Hunter et al., 2016, p. 4). This, of course, has flow-on effects for reducing overall incomes of carers. Moreover, in 2020, a national survey of *formally recognised* carers (Carers NSW, 2020) identified 142 of over 7000 carers sampled as Aboriginal or Torres Strait Islander people. This showed that Indigenous carers are overwhelmingly women (87%) and 45% of them take care of more than one person (for other carers, only 25% did so). More than half (51.8%) had an annual household income under \$50 000, 70.5% experienced financial stress, and 29.5% experienced severe financial stress. They were on average 10 years younger (48 years) than all other carers (58 years) and their average time spent caring was 83 hours a week, considerably longer than all other carers (74 hours/week). They were also more likely than other carers to be socially isolated, have a long-term illness or disability themselves, and have a lower level of wellbeing and a much higher level of psychological distress. More than half thought that their role was not recognised or valued by the government or the community. Although our study is not confined to formally recognised

carers of people with chronic illness or disability, instead including *all* care work, this formal carer study nevertheless illustrates the extent of care work Aboriginal and Torres Strait Islander women do.

In addition to these studies, Puszka's (2021, p. 25) ethnographic research concerning Yolŋu practices of care for those experiencing kidney disease also sheds light on how care ripples across generations, being 'enacted through interlocking material and non-material reciprocities in Yolŋu domestic moral economies'. Puszka (2021, p. 25) demonstrates how these practices can be marginalised, ignored, and devalued in public policy, while at the same time the state 'relies on social relations and care practices in Yolŋu families, constituted through fundamentally different values, to realise health and social policy agendas'. Ultimately, the failure of public policy frameworks to be sensitive and responsive to Yolŋu practices of care produces 'undesirable' policy outcomes, threatening health and wellbeing (Puszka, 2021, p. 217).

More recently, a Parliamentary Inquiry into the relationship between paid work and care across Australia recognised the inadequate supply of Early Childhood Education and Care (ECEC) services particularly in remote, rural and some urban communities that affects Aboriginal and Torres Strait Islander people in particular (something Yap & Biddle had previously raised in their 2012 study). The Inquiry's Interim Report recommended 'long-term increases in funding to First Nations community-controlled Early Childhood Education and Care, with a particular focus on regional, remote and some urban areas' (Commonwealth of Australia, 2022, p. xii). This was underscored by the Productivity Commission's draft report on early childhood education and care, which found that Aboriginal community controlled organisations provide culturally safe early childhood and family services but face 'funding challenges and uncertainty' (Productivity Commission, 2023a, p. 81).

In addition to this, a small number of studies have explored the care roles played by Arts Centres in remote communities. Lindeman et al. (2017) found that they provide 'respite and informal care and support for older people' where other services were absent. Mackell et al.'s (2022) study of Arts Centres also found that care of older artists was the second most important meta-theme identified in their analysis of responses from 53 survey participants:

...arts centres provide extensive support to older artists beyond the core business of producing art. Care included the sub-themes of direct care and personal support with activities of daily living; providing transport; help managing finances and purchasing essential goods; advocacy; a form of respite for families; and caring for artists' social and emotional wellbeing (n.p.n).

In a subsequent paper, Mackell et al. (2023, p. 294) found that arts centres provide a 'reciprocal, relational, and intergenerational model of care' for Elders, arguing that the model could 'help to meet recommendations from the Royal Commission into Aged Care Quality and Safety' and that policy implications could entail arts centres working in partnership with aged care and other services. Meredith's (2018) recent study, which also focussed on the role of Arts Centres, drew attention to First Nations concepts of care and wellbeing, such as *Kanyini*, which for Anangu people represents a holistic notion of 'holding', understood as 'care through the generations' (Meredith, 2018, p. 211). Such a notion of care is entirely central to the Anangu governance system and way of life and relates to the health of body, mind, spirit and the entire community as well as Country. Care therefore cannot be separated out from other aspects of life and wellbeing.

Through the Aboriginal and Torres Strait Islander Social Justice Commissioner's *Wiyi Yani U Thangani* landmark report (AHRC, 2020), women's unpaid care featured as a major source of strength, but also a challenge, for Indigenous women in Australia – especially when such care was not recognised or supported. The Report also located the need for more research to understand Indigenous women's care roles, as a way to design and implement better policies and programs to support these women. This research project is a response to this call.

1.2 Study methods

In this section, we describe the methods we used to undertake this study, including by outlining our research ethics, questions, and approaches to sampling, data collection and analysis.

Research ethics

Ethical approval for this study was sought and received from the ANU Human Research Ethics Committee (2022/032) and ratified by The University of Queensland Human Research Ethics Committee (2022/HE000587). In line with the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) Code of Ethics for Aboriginal and Torres Strait Islander Research (2020), this project was undertaken in partnership with Aboriginal and Torres Strait Islander peoples and organisations. The study was instigated as a result of a request from the AHRC Office of the Aboriginal and Torres Strait Islander Social Justice Commissioner and was designed in coordination with the Office. All Indigenous partner organisations expressly agreed to be part of the project via written memoranda of understanding/research agreement, which outlined the nature, objectives, approach, and ethical considerations of the study, including data governance. These partner organisations also informed how data collection would take place in each location (e.g. including advising appropriate local protocols to be followed by researchers).

Reciprocal benefit was provided to research participants via the allocation of \$50 honorarium vouchers for participation in the study. Reciprocal benefit was also provided to participating organisations via a contribution for their costs and the write up of individual location research reports for each of the five participating locations. Finally, reciprocal benefit was also provided to the AHRC for this study via the write up of this whole-of-study-findings report, and via invited participation/presentation of findings at the 2023 *Wiyi Yani U Thangani National Summit*, which took place from 9–11 May in Canberra. At the Summit, a handful of Indigenous interviewees from this study participated in a panel discussion around Aboriginal and Torres Strait Islander women’s care work and policy responses to it.

To ensure interviewees’ anonymity (as per our ethics approval), we have not used individuals’ real names anywhere in this report. Instead, interviews were numbered and are referred to using this as a signifier. As mentioned earlier, we have also avoided naming specific communities in the remote locations, because this may risk inadvertently identifying individuals given the small population sizes of many remote communities. Wherever needed, and especially where longer excerpts from interviewees are included in this report, we have also removed other specific details that might risk inadvertently identifying interviewees. This includes, for instance, exact numbers of family members, names of workplaces, and the genders or titles of family and kin connections where other specifics are described.

Research questions

This research project aimed to answer the following research questions:

1. How do Aboriginal and Torres Strait Islander women conceptualise care work, including its scope and nature?
2. How do Aboriginal and Torres Strait Islander women value and experience care work?
3. What volume and type/s of care work are Aboriginal and Torres Strait Islander women regularly engaged in?
 - 3a. Can and how do women negotiate the volume and type of care they provide?
 - 3b. What formal and informal support is available for women undertaking care work?

4. How might the care work of Aboriginal and Torres Strait Islander women be more formally recognised and valued, including through policy?

Sampling, data collection, and data analysis

To answer the above questions, the project undertook mixed-methods research across five Australian sites (spanning remote, regional and urban areas), including qualitative interviews and a quantitative time-use study. First, 102 semi-structured interviews were undertaken with Aboriginal and Torres Strait Islander peoples (101 who identified as women and 1 who identified as male) over the age of 18 years. The five case-study sites and relevant local partners in the research were:

1. **Australian Capital Territory** (Partner – Sisters in Spirit Aboriginal Corporation)
2. **Central Australia** (Partner – Tangentyere Council and Tangentyere Women’s Family Safety Group)
3. **Cape York** (Partner – Cape York Partnerships Indigenous Organisation)
4. **East Kimberley** (Partner – Yawoorroong Miriuwung Gajerrong Yirrgeb Noong Dawang Aboriginal Corporation)
5. **Greater Sydney** (Partner – *Yanalangami* Women’s Leadership Program at Tranby Aboriginal College).

The research team worked with the above Indigenous organisations to recruit a broad cross-section of Aboriginal and Torres Strait Islander women. The sampling of participants aimed to capture women with different circumstances (e.g. diverse ages, family types, employment status, health, language backgrounds) and diverse caring responsibilities. A summary of participants’ basic demographic characteristics is provided in Table 1.

Table 1 Basic demographic characteristics of interview participants

Demographic characteristics	Number (n =102)	%
Location		
Central Australia	21	20.6%
Australian Capital Territory	20	19.6%
Greater Sydney	20	19.6%
Cape York	20	19.6%
East Kimberley	21	20.6%
<i>Total</i>	<i>102</i>	<i>100%</i>
Age group		
18–24	9	8.8%
25–44	35	34.3%
45–59	35	34.3%
60 +	17	16.7%
Missing	6	5.9%
<i>Total</i>	<i>102</i>	<i>100%</i>

Specific details of the research process in each location are outlined below.

Australian Capital Territory (ACT): In the ACT, the study spoke with 20 Indigenous women organised through Sisters in Spirit Aboriginal Corporation. ACT interviews were conducted by chief investigator (CI) Elise Klein between December 2022 and May 2023. Eighteen of the interviews were conducted one-on-one between the interviewer and interviewee, while participants 11 and 12 were interviewed together, as per their request. Interviews lasted between 45 minutes and 90 minutes.

Central Australia: In Central Australia, the study spoke with 21 Aboriginal women in Mparntwe Alice Springs. The Central Australian participants were recruited through the local partner Aboriginal Community Controlled Organisation, Tangentyere Council, based in Alice Springs, as well as by using the researchers' extensive networks and connections. The Central Australian participants live in different locations throughout Central Australia, with several living in remote communities such as Ti Tree, others living in Town Camps in Alice Springs and Tennant Creek, and several staying in Alice Springs for extended times in order to care for their partners whilst they undertake men's ceremonies out bush. The interviews with Central Australian women were undertaken in person and took roughly between 30 minutes to 1 hour. Some women expressed that they would be more comfortable undertaking the interviews in pairs, so several interviews were group interviews whilst others were individual. These interviews were undertaken by CIs Chay Brown and Kayla Glynn-Braun between August 2022 and February 2023.

Cape York: In Cape York, the study spoke with 20 Indigenous women, organised through Cape York Partnership Indigenous Organisation. Cape York interviews were conducted by CI Zoe Staines in September 2022. Eighteen of the interviews were conducted one-on-one between the interviewer and interviewee, while participants 19 and 20 were interviewed together, as per their request. Nearly all Cape York participants came from multiple smaller, remote Cape York communities (which are not identified in this report to ensure participants' anonymity), with some now also living in the regional Queensland city of Cairns. One woman whose family lived in Cairns also grew up and was an elder in a New South Wales community, but was interviewed while living in Cairns to look after family. The overall length of the Cape York interviews ranged from 31 minutes to 1 hour and 27 minutes, with the average interview time being ~52 minutes.

East Kimberley: In the East Kimberley, 20 Indigenous women, and one Indigenous man were interviewed. East Kimberley interviews were conducted by CI Elise Klein between October 4–13, 2022 and the interviews were organised by Yawoorroong Miriuwung Gajerrong Yirrgab Noong Dawang Aboriginal Corporation. Eleven of the interviews were conducted one-on-one between the interviewer and interviewee, while participants 2&3; 5,6,7&8; 13&14; 16&17 were interviewed together, as per their request. The overall length of the East Kimberley interviews ranged from 24 minutes to 1 hour and 17 minutes, with the average interview time being approximately 43 minutes.

Greater Sydney: In Greater Sydney the study spoke with 20 Indigenous women, organised through Yanalangami Women's Leadership Program at Tranby College. Interviews were conducted by CI Janet Hunt in Inner Sydney during November, 28–December 1, 2022 and in both

inner Sydney and the Blue Mountains during February 13–16, 2023. One interview was conducted in Western Sydney. The interviews ranged in length from around 30 minutes to over 2 hours. Except for two women who chose to be interviewed together, all others were individual interviews.

All women interviewed for this study identified as Aboriginal and/or Torres Strait Islander, and all also provided full informed verbal or written consent to participate in the study. Participants were also advised that they could stop or pause the interview – or refuse to answer questions – at any time. The interviews consisted of two parts:

1. **A semi-structured interview**, which focused on research question 1 (conceptualisations of care work, including scope and nature), research question 2 (value and experience of care work), research question 4 (policy responses to care work), and partly on research question 3 (volume and type of care work undertaken).
2. **A time-use survey**, focusing on the extent and nature of care work typically undertaken by the women interviewed (pertaining particularly to research question 3).

The time-use survey component for this project was modelled on the time-use module of the Individual Measure of Multidimensional Poverty (IMMP), which was developed and validated by CI Associate Professor Janet Hunt, along with Professor Sharon Bessell (ANU), who led a team of colleagues including CI Mandy Yap (see [here](#)). More details about the methods used for the time-use component of this study, including limitations of this approach, are outlined in Chapter 8 of this report, where we also report the overall time-use results.

All semi-structured interviews were audio recorded and transcribed, with the express consent of interviewees. Upon completion of the 102 interviews, transcripts were sent back to interviewees who requested to receive them, and any requested changes/updates taken into the transcripts that were then analysed. The transcripts from all sites except for Greater Sydney were loaded into NVivo for thematic coding and content analysis, following the well-established protocols set out by Braun and Clarke (2008). Greater Sydney transcripts were coded through Word, also using the Braun and Clarke (2008) protocols. While we report both qualitative and quantitative findings from these interviews and time-use surveys in Chapters 3–8, the chapter that follows first provides further context by describing what is known about Aboriginal and Torres Strait Islander women’s unpaid work from Australian census data.

Chapter 2: Aboriginal and Torres Strait Islander women's participation in unpaid work – evidence from the 2021 Australian Census

This chapter presents statistical information that is currently available about Aboriginal and Torres Strait Islander women's care work. Using data from the 2021 Census of Population and Housing (TableBuilder) (ABS, 2022a), the chapter provides a brief overview of Aboriginal and Torres Strait Islander women's participation in unpaid work across four categories of work for which data is collected.

1. **Unpaid disability care:** In the last two weeks the person spent time providing unpaid care, help or assistance to family members or others because of a disability, a long-term health condition or problems related to old age.
2. **Unpaid childcare:** In the last two weeks the person spent time looking after a child, without pay.
3. **Unpaid domestic work:** In the last week the person spent at least 15 hours a week doing unpaid domestic work for their household.⁴
4. **Voluntary work:** In the last 12 months the person spent time on unpaid voluntary work for an organisation or group.

Participation rates were computed using both national and regional data. National-level rates were disaggregated by employment status, household type, and health (disability) status.⁵ This was not possible, however, for regional rates due mainly to a lack of sufficient observations for computing analytically relevant statistics. Though the focus of this analysis is on the outcomes of Indigenous women, national results are also presented for other demographic groups (Indigenous men, non-Indigenous men and non-Indigenous women) for context and comparison, in order to highlight to circumstances of Indigenous women. (For further ABS data that is additional to that presented in this chapter, see Appendix A.)

2.1 National data on unpaid care from the 2021 Australian Census

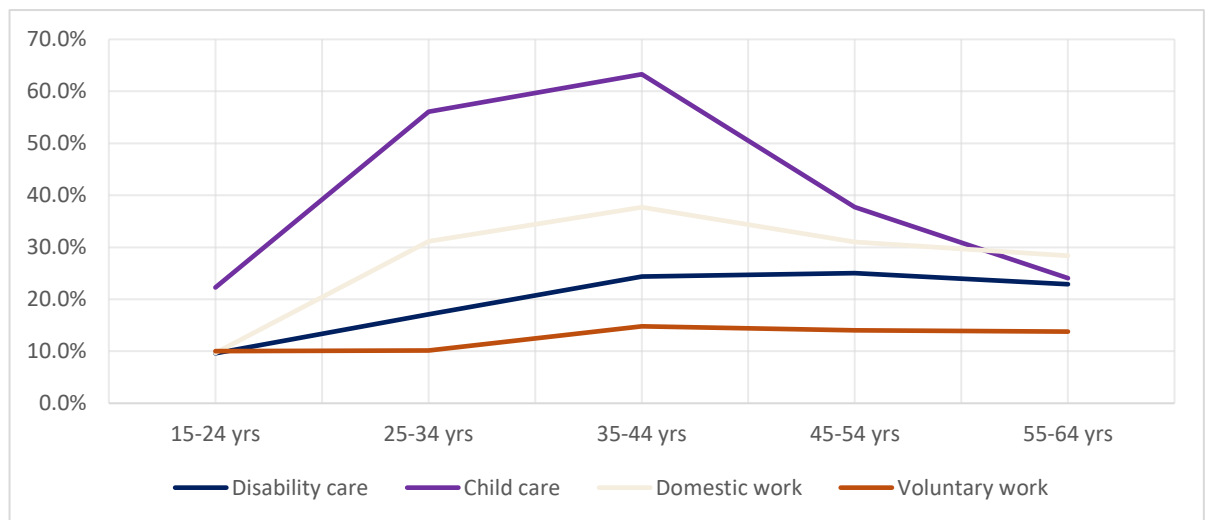
Across Australia, Aboriginal and Torres Strait Islander women do higher rates of unpaid work than any other group, something that has been reported in the past (e.g. Hunter et al., 2016; Yap & Biddle, 2012) and continues to be reflected in the most recent Australian census data. Indeed, national-level data show that at the time of the 2021 Census, 18.3% of Aboriginal and Torres Strait Islander women aged between 15–64 years participated in unpaid disability care, 40.3% participated in unpaid childcare, 25.7% performed at least 15 hours of domestic work per week, and 12.1% participated in voluntary work. Over one-third of Indigenous women were engaged in more than one type of unpaid work, with participation rates varying across age groups. Overall, women at the extreme ends of the age spectrum had lower rates of participation, particularly in unpaid childcare, than those in the middle.

⁴ Unlike the other work categories, engagement in domestic work was measured in terms of the number of hours worked in the last week. Since an overwhelming majority of women (71%) reported having worked non-zero hours and engagement in some form of domestic work appears to be normal among most women, this cut-off point was used to obtain sufficient variation in the data.

⁵ An individual is considered to have a disability if reported they need assistance or supervision with core activities, such as self-care, body movement and communication.

Figure 1 provides a summary of the rates of participation in unpaid work for Aboriginal and Torres Strait Islander women. Childcare appears to be the most common of all the unpaid activities across all age groups, while older women tend to be increasingly likely to provide unpaid disability care. Women aged 35–44 appear to have the highest rates of participation in all unpaid roles except for disability care, which is highest within the 45–54 age range. Participation in unpaid childcare begins early, with over 20% of women aged 15–24 involved, and rises rapidly, so that over 60% of women aged 35–44 years are involved in unpaid childcare. Similarly, some 10% of women aged 15–24 are involved in providing unpaid disability care, and this rises more gradually, with 20% of those aged 35–64 involved in providing this care.

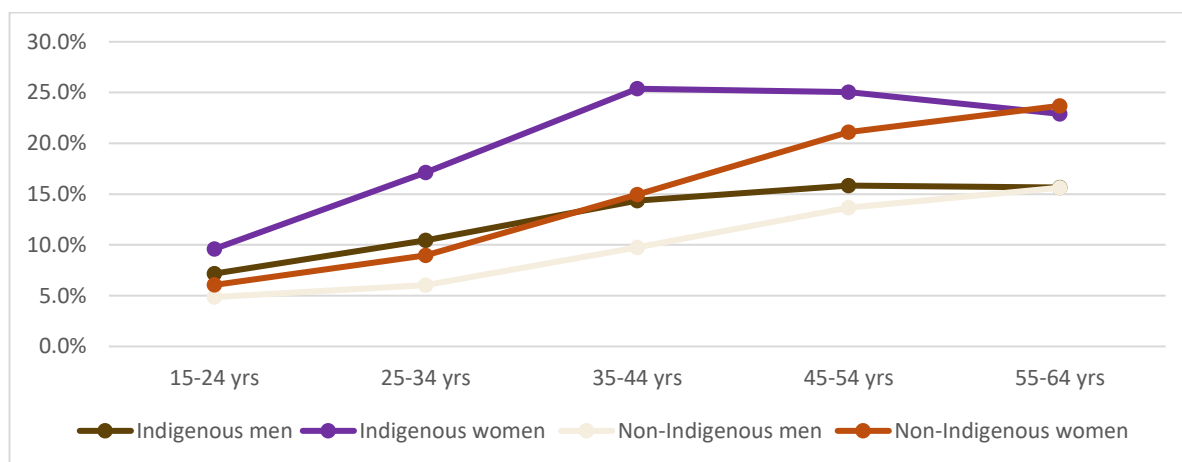
Figure 1 Participation (%) in unpaid work for Aboriginal and/or Torres Strait Islander women by age groups (2021)



Participation in unpaid work by gender and Indigenous/non-Indigenous status

This section presents Australian census data on the various types of unpaid care work according to Indigenous/non-Indigenous status and gender. First, Figure 2 shows participation in unpaid disability care. This increases with age irrespective of gender and Indigenous status differences. Overall, a higher proportion of Aboriginal and Torres Strait Islander women provide unpaid disability care than other demographic groups. It is noticeable that by 25–34 years of age, approximately twice as many Aboriginal and Torres Strait Islander women are providing unpaid disability care as non-Indigenous women. Only among persons aged 55–64 years, is the rate of participation for Indigenous men and women the same as that of their non-Indigenous counterparts.

Figure 2 Proportion (%) of population providing unpaid disability care by gender, age and Indigenous status (2021)



As shown in Figure 3, younger and older Aboriginal and Torres Strait Islander women also have a higher rate of unpaid childcare provision than their non-Indigenous counterparts, though this starts at a younger age for Indigenous women and is matched or exceeded by non-Indigenous women in the 35–54 age bracket. Moreover, Aboriginal and Torres Strait Islander women have a higher rate of participation in childcare than their male counterparts across all age groups. This rate of participation peaks at the age of 35–44 years for both males and females, irrespective of Indigenous status.

Figure 3 Proportion (%) of population providing unpaid childcare by gender, age and Indigenous status (2021)

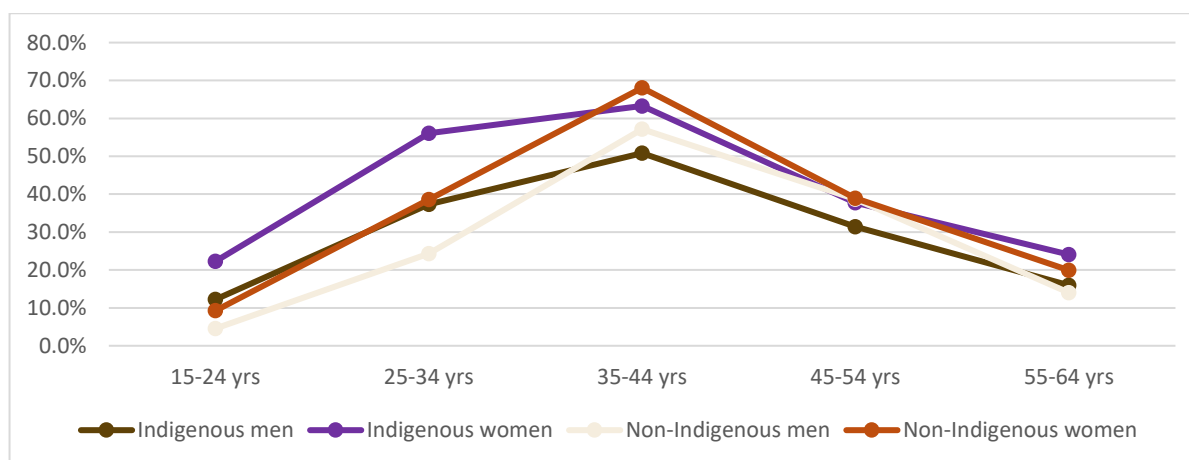
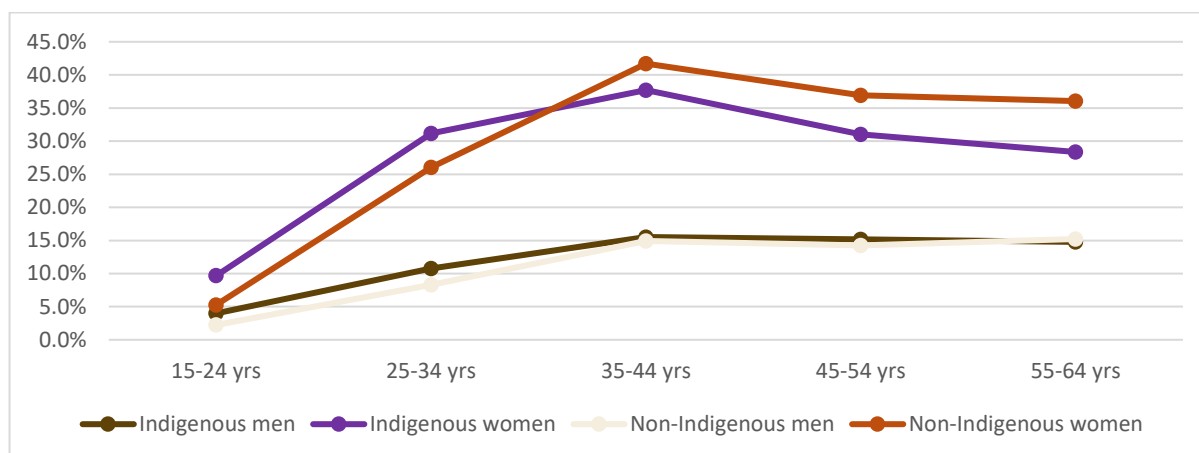


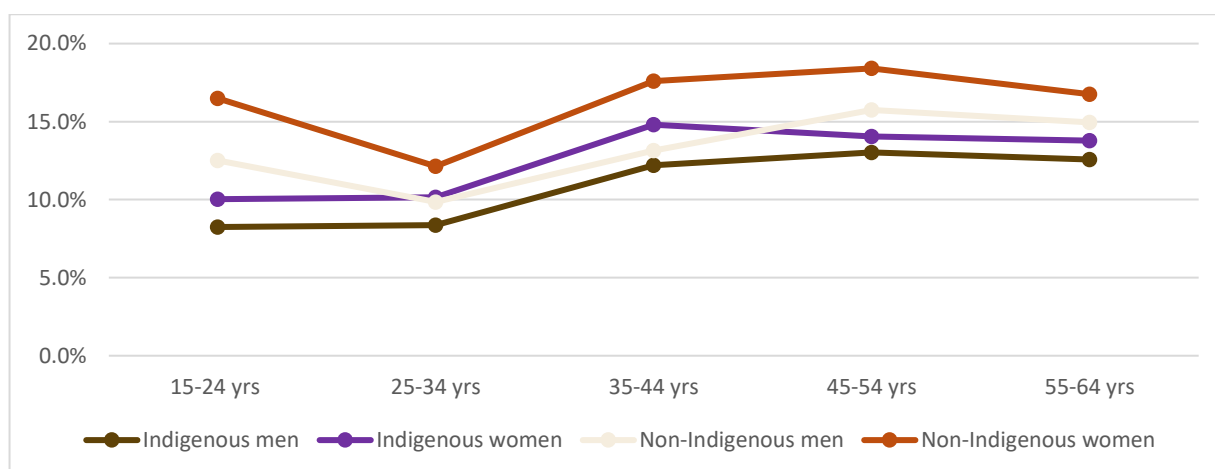
Figure 4 presents participation in unpaid domestic work for at least 15 hours in the census week. Overall, women have a much higher rate of participation than men, irrespective of Indigenous status. Aboriginal and Torres Strait Islander women have a higher rate of participation at younger ages but a slightly lower rate of participation at older ages than their non-Indigenous peers. The gender gap in domestic work participation between Indigenous women and Indigenous men is widest among those aged 25–34 years. The rate of participation in unpaid domestic work also increases markedly for women as they get older, before dropping in later years, while it remains low and stable for men throughout the life course. The involvement in unpaid domestic work peaks at the 35–44 years age group with 37.7% of Indigenous women and 41.7% of non-Indigenous women carrying out this work at least 15 hours a week. Nevertheless, Indigenous women again tend to do this work at higher rates than other groups between the ages of 15 and 34 years.

Figure 4 Proportion (%) of population doing unpaid domestic work for at least 15 hours by gender, age and Indigenous status (2021)



As Figure 5 shows, Indigenous women’s participation in voluntary work varies across age groups, sitting above their male counterparts for those aged 35–44 years, and slightly below non-Indigenous men (though above Indigenous men) for the remaining age groups. Persons aged 25–34 years have the lowest participation rates of all age groups. This is true irrespective of gender and Indigenous status differences. Non-Indigenous women have the highest rate of participation in voluntary work across all age groups.

Figure 5 Proportion (%) of population doing voluntary work by gender, age and Indigenous status (2021)



Multiple roles of care

Below, we explore participation in multiple unpaid roles by Indigenous status, age and gender. Figure 6 presents participation in at least two unpaid roles by Indigenous status and gender, showing that women are more likely than men to have done at least two types of unpaid work, irrespective of Indigenous status and age. Aboriginal and Torres Strait Islander women are more likely than other women to perform multiple unpaid tasks at young ages, but non-Indigenous women are more likely to do so at older ages. Persons aged 35–44 years have the highest participation rates, irrespective of gender and Indigenous status differences. Over 60% of Indigenous and non-Indigenous women in that age group reported that they carried out at least two types of unpaid care in the census week.

Figure 6 Proportion (%) of population participating in at least two unpaid work activities gender, age and Indigenous status (2021)

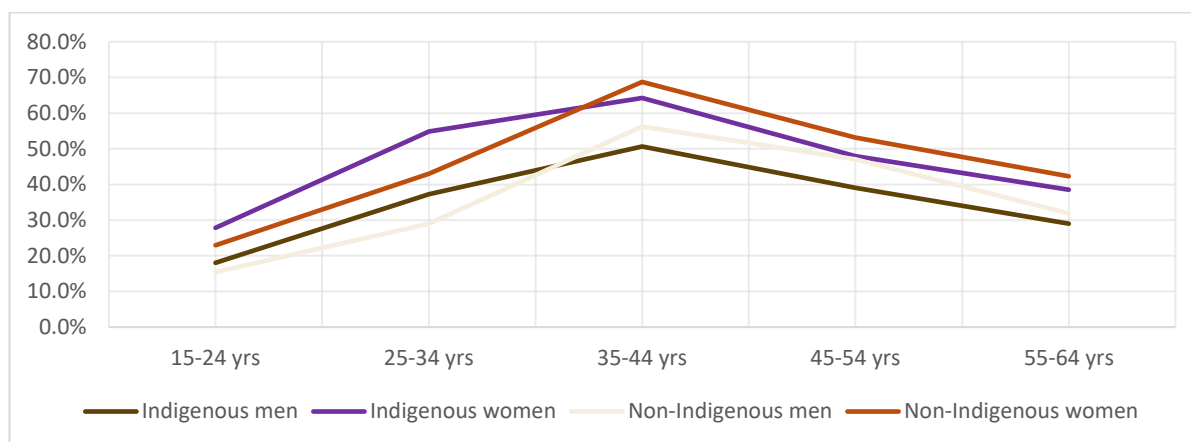
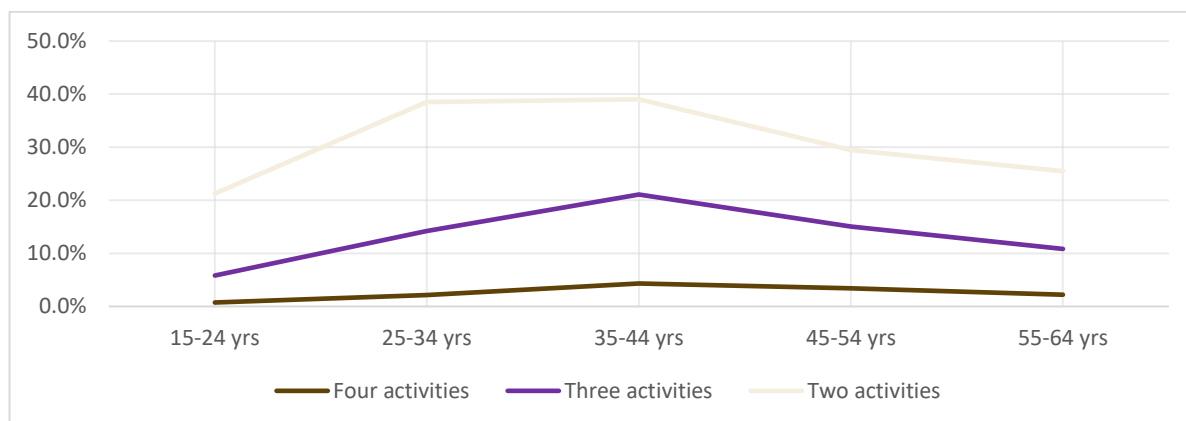


Figure 7 shows rates of participation in multiple roles for Aboriginal and Torres Strait Islander women only. These rates of participation in multiple activities vary significantly by age group. Nearly 40% of women aged 25–34 and 35–44 years undertook two unpaid roles compared with 25% of women aged 55–64 and about 20% of women aged 15–24. About 20% of women aged 35–44 years participated in three unpaid roles compared with about 10% of women aged 55–64 and about 5% of those aged 15–24. Though participation in all four unpaid roles in the census week across all age groups was low overall, the rate is relatively high for women aged 35–44 years (4.3%).

Figure 7 Proportion (%) of Aboriginal and Torres Strait Islander women participating in multiple unpaid roles by age (2021)



Unpaid work and employment

This section examines the association between unpaid care and employment.⁶ As Figure 8 shows, overall, regardless of gender and Indigenous status, participation in unpaid disability care and domestic work corresponds with reduced employment. On the other hand, participation in unpaid childcare corresponds with *increased* employment for all groups, but to a far lesser extent for Indigenous women in particular. There also appears to be a discernible difference in the association between voluntary work and being in employment, depending on Indigenous status. While voluntary work is correlated with slightly lower employment participation for non-Indigenous men and women, it is correlated with

⁶ Based on ABS definitions, a person is said to be employed if they worked during the reference week for one hour or more for pay or profit, or performed a task without pay for one hour or more that contributed directly to the operation of a farm or business run by a family member, or had a job but were not at work (ABS, 2018).

higher employment participation for Indigenous men and women – again, particularly for women. Overall, the paid/unpaid work trade-offs are larger for younger women, more specifically those aged 15–34 years.

Figure 8 Associations between unpaid work categories and employment by gender, age and Indigenous status (2021)

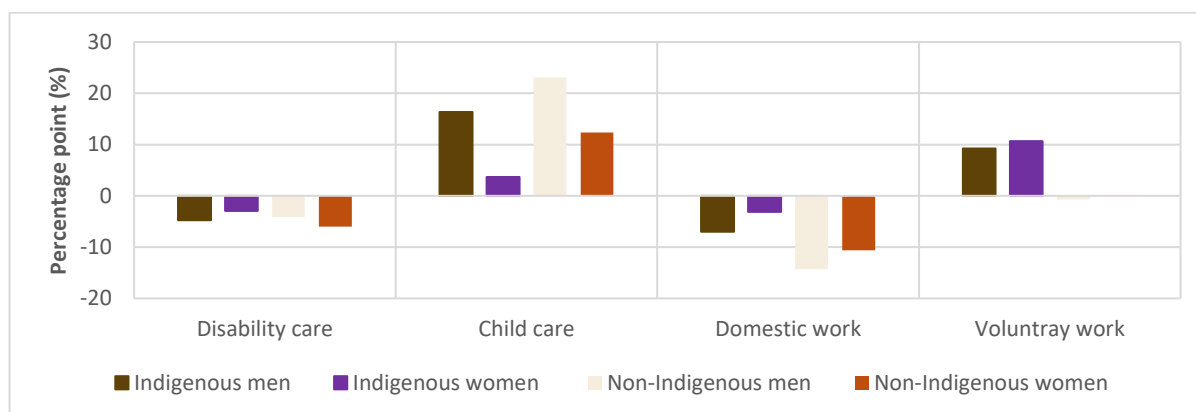
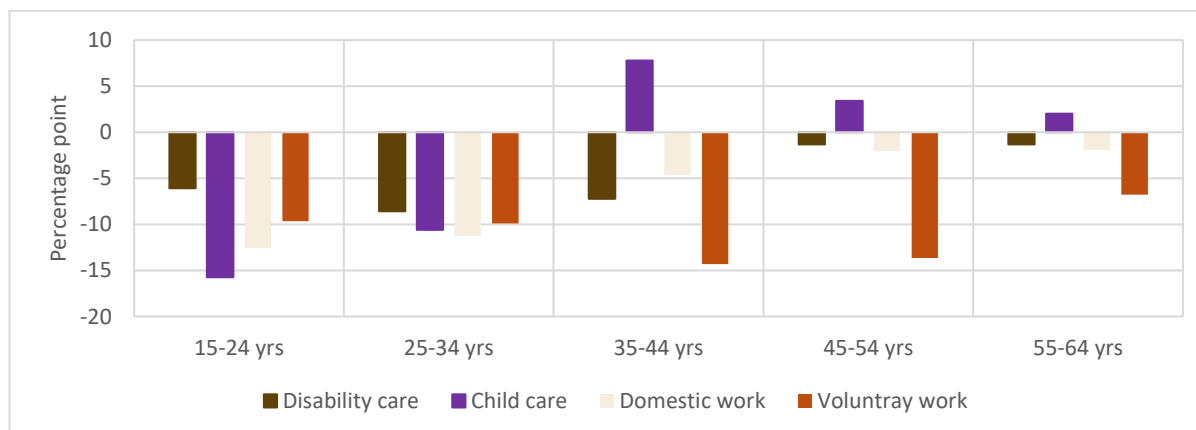


Figure 9 again shows associations between unpaid work and employment, but only for Aboriginal and Torres Strait Islander women and across different age groups. Importantly, this demonstrates that younger women – those aged 15–24 and 25–34 years – generally experience a much larger paid/unpaid work trade-off than older women.

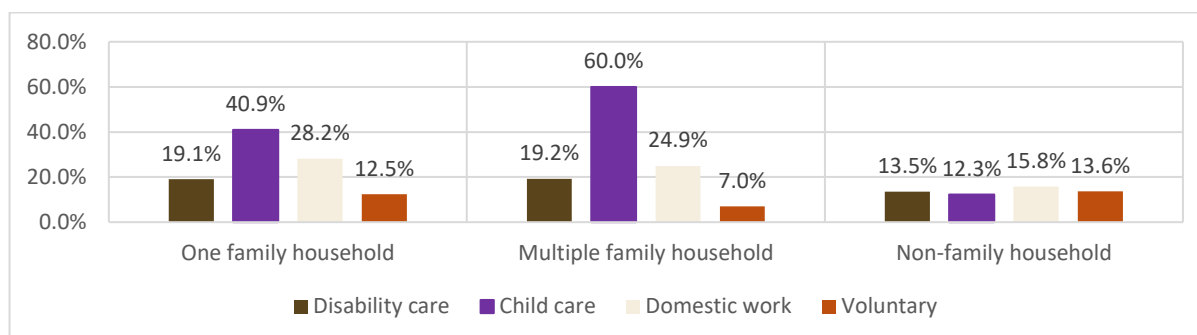
Figure 9 Associations between unpaid work categories and employment by age: Aboriginal and Torres Strait Islander women (2021)



Household type and unpaid work

The ABS defines a family as ‘two or more persons, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and who are usually resident in the same household’ (ABS, 2016). There can be more than one family living in a household, and households with members who are unrelated are called non-family households. Figure 10 shows Aboriginal and Torres Strait Islander women’s participation in unpaid activities by household type. Participation in childcare is much higher in multiple-family households than in single-family households and still lower in other households, whereas participation in disability care is about the same in single-family and multiple-family households. Participation rates in domestic work (for at least 15 hours a week) is slightly higher in single-family households than multiple-family households. Participation in unpaid activities is generally lower in non-family households, except for voluntary work, which is slightly higher than in other households.

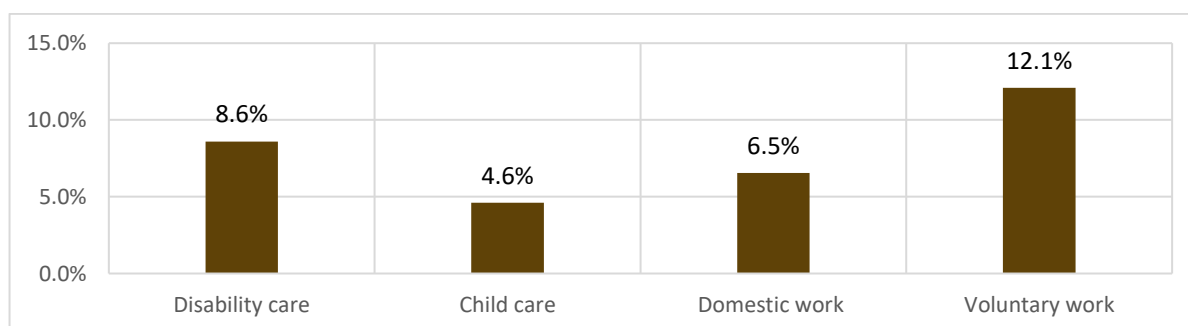
Figure 10 Household type and proportion (%) of unpaid work: Aboriginal and Torres Strait Islander women (2021)



Carers needing care themselves: Disability status of carer and unpaid work

In this section we examine the census data regarding the disability status of Aboriginal and Torres Strait Islander women undertaking unpaid care work. Figure 11 depicts the prevalence of disability among Aboriginal and Torres Strait Islander women doing unpaid work, where women who need assistance with core activities, such as self-care, mobility and communication, are considered to have a disability. Overall, 8.6% of Aboriginal and Torres Strait Islander women who provided unpaid assistance to other people with disability and 12.1% of those who did voluntary work reported having a disability themselves. The rate is slightly lower among women doing at least 15 hours of domestic work (6.5%) and childcare (4.6%).

Figure 11 Proportion (%) with disability while also doing unpaid work: Aboriginal and Torres Strait Islander women (2021)



2.2 Australian census data on unpaid care relating to each of the study sites

This section analyses the unpaid care undertaken by Aboriginal and Torres Strait Islander women in the five sites included in this study: the ACT, Central Australia, Cape York, Greater Sydney, and East Kimberley. All data included in this section are for Aboriginal and Torres Strait Islander women aged 15–64 years, only. Numbers of women above that age were too few to calculate age-group-specific participation rates in the various locations.

Figure 12 shows participation data for Aboriginal and Torres Strait Islander women in the ACT. Participation in unpaid work varies substantially across age groups. A higher proportion of women aged 35–44 (60%) participated in unpaid childcare than did other women – for example, compared to those aged 15–24 (17.5%) and those aged 55–64 years (29.3%). Similarly, only 11% of women aged 15–24 provided unpaid disability care compared with 30% of those aged 55–64 years. Across all ages, Aboriginal and Torres Strait Islander women in the ACT participated in unpaid disability care and

voluntary work at higher rates than the national rates. On the other hand, except for women aged 55–64, the rate of participation in childcare is lower than the national rate. (See Figure 1 earlier in this chapter, for national comparisons.)

Figure 12 Proportion (%) doing unpaid work, by age: Aboriginal and Torres Strait Islander women in the Australian Capital Territory (2021)

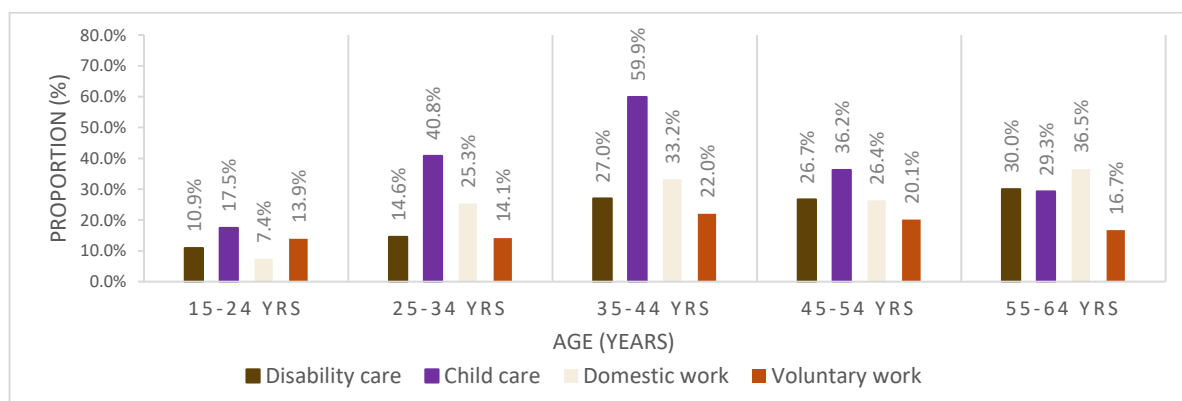


Figure 13 presents participation data for Aboriginal and Torres Strait Islander women in Alice Springs, which were used as a proxy indicator of the status of women in the Central Australian study site (with many of these women living in or around Alice Springs). There is substantial variation in participation in unpaid work between different age groups in Alice Springs. Some 41% of women aged 15–24 did unpaid childcare, while women aged 25–34 had the highest rate of participation in unpaid childcare (67.6%). Women aged 45–54 years had the highest rate of participation in unpaid disability care (20.1%). Except for women aged 35–44, the participation rates in unpaid childcare are higher than the national rates. Moreover, except for women aged 15–24, participation rates in unpaid disability care are higher than the national rates. On the other hand, participation rates in unpaid domestic work (except for women aged 15–24) and voluntary work are lower than the national averages. (See Figure 1, earlier in this chapter, for national comparisons.)

Figure 13 Proportion (%) doing unpaid work, by age: Aboriginal and Torres Strait Islander women in Alice Springs (2021)

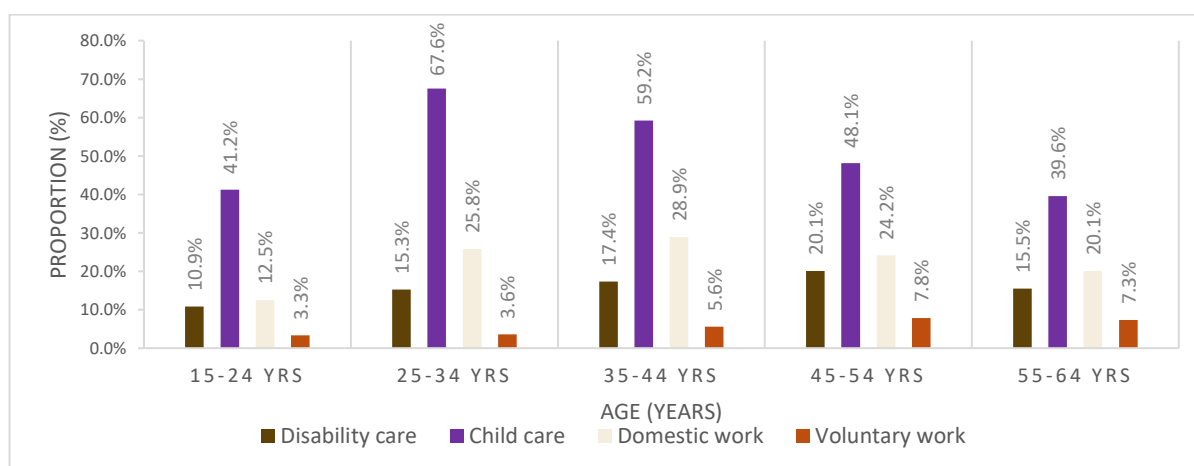
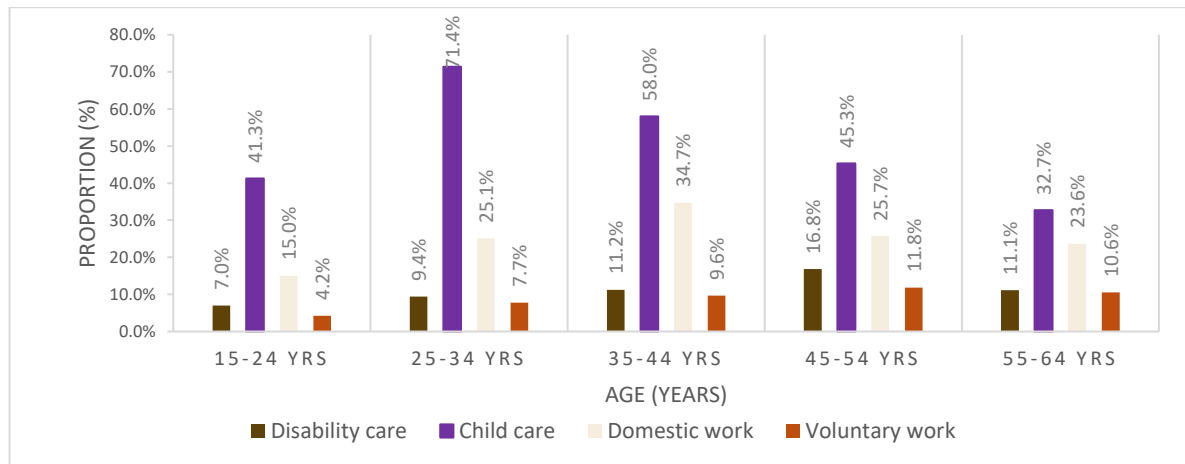


Figure 14 shows data for Aboriginal and Torres Strait Islander women in Cape York. Participation in unpaid childcare ranges from 32.7% (for women aged 55–64 years) to 71.4% (for women aged 25–34 years). Women aged 35–44 years had the highest participation rate in domestic work, whereas those aged 55–64 years had the highest participation rates in disability care and voluntary work. For women aged 15–24 years, the participation rate in unpaid childcare (41.3%) is almost double the national rate.

However, for all women, participation rates in unpaid disability care and voluntary work are lower than the national rates. (See Figure 1, earlier in this chapter, for national comparisons.)

Figure 14 Proportion (%) doing unpaid work, by age: Aboriginal and Torres Strait Islander women in Cape York (2021)



As most of the interviewees in the Greater Sydney research site for this study lived either in the Inner West of Sydney or in the Blue Mountains, these two areas of Sydney were chosen to examine the 2021 Census data on care work relating to this study location. Data for these two areas are illustrated in Figure 15 and Figure 16. Similar to national-level data, Indigenous women in these areas do high rates of unpaid work. In Inner Sydney, for example, about 47.5% of women aged 35–44 years participate in unpaid childcare, while in the Blue Mountains over 74% of women in that age range do so. For women in the Blue Mountains participation rates in unpaid childcare (except for women aged 55–64 years), voluntary work and disability care are all higher than national averages; for example, 40.6% of women aged 45–54 years provide unpaid disability care. For these women the rate of participation in unpaid disability care is substantially higher than the national rate (by 15.6 percentage points). Overall, women in Inner Sydney and the Blue Mountains, particularly those aged 35–54 years, contribute at a significant level in all types of care work. (See Figure 1, earlier in this chapter, for national comparisons.)

Figure 15 Proportion (%) doing unpaid work, by age: Aboriginal and Torres Strait Islander women in Inner Sydney (n=5039) (2021)

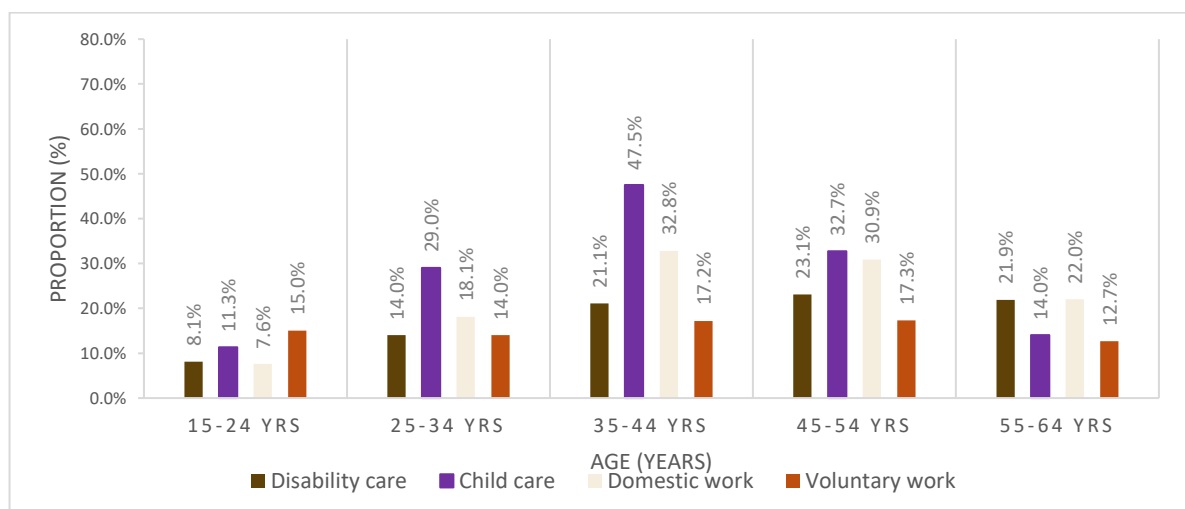
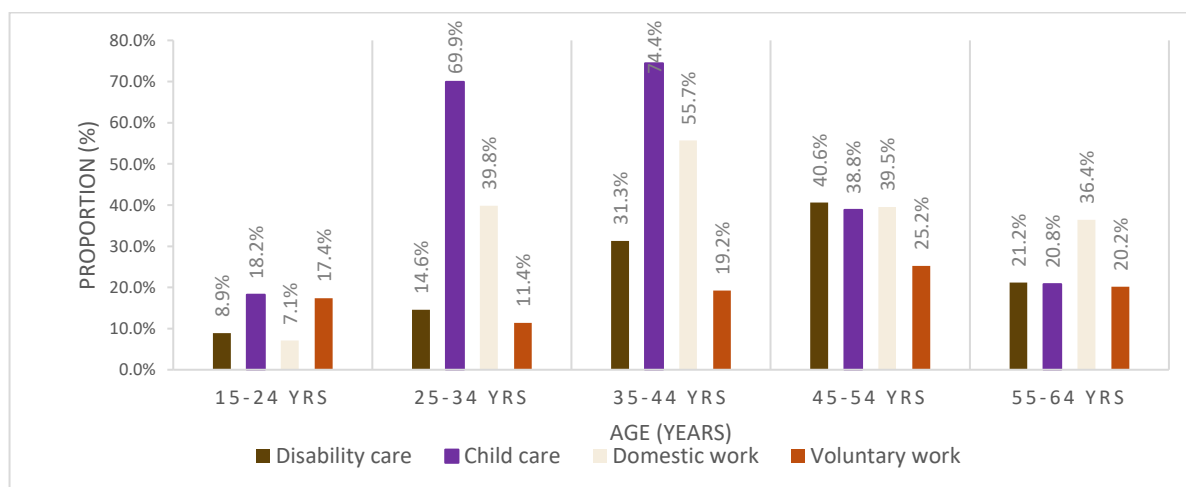
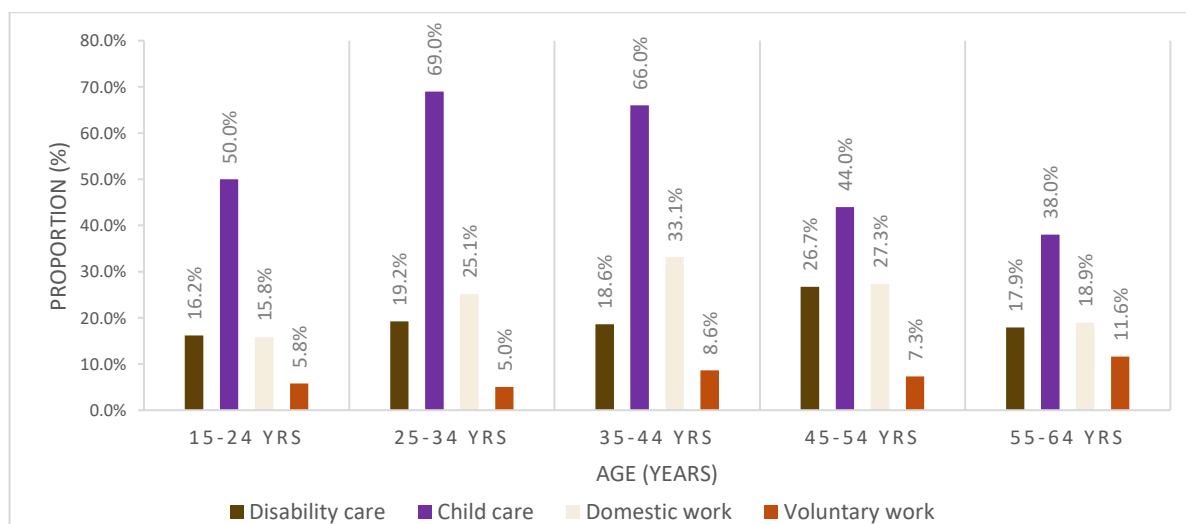


Figure 16 Proportion (%) doing unpaid work, by age: Aboriginal and Torres Strait Islander women in the Blue Mountains (n=645) (2021)



To show participation data for Aboriginal and Torres Strait Islander women in the East Kimberley, we drew on data from the township of Kununurra (see Figure 17). Women aged 25–34 years had the highest participation rate in unpaid childcare whereas women aged 55–64 had the lowest participation rate of all age groups. Women aged 45–54 years had the highest participation rate in unpaid disability care of all the age groups. For all women, rates of participation in unpaid childcare are higher than national rates whereas rates of participation in voluntary work are lower. Women aged 35–44 years have the highest participation rate in domestic work (33.1%). (See Figure 1, earlier in this chapter, for national comparisons.)

Figure 17 Proportion (%) doing unpaid work, by age: Aboriginal and Torres Strait Islander women in Kununurra (2021)



2.3 Summary

Overall, the data from the 2021 Australian Census described in this chapter reveal that Aboriginal and Torres Strait Islander women do very large amounts of unpaid work: generally more than other Indigenous and non-Indigenous groups. This is especially the case for childcare and care of people with disabilities, as also shown in previous studies (Hunter et al., 2016; Yap & Biddle 2012). This no doubt reflects the youthful demographic profile of Aboriginal and Torres Strait Islander peoples across

Australia overall, as well as disproportionately high rates of ill health and disability (which produce higher *demands* for care). The combination of various types of unpaid care falls most heavily on those women in their younger and middle years, particularly those aged 25–44 years.

While the national picture itself tells a significant story, the analysis of the study sites shows how averages also hide quite important geographical differences. For example, in Central Australia, Cape York and the East Kimberley, a higher proportion of young women (15–24 years) than in Sydney and Canberra are already providing high rates of childcare – around double the national rate. And in Alice Springs (Central Australia) and the Blue Mountains (Greater Sydney), apart from those aged under 24 years, rates of unpaid disability care are higher than national rates. These rates of disability care are generally highest in the 45–54 year age group.

Although census data provide a high-level snapshot of the extent of unpaid care being undertaken by Aboriginal and Torres Strait Islander women, they do not engage deeply with what care means to women, its importance, its impacts, how it is supported or unsupported, and more. It is these questions that we sought to engage with in this study and turn to in the following chapters.

Chapter 3: Findings from the Australian Capital Territory

This chapter presents study findings from the ACT, focusing on those arising from thematic coding and content analysis of the interview transcripts for part 1 of the interview. (Time-use data for all sites, including the ACT, are presented in Chapter 8.) In the ACT, the study spoke with 20 Indigenous women, a majority of whom (15, or 75%) were aged between 25 and 44. Only one was under 25, and four were 60 or older. Six of these women (30%) themselves have a disability. Fifteen of the 20 women (75%) were in paid work, 12 of them full-time, while one was retired and four were not in paid work. Only five of these women (20%) received any social security payment. For more detail about the process for conducting these interviews in the ACT, see Chapter 1 (section 1.2) of this Report.

The ACT interview findings are presented according to the following five themes, which arose from analysis of the interview transcripts:

1. Caring is strength, love and spirit
2. The volume of unpaid care work in the ACT is high
3. Care loads are higher because of colonisation
4. Caring regularly intersects with paid employment, study, and other community roles
5. Care is also hard and has negative impacts for women; strategies for managing this are varied.

3.1 Theme 1 – Caring is strength, love and spirit

Care was repeatedly defined by ACT women as being central to life:

For me it's spirit. I'm led by spirit even though I'm human. For me it's, a spirit clothing, what I do, terms of, uh, connecting to people, you know, and bringing that, giving them that, you know, this being the sunshine within their day... And it carries, it's, it's bigger than words. It's more than beyond words. And it's enveloped in everything we do and everything we are and everything about where we are going and paying homage again to our ancestors and who's come before us. That's what care is. (ACT, 10)

Existence. Essence. Life essence is caring. (ACT, 6)

Respect. (ACT, 8)

It's an everyday lifestyle.... You don't even think of it as care. It's just what you do. (ACT, 4)

Care is also about looking after (and empowering) people:

I feel like when people ask me what my job is like, my easiest way to describe it is I'm like a lot of people, like, I'm like a mum. That's how I feel all the time. But it's, I think it's that I say mum because that's like an identity I can relate to as a mum, but it's more just a space of nurturing and caring for people that I don't always, I'm not always gonna understand what they're going through, but I can show a level of care and love and support that I would hope that I show for my children I guess. (ACT, 9)

You know, so you can help and look after those that come and that need to get back into the air again. Flying... So they can fly. (ACT 10)

It's about empowerment. It really is. Showing them. But you know what, also along the way, they need that love. They need that care. They need that connection to be, and what that does for them is that that's empowerment. You know, that connection is a big part of it. (ACT, 10)

If you're labelling it as care without any medical history or any concerns, um, it's just a natural day, day occurrence. But because there's a medical diagnosis and there's extra support, or whether it's elderly or frail or whatever that category is, it just intensifies it. (ACT, 12)

There's like the looking after individuals part. But I feel like part of the reason that I like doing extra things outside of work is that that's my way of showing care as well. (ACT, 14)

Care for mob, land and family. That's what I think ... about caring. Caring about, you know, the original people here in just people in general and everybody's health and wellbeing. (ACT 18)

Caring for me is, I think it's everything. And anything from, you know, physically supporting someone if they need it. (ACT, 20)

ACT women also described care as being generational:

Care..., for me it's just what I carry. I think it's innate in me. It's in my DNA and I get it from my mum and my nan. I can't see, see it any other way. (ACT, 6)

To care for somebody, it was ingrained. (ACT, 19)

The women say that our village raised our kids. Everyone looked after our kids. Same here in the ACT, I look after all the kids – not just my own. That is care. (ACT, 17)

I am a woman first and foremost. And I think, you know, women are the backbone of communities. They have been solid in our culture forever. (ACT, 6)

So I've had to learn to care for myself because I've always cared for others. That's how I was raised. But, but in those days we had a lot more women to do the caring. (ACT, 8)

I've always known what my responsibility is and I've always known that this is the role that I would always play. (ACT, 8)

Care is also linked to care of community:

...and even the work that we do within the community, when we, we are representing or being a face out in the community to go to an activity or an event, there's never a time that someone will pass us by to ask us questions or want input or, so we are working in a, in a capacity that it's just natural for us with our own mob, but, you know, we're not getting anything for that. (ACT, 12)

So care is more people based. Definitely. And then you also do a lot of community work. (ACT, 3)

As Aboriginal women, we are not only the backbone of our families, but the backbone of the communities. (ACT, 17)

I would consider my activism a level of care for my culture because it's a responsibility that I carry to nurture my culture, and what that looks like in the 21st century in a country that is illegally occupied. There is an enormous level of care for my community in that because it's not easy to put yourself out in that space open to scrutiny and to be knocked down by government to be knocked down by even your own mob. (ACT, 9)

So there I think there is care in our activism. Like our activism comes from a place of love, it comes from a place of survival and wanting to continue our culture. (ACT, 9)

Care is also about caring for Country and culture:

...when I think of care I immediately, my jump, my brain jumps to like physically looking after someone, but there's so much more involved with care, isn't it? There's care of Country and care of mob and you know, other things. (ACT, 18)

Absolutely. I think care connection, I've been off Country and my traditional lands since I was 13 years of age – a long time. But I still have strong connection to home. I always will. (ACT, 6)

If we don't take care of this planet in particular, we won't have, we're already seeing a difference now, um, about, you know, what we've done to this land that we're on. (ACT, 18)

Care can also be for folks with special needs:

...as his carer, you also become a protector when it's your child. And I, I think with any person you're caring for, you become a protector. And in some circumstances I think you become, um, an advocate as well. (ACT, 20)

...being older Aboriginal and disabled, you just fall through the cracks a lot of the time. But, and that's a big problem if you are caring for someone who has all of those things as well. (ACT, 20)

We don't have services because we have to continuously have these conversations and explain, explain the way that we care. And it's very difficult how other people care and what it looks like. For us, we take on the caring responsibility the day that we find out. We don't say, 'here you go, you are somebody else's issue'. Or, 'Cause they're different to us'. You know, like if any in our community we take, we protect them as they are chosen, you know, you're the one special, you're blessed like this ...And that's why we want a space. Cause a lot of times when we go into these services, it's very different. (ACT, 13)

ACT women also talked about the care as incredibly skilled work, which involved applying a range of different skillsets:

Um, so my caring for her is really about the cups of teas and the food and coming over and, you know, talking and gossiping our family members, you know, like as we do, you know, and I say that in a very nice way. (ACT, 12)

Caring, um, making sure mum and dad are, um, okay with money. And caring for their, personal stuff, you know, making sure they're okay to pay their house, food, you know, just the normal, everyday living. Yeah, so that's just the way we do things. (ACT, 12)

Like everybody calls on you.... It's rotating around. I think it's good to be busy in that way because it's sort of, it's healthy for me on my mind and emotional stuff, you know? Cause when you're home it's heavy, you know, pretty heavy lifting, you know. Yeah. Cause I'm with, um, caring in the home or outside, it's like manual handling. Not so much the heavy lifting, but the manual handling of administration in, you know, getting his breakfast, running the bath, doing this doing that, all the chores. ...On the go all the time. Your mind's ticking over all the time thinking about things (ACT 7).

It also involves a high degree of emotional and cultural intelligence, as well as affective labour:
Instilling hope and letting you know that this is a part of your journey and there's a learning part for you, but it doesn't define who you're, you're just in this spot. So, you know, I said my role and my path in this is to support you for the very part that I'm able to, um, you know, and you've gotta make your choices, uh, even with risk. Um, so I, I will support you in the best way that I know how. (ACT, 10)

It's knowing when you are to be in the room Yeah. And when you're not to be in the room. (ACT, 19).

3.2 Theme 2 – The volume of unpaid care work in the ACT is high

As reflected in the Australian census data referred to earlier in this report, interviewees demonstrated that the volume of unpaid care work that they undertake is very high. Caring roles were threaded through most parts of ACT women's lives, and many reflected that it felt that their caring roles were non-stop:

I'm full-time mum. I'm full-time worker. I also work, I also run two of my own businesses. I also sit on two advisory committees. (ACT, 13)

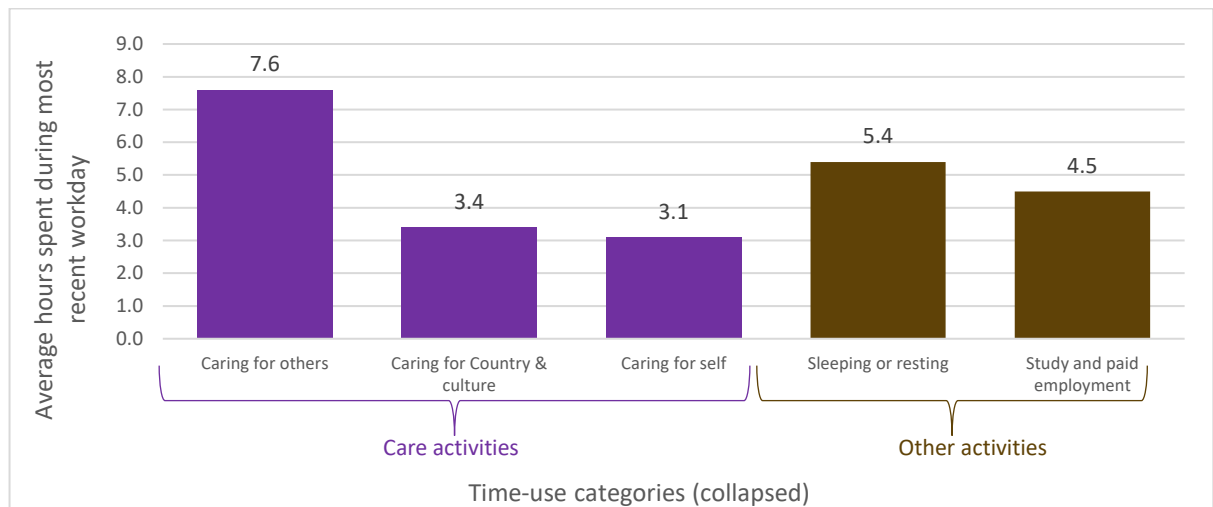
...[it] really falls on me, which is hard sometimes too, because I'm the youngest. I feel like I should be reaching out to them. But it's like, I'm the family rock. Everyone's problems on my shoulders for all the six kids plus my parents. (ACT, 5)

It's like, more than full-time. As you get older, I feel it. Yeah. It's still working full-time. I haven't stopped. And, um, it's tiring. (ACT, 7)

As we elaborate further in Chapter 8, this was also reflected in the time-use results, including for the ACT. In the ACT in particular, about 60% of women reported caring for someone who was elderly, while over half of the women (55%) reported caring for children. This can include not only their own children but also those of others and grandchildren too. Across the different care groups, a smaller but still substantial percentage of women reported that they were providing care for someone who was sick or living with a disability (40%). Almost all women reported doing domestic work in a usual day, including activities like cooking, cleaning, washing and shopping for family and/or household members. Far fewer women reported doing maintenance or repair work around their home. Overall, women's narratives painted a complex picture of caregiving, very often for individuals with multiple needs, e.g. children living with a disability or an elderly person living with a disability.

When we categorised all time-use activities into care and 'other' activities, ACT women reported spending an average of 14.1 hours per day (or around 59% of their total usual days) undertaking care activities (see Figure 18). (For details about the method used to create the time-use categories illustrated in Figure 18, see Chapter 8.)

Figure 18 'Care' versus other activities: average number of hours ACT women reported spending undertaking these activities on a 'usual day' (n=20)



3.3 Theme 3 – Care loads are higher because of colonisation

Colonial legacies, as well as myriad examples of ongoing colonial violence, were repeatedly raised by ACT women as inflecting their daily experiences:

I think that we are obligated, I feel like we are obligated to have to take on those roles whether we like it or not. And particularly with all the, you know, colonial structures and, dysfunction with the systems, that it's gonna happen when we left because it creates more problem, like colonisation creates trauma, creates violent or is violent and, you know, you have to sort of fill in. Yeah. I think it that creates the dysfunction as well in some families. Yeah, and barriers stopping us from having healthy, lives and fulfilling lives and yeah. Systems tearing us apart means that we have to pick up the pieces basically. (ACT, 3)

It's all colonial, it's still do things that they're designed to do. It was designed by colonial people to extract resources to kill or assimilate us. It's doing what it was supposed to do. Always. So stop saying it's broken. Yeah. And then recognise, yeah. I'm big about educating people about harm. Cause a lot of people work, like just live in a fucking bubble. (ACT, 14)

We have to do this work because there is a fear of being removed – frightened by mainstream services. People are traumatised and they need care, not incarceration. Settler services cannot be trusted, they are not culturally safe or culturally appropriate. (ACT, 17)

We just got to fight the fight. Our ancestors have been fighting, and we need to keep that fight going. (ACT, 17)

But it's really hard to take care of yourself in ways that I think in a society that doesn't understand the level of violence a lot of us are face to face with every single day. Like just the nature of working within the government is right. Yeah. Or more. But when you try and if you say that out loud, you get kind of funny looks and you get treated like you get looked at like oh you're being dramatic. But it's not dramatic. It's cause when I work in my work, the framework of a victim is a very colonial framework. But I'm constantly fighting against that saying that my mob are victims of these

institutions. Like the entire institution is the perpetrators of trauma and violence. I tell them all time, every opportunity they hate me. I sit in those meetings all the time and have to outline why this is not appropriate the way you guys are running things and why you're actually causing so much more harm than you're doing any good for this family speaking. But you're up against structures, literal structures, buildings, hard walls. Like you're actually up against such a physical presence with people that have such colonised minds that they just don't get it. And it's so draining having to repeat yourself. It's just every day you're yourself repeat yourself over and over. (ACT, 9)

Trauma from colonisation perpetuates the need for care too:

Colonisation causes more care work because colonisation creates trauma. We have to have the conference call services, relay messages, we have to tell the stories so the men aren't judged as 'angry men'. (ACT, 17)

Aboriginal women were fucked from the moment white men landed... we all were all a very balanced community.... But the white man came the moment white men came, they messed that. That's when the demise of us as Aboriginal women started at that very first contact. And it's about what they're saying about colonisation.... Now we are dealing with domestic violence now, we are dealing with lost our identity, and their connection to community and culture. And we are paying. And we Aboriginal women, we're the nurturers. So we have our role still and so and so now they rely on us. (ACT, 1)

I can't take the trauma anymore. And that's the other thing that comes from overextending is that trauma. Yeah. Like for the caries trauma. Like even I've got childhood trauma and growing up trauma, you know, and then to work in a place like that, it's perhaps on my trauma as much as I've look after myself, it's still crept in. Yeah. You know, that precarious trauma, it's so, so strong. And I can see why a lot of our mob who are good at their job leave. (ACT, 1)

Um, and when we're blindly doing for family because of the pain and we wanna prevent the pain for them, but we don't understand that the pain we bring when we haven't healed through our own stuff. So it's like if we don't take time to repair that relationship with ourselves, how can we do repair work with the relationships we have in our day to day life? (ACT, 16)

And moreover, trauma can also manifest in poorer physical health and wellbeing, which thereby also demands further care:

...she is always trying to tell us like to take care of ourselves. She always talks a lot about the physical toll it takes in our body. But I think we talk about the emotional burnout but the physical toll and how trauma can manifest in our body. Like in really serious physical ways like cancer and just the health this functions that you have that we don't really think about. (ACT, 9)

3.4 Theme 4 – Paid work and intersections with care

Much of the paid work women undertake is paid care work, including work within child protection systems, and/or supporting and advocating for community:

We can't stop [child] removals from happening, but we can prevent some of those harmful things of rules for young people taking out. (ACT, 16)

It's multifaceted. So one aspect is advocating to the government for better conditions and recognition, um, of First Nations people. And then, um, working with not-for-profit or community sector orgs to be more culturally appropriate, responsive. (ACT, 3)

Like, cuz I mean, it's just so racist and colonial, so you're always having to like, you know, fight it. And, and educate and well, you know, like a lot of my intellectual property, um, through that position. (ACT, 3)

Mainly we advocate for Aboriginal people. (ACT, 5)

Paid work enables ACT women to do the unpaid care work, by providing finances necessary to support their care for others:

So it's not about the money or the finance. No. So I utilise that to support me to be able to do what I'm doing. It keeps my independence. I'm able to sustain and support my older kids when they need it. And then be able to be the grandmother. (ACT, 10)

We have to go to work each day to put a roof over our heads. Basic rights to keep ourselves in a home. We have to participate in all these other things so we can get an income so we can provide for community. Like my work is not, I don't get up and go to work every day for the money, but I do it for the money cause I have to have roof over my head. (ACT, 9)

It also enables women to provide care in the form of shared resources:

So when we talk about working and, and the wealth that that brings, it's not true. I don't believe it's true or the same as in the non-Indigenous context because my wealth and that's a salary of wage, not a broader wealth. Cause that doesn't exist for me. Yeah. It's for me and my family. (ACT, 6)

Because if somebody comes and asks you for money and you have money, you give it. Yeah. Money doesn't have the same connotation for us as opposed to what other people do. You know, when they talked to us, look, when I first started working in the women's... center and they said, oh, so where are you going on the holidays? And I was thinking, what, what fucking holidays? (ACT, 8)

Nevertheless, ACT women reported that all of this caring meant that they did not enjoy a healthy work-life balance:

It isn't a 9-5 job. I cannot even get a loaf of bread without being stopped and someone asking for help. Her job is always on. No work-life balance. Her care work is all the time - in her day job but day job follows home... but this is what she would do anyway. Always works and cares for community. (ACT, 17)

Also because you have to bring the stuff home with you. Like it's in on your mind. Like that's, I really feel that. Like you don't turn off. (ACT, 1)

...it's so hard to balance work lives and taking care of everything else because you know, we have this saying that Aboriginal people have their own time. Like, you know, they're on time so sometimes they, you know, family taking care of family comes first. (ACT, 18)

It's manual handling. Never ends. Yeah. Never ends... Not just the manual handling, the washing, the clean and cooking, the shopping, the organizing, the driving, the walking. But the admin. And doing that in between my job, you know, work. (ACT, 7)

Some also reflected that it was hard to hold down employment with all the care work they were also undertaking:

...but it's just so hard to balance, you know, if you're looking after kids and aunties and uncles or if the grandparents looking after kids. I find that a lot too. Yeah. That it's like some of the barriers that come into are like, you know, getting nervous about meeting with school who already judging your grandma there's, you know, a super duper healthy lunchbox all the time. You try to hold down a job and you've gotta constantly get kids up from school or take doctor's appointments or things. (ACT, 18)

But in the past with some agencies, I was discriminated against being a parent and some saw disability as a negative. So you don't really highlight it much. You gotta be careful who you tell... You don't incriminate yourself. I mean, there's one comment years ago, one agency, they said, well, why are you even here? Shouldn't you be home. If you're let on at work too much... People don't understand. (ACT, 7)

Often, employers didn't realise the amount of unpaid care (e.g. cultural care or 'cultural load') women do in their work roles, even though this actually makes their paid employment successful. Women are also not paid for these valuable skills:

And then your organisation's saying to you, how come you're doing this and that? And I say, well I have to do this to sustain this part of the case management. Otherwise your data doesn't reflect how it looks like it's working. (ACT, 8)

...it's interesting cos we often talk about this at work around cultural load. Because my relationships in community, I've only been with this director for two years, but my relationships across community and within community, both Indigenous and non-Indigenous, has been forged over many years and I've been working in the community. (ACT, 6)

For us paid work comes a sense of, you know, your mob's not gonna get the service from the next service that they're gonna move to. Cos you already know that. So you overcompensate to the next service and you try to build a bridge in there. And if you get that bridge in there, then you maintain that contact as if that person was a family member in your community. (ACT, 8)

3.5 Theme 5 – Negative impacts of care on carers

Many of the ACT women talked about the fact that carers were often in need of care themselves:

Interviewer: So you've been, you've been doing study, kids, like managing kids, and with cancer?

Interviewee: Yeah (ACT, 3)

And we don't fit the general, um, ideation of what it is to be sick. That people just cannot believe how sick I am yet I'm smiling, my skin's glowing, you know?... I think more Aboriginal women are dying of cancer-related illnesses and when they get the second diagnosis, the likelihood of them uh, leaving

their families is pretty hard. Because they don't have the level of support that other communities do have. (ACT, 8)

Care could often bring great worry and stress to those undertaking it:

It's a worrying thing, but it, it makes you think, well, this is what I gotta look forward to, you know, this, it's gonna get worse, not better. (ACT, 11)

...up until he was 15, the house was like a war zone. Smashed windows. He hit out at us. (ACT, 7)

And while self-care was considered very important, it was also very hard to do:

I think it's just, you know, like I will do whatever I can to help someone and best that I've, with what I've got. Yeah. Yeah. Where it won't affect me, you know, and that's the biggest thing Aboriginal women have to learn that thing of where do you draw the line before it starts affecting you? (ACT, 2)

I think I love myself in a different way to how I did 10 years ago. Like cause I'm spend so much time doing work that I know it's making a difference. I know I'm going to sleep at night. I haven't fixed everyone's problem but I've made a difference and I've shown people in very vulnerable states that there are still good people around. And I think being able to extend a little bit of love and care and nurturing to people goes a long way and it can really make change. (ACT, 9)

So I'm like I know if it's been a rough day or rough week or a rough month, you don't have that bandwidth to just keep going... You just need shut down. That's a lot. But it's like you gotta be really honest with yourself with how you're caring for everyone else. It's, I think it can feel, I think a lot of us want that work in this space can feel really selfish if we do practice self-care. But it's a long game. It doesn't feel natural self-care. For me, like I've gotta really make myself take a break and stop answering phone calls and switch off. Like I've gotta force myself and I'm not great at it. (ACT, 9)

3.6 Summary

The 20 ACT interviews present a rich and detailed account of how critical and central care is in the lives of women, but also the community. Whilst the ACT and specifically Canberra is heralded as one of the wealthiest and most well-educated parts of Australia, we see that the impact of colonisation, racism and intervention in Aboriginal and Torres Strait Islander lives is not any less than other places in Australia. Indeed, whilst there are government services in the ACT that purport to help with care, most offered are mainstream services and are not safe for Aboriginal and Torres Strait Islander women (and men) to access because of enduring racism. This means that whilst being a wealthier jurisdiction, it does not mean that access to support for care is available, and again, leaves massive holes for Aboriginal and Torres Strait Islander women to fulfil.

Nevertheless, the interviews showed the strength of care as love and spirit and how it sustains and supports Aboriginal and Torres Strait Islander families and community beyond colonisation. It holds importance in women's lives and provides ongoing sustenance for ways forward.

Chapter 4: Findings from Central Australia

This chapter presents study findings from part 1 of the interviews undertaken in Mparntwe Alice Springs with participants from different locations in Central Australia. (Time-use data for all sites, including Central Australia, are presented in Chapter 8.) The participants in Mparntwe Alice Springs were primarily younger, with almost 40% of the women aged 25–44 years and a further 30% aged under 25. One in every five women interviewed in Mparntwe Alice Springs reported living with a disability, while about half were either employed full-time or part-time and the remaining half reported having no paid work at the time of the interview. Over 60% of women from Central Australia reported receiving some form of social security payment, and several participants said their unemployment was a consequence of their unpaid care work.

Those eight Central Australian participants in paid work (five full-time, three part-time) had varying occupations, with several employed in care industries and education. The participants lived in different locations throughout Central Australia, with several living in remote communities such as Ti Tree, others living in Town Camps in Mparntwe Alice Springs and Tennant Creek. For more detail about the process for conducting these interviews in Mparntwe Alice Springs, see Chapter 1 (section 1.2) of this Report. The Central Australian participants identified as mothers, sisters, daughters, aunties, and grandmothers – all these identities came with caring responsibilities.

Four key themes arose through the thematic analysis:

1. Care is diverse
2. The importance of care
3. Challenges and barriers
4. The weight of care work.

4.1 Theme 1 – Care is diverse

The meanings of care to women in Central Australia included a variety of responses, including:

Yeah, it's nurturing. It's balanced balancing. It's healing. It's listening. (CA, 18)

Means a lot of kisses. (CA, 12)

Looking after. Love bombs. Even care for strangers, like if you see someone on the street getting hurt, or a homeless person, care for them and their wellbeing. Even though I don't know them. Are they okay? Do they need panadol, do they need help? (CA, 17)

Well, it means two things. So if you look at it in a clinical perspective, care is like your nurses, your doctors, responses and social emotional, but if you look at it as black fella way, and culturally it's about being present being there for one another. And you don't have to actually say it's care, but showing up as well. (CA, 12)

Taking care of the emotional, the physical and the spiritual. You know, it's the holistic approach to a person, you know, so it's you know, putting them outside giving them you know, part of fresh air like if they want to go for a walk, you know, putting them in the car, taking him for a drive, saying, Let's go have lunch here today. You know what I mean? So it's just going that extra mile not frigg'in' just sitting in a room and going, Okay, we're going to shut the door. No, you're taking on the holistic approach per person. (CA, 6)

I'm ensuring that the people you love the most and appreciate, people around you that you appreciate are happy, healthy and living the best life they can or are trying to achieve the best life they can. (CA, 7)

The different types of care or 'caring tasks' Central Australian Aboriginal women described fell into three broad categories:

- the everyday such as cooking, cleaning, laundry, and taking people to appointments
- cultural, such as hunting, dancing, speaking language and caring for Country, and
- advocacy, including translating for family members and speaking up for them in health, work, and political settings.

Everyday tasks were described as constant and unabating. The participants often said that if they did not do these tasks, then no one else would do them. The women at times spoke about this with resentment, and many said these roles were assigned to them because of their gender. For example:

Well, it's very important because that's what you do as a female. That is what you were taught that the nurturing role within the household is the female. (CA, 6)

Cultural activities, however, were talked about with a sense of pride and a sense of keeping culture alive through future generations. Women often described a feeling of replenishment that would occur through these activities:

We go out to [our] homelands quite a lot. To recharge and we'll sit in the sand, sit down with family. (CA, 3)

We'll go out bush. Either go hunting, we'll go for honey ants and the kids get taught their language. They get shown the landscape and what's where and the names of things, all in their languages. And they used to do traditional dancing. (CA, 5)

The caring tasks often involved going along to appointments to advocate on behalf of the person they were caring for. The women also reported having to advocate and translate for extended family members to services and government departments. This was particularly true of women who lived in town and/or who had stronger English-speaking skills.

Thing is, if I'm not there to help, I mean, things can just go downhill. A lot of the family members that don't know where to look or what to ask for. They don't know how to speak up, and they know they can come to me because I can talk best either to black or white person. (CA, 5)

The Central Australian Aboriginal women who participated in this project had extensive and varied caring responsibilities. The people being cared for by these women were also diverse and far reaching. This included, for instance, the following:

- children: their own, as well as nieces, nephews, grandchildren, visitors, extended family, and children in kinship care arrangements; some participants had more than 10 children in their care, and one had 15
- Elders, including community Elders and their own grandparents, parents, in-laws, and extended family members
- people with a disability, both young and older
- partners
- family members, including extended family and kinship ties

- visitors, people who come to stay for short or long periods of time, including those who camp within or near Town Camps and communities for extended times
- people living remotely, people living in different places and people who needed extra support because they lived in remote communities
- pets, their own animals as well as others'
- gardens and Country
- the whole community.

What women described was that they never 'clocked off'. Those women in paid employment described signing off at work only to clock on at home. They worked 24/7. The women reported how even when they would be sleeping, they would be keeping one ear open for what's happening in the community, and they would often be woken up by someone needing help and care, either from within their own home or in the community.

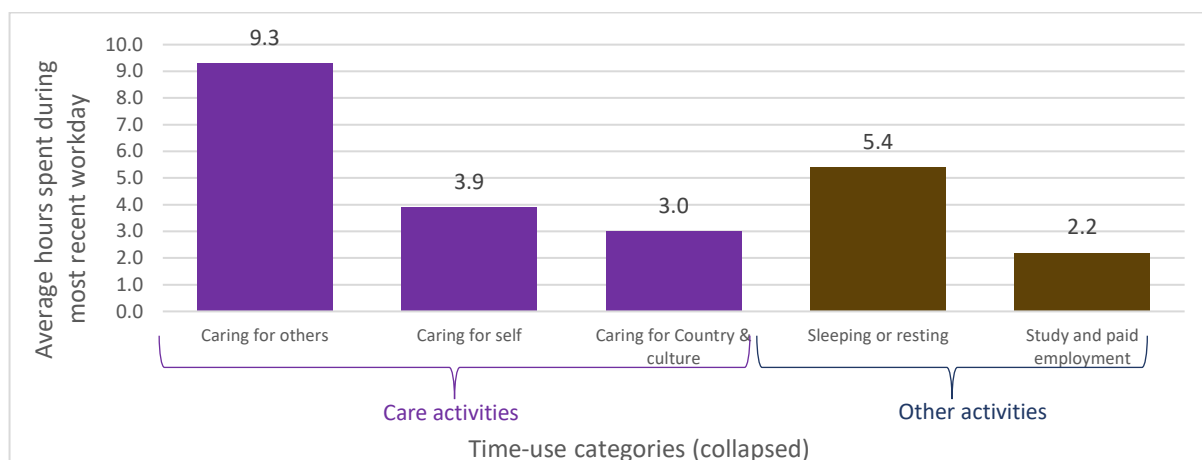
Yeah, because like the whole community is a lot of family. [I] look after as much as I can. With any hassle like that [food, money] I need to get it done. (CA, 17)

The rest is running around either for my sisters, supporting other family members through my lunch. Helping other women to escape family and domestic violence. (CA, 18)

[I care for the] whole town camp. [I am always in] caretaker mode. Like 24/7 looking after our community. (CA, 19)

The high volume of care work women were undertaking is also reflected in the time-use component of the study (with further time-use study results being outlined in Chapter 8). The amount of time Aboriginal women in the Central Australian study site reported spending on different activities on the most recent weekday is shown in Figure 19. As indicated in this figure, when we categorised all time-use activities into care and 'other' activities, Central Australian women reported spending an average of 16.2 hours per day (or around 68% of their total usual days) undertaking care activities. (For details about the method used to create the time-use categories illustrated in Figure 19, see Chapter 8.) Additionally, many of the Central Australian women were multi-tasking, regardless of their primary activity.

Figure 19 'Care' versus other activities: average number of hours Central Australia women reported spending undertaking these activities on a 'usual day' (n=21)



4.2 Theme 2 – The importance of care

The Alice Springs/Central Australia women talked about the importance of care work, and this importance was described in different ways:

- they valued doing care because they saw it as important for people they cared about
- culture: many women reported they were undertaking their care work because it was cultural and that was how they were raised
- it was important for women to undertake the care work because no one else would do it
- there are various positive impacts of performing care work.

Central Australian women reported the benefits of care. These benefits were mostly feelings of love and safety. The other key benefit was the sense of reciprocity, that the people they cared for would also care for them and would also pass that care on to others:

They feel loved. They have a home. I guess they're safe. (CA, 1)

When I'm sick yes, yeah everyone I care for, they care for me. (CA, 17)

It's like a trickling effect I suppose, I'm caring for others and then others see how that care makes them feel. They then need to care for people who will then care for others. (CA, 4)

Because I want to do it. I do it when no one else can... So they can live a good and easy life. (CA, 17)

Women also reported care being crucially important to culture:

That's my culture. Because that's what you do. You're taught to look after your Elders. You put them before you put yourself... Because that's the cycle of reciprocity. That is what we do. That is what I witnessed growing up. So we always had family members living with us growing up. And that is just the level of care that we give each other. (CA, 6)

I don't actually know how to answer that question ['what is caring to you?'] because it's just second nature. I don't know how to answer that. [Caring is] just a part of us I guess... Probably because, well, you grow up a second nature helping people and it's sort of stamped into you as a young child but then as you get older. Yes, yeah. Yes, still work, and there's not enough support. (CA, 3)

Women also noted that care was important because otherwise it wouldn't be done. There was a tension between wanting and choosing to perform care, as well as knowing that without them, it would not be done.

Very important. No one else is there to do it I suppose. Very important... It gives me a sense of purpose it fills my cup makes me happy. (CA, 1)

Because I want to like there's no forcing on anything is this your feelings, it is your choice, your choice. (CA, 19)

Women also talked about the positive impacts of care and how it benefited those they cared for, as well as themselves. They reported feeling loved and a feeling of satisfaction that they had done something good for someone else.

I'm like the blanket. The umbrella. (CA, 19)

It's nurturing. It's balanced, balancing. It's healing. It's listening. (CA, 18)

Other women also talked about the expectation and importance of teaching others how to learn and leading by example.

Because I don't know and also I like to sort of like be a role model for my peers to just show them that this is what you have to do day to day, I suppose. (CA, 11)

Because if you don't care then there's just you. You have to, it's just a moral thing to do. (CA, 12)

4.3 Theme 3 – Barriers and challenges

There were many harsh realities that women faced which made care work more difficult, and which often also *increased* the load of care work for Aboriginal women in Central Australia. Women spoke of the barriers and challenges they faced in their care work. Women reported that they did not have enough money to undertake the amount of care work that they did. Money was needed for food, cleaning products, fuel, as well as supporting extended family members through kinship systems of obligation and reciprocity.

Financial can be a big struggle. Because instead of paying your bill that you have to you'll put it someone's health needs or travel money for them to get the help so it impacts quite a lot depending on the situation. (CA, 3)

So not enough money. (CA, 9)

Other barriers and challenges included disadvantage and discrimination, experienced by the women themselves *and* the people that they cared for. Women were often called upon to mediate and translate between the people they cared for and services and government departments. Systemic disadvantage and discrimination increased the amount of care work and made it more burdensome, and many women reported an extreme state of exhaustion having to constantly navigate systems that were not always culturally responsive.

So one thing that I will say that is very, very challenging is you don't have a lot of Aboriginal caring facilities out there...so we have somebody coming in and showering my mother-in-law every second day... I'm very straightforward, and I'm very honest, and we all have a very honest relationship. And I don't know if they know how to handle that. Like, maybe we're too blunt for people. So they're not culturally competent. Yeah. Even though they've had cultural training. The training does not prepare them. Yeah. It's not until you're living in it. You don't understand... Like, for instance, the

young one in my care currently needs to see a psychologist... no psychologist needs to do cultural competency training. It's not a given... So a lack of education for the professionals. (CA, 6)

The red tape from the government, it depends on the day and the job I am doing but I can tell you the government systems and doctor's appointments are the most hardest and living remote. (CA, 21)

The lack of public transport in regional and remote areas was also a significant factor that added greatly to women's care work, as it increased their travel time and increased people's dependency on women to transport them. Moreover, the high rates of domestic, family, and sexual violence in Central Australia were also discussed as these impacted women's ability to rest, as well as increased their care work as they came to respond. For example:

I'm switched on all the time. I will go to bed and [until] the time I wake up, even if I'm sleep, I hear noise. Like anything could go wrong outside. You know, when you're at home and you're trying to rest but then in the outside, there's fighting and everything going on and you got to be strong. (CA, 19)

4.4 Theme 4 – The weight of care

Central Australian Aboriginal women in this study reported a number of negative impacts care work had on them. These were primarily:

- stress and exhaustion
- financial stress
- loss of opportunity and lack of choice, and
- impacts on paid employment.

The women in this study reported being stressed and tired all the time, being 'drained' and exhausted every evening. This often meant there was rarely any time for themselves in the evening, and any time they did have, they would spend watching TV or resting because they had no bandwidth for anything else. One participant, for example, said she really wanted to finish her university degree, but she was so exhausted by her caring roles that she couldn't face opening a book in the evening. Others shared similar stories:

A full-time job for me. And it's full on. Again, if I'm not working this will take up most of my time. (CA, 18)

So a lot of work yeah, and working full-time. And I've got my kids and just rattling around, it was full on so and like nobody helped or not a thank you or anything so that's, funerals are hard to do. (CA, 5)

Participants also reported financial impacts of their care work, either through the cost of food and everyday items, or through loss of employment or through humbug. Many participants talked about their cultural obligation to share their money with family and community members, and this caused them financial stress.

It's hard. It's draining. Every day just exhausted. Sometimes there's days when I just can't keep up with it. And I don't want to listen, just go away. But those days when they really need help. So yeah, it's very exhausting. And just money, like because we work. They know that you work. Yeah. And so they know when we get paid and they just bring [borrowing money] up constantly. And I feel if I don't give them that they might get upset with me. (CA, 5)

I suppose time is a big one and money because you have to work in the day so that takes away from caring for family more, and alcohol and other drugs can be a big barrier. (CA, 4)

The participants also talked about the loss of opportunity and lack of choice. Women gave up jobs, hobbies, experiences and time in order to prioritise care work. Some participants talked about this with resentment whilst others did so with resignation.

[Volunteering with] the suicide hotline I actually gave that away as soon as the kiddies came to my care because I couldn't dedicate [myself to it]. It was either [the children] or the voluntary work because it was such heavy work. And the kiddies came with their own baggage that needed to be unpacked... (CA 6)

It can seem unfair. Yeah. Sometimes. It feels like I do a lot of it and have to ask for the help without it being done on initiative. It feels stressful a lot of the time trying to maintain and get things done and be composed while you do it. It can be physically exhausting. Yeah. Especially with my work area and having to come home and do even more physical emotional work. (CA, 7)

Care also interconnected with the women's abilities to take up paid employment opportunities.

Working full-time makes it quite hard because the medicals or whatever it may is only operates in business hours, so means I have to try to schedule my day around a doctor's appointment. Sometimes it runs longer, which impacts my work, or vice versa. There's some meetings that I can't attend because I don't have the flexibility. what else is on your relationship takes a toll on yourself. It takes a toll. Today answer leave anything out. (CA,3)

I suppose time, time is a big one and money because you have to work in the day so that takes away from caring for family. (CA,4)

I'd love to get a job. I'd love to be in part-time employment, and then studying. I can't do that. I would split. I'd crack at the seams I would be then spreading myself that much thinner. Yeah. there'd be nothing left of me... it [is] very, very difficult to find a full-time job because I'd love to find a part-time job and ongoing part-time job whilst I'm studying but it's very hard to find somebody who will take me on with those balances that I need to, to keep in check. Then, so that's my financial but the benefit of that is I know that the girls and I know that my mum, my mother-in-law, and the younger person are my number one priority and they know that by my actions. And like I said, so that trust and that love it's pure and it's there. (CA, 6)

4.5 Summary

Evidently, Aboriginal women in Central Australia do a huge amount of care work, for the different people in their lives, as well as for culture and Country. Women were often caring for many children (their own children, as well as nieces and nephews, and others) as well as Elders and people with disabilities at the same time. The women in this study were also kinship carers and had a number of children in their care. All the women in this study were caring for multiple people at the same time.

The caring these women undertook was complicated by geographic disadvantage. The women reported having to do additional tasks for family members living in remote communities, such as food shopping in town. They also reported the complications that arose from the lack of services. The lack of availability of culturally responsive services, in particular, increased their care work as family members needed increased support and advocacy. Lack of services in general often meant that women had to

travel extensive distances to perform their care work and assist their family members to access services in other areas.

Additional contextual challenges made women's care work more difficult. For example, the lack of public transport in regional and remote locations meant that a significant portion of women's time was spent transporting people to appointments and traveling great distances with the people they care for. Lack of health facilities in remote locations added to this burden, with some women having to travel great distances with renal patients, for example. Domestic, family, and sexual violence was also raised repeatedly as something that made care work more difficult – and this was particularly true of women living in Town Camps and remote communities. This was because they were often called upon to intervene and support women experiencing violence, and because they were often kept up at night by 'fighting'.

When asked how they would otherwise spend their time if they were not performing care work, the women in this study most commonly said 'playing sport' and 'time off'. The women were aware of self-care and tried their best to practice it, but it was mostly described as being out-of-reach. Most women simply wanted a day off, and/or time to themselves occasionally.

Finally, the vast majority of the care work Central Australian Aboriginal women are doing is unpaid. Only one woman in this study was receiving a carers allowance, and few women received any kind of government support or subsidies at all, yet most women had multiple children in their care and were often simultaneously caring for Elders and people with disabilities. It is little wonder that women often spoke of financial stress as a key impact of their caring.

Chapter 5: Findings from Cape York

This chapter presents study findings from Cape York, including those arising from thematic coding and content analysis of the interview transcripts for part 1 of the interviews. (Time-use data for all sites, including Cape York, are presented in Chapter 8.) In Cape York, the 20 women interviewed ranged from 28 to 71 years of age, with 85% undertaking either part-time or full-time work. Of the women interviewed, 15% reported living with a disability or chronic illness, while half of the women reported receiving some form of social security payment (e.g. aged pension, parenting payment). For more detail about the process for conducting these interviews in Cape York, see Chapter 1 (section 1.2) of this Report. The findings that follow are presented according to the following five themes, which arose from analysis of the interview transcripts:

1. The volume of unpaid care work on Cape York is high
2. Caring is strength, passion, and cultural continuity
3. Care loads are higher because of intergenerational traumas, health challenges, and a lack of services
4. Caring regularly intersects with paid employment, study, and other community roles
5. Care is also hard and has negative impacts for women – strategies for managing this are varied.

5.1 Theme 1 – The volume of unpaid care work on Cape York is high

Interviewees demonstrated that the volume of unpaid care work that they undertake is very high. Caring roles were threaded through most parts of Cape York women's lives, and many reflected that it felt that their caring roles were non-stop:

Every day – caring every day, all week, all week. Yeah. Every day, all week 'til the time I'm opening my eyes all the time 'til I shut 'em. (CY, 1)

...caring for our Elders is a never-ending story... I don't think there's a time limit on the caring role for anybody... [It's] everything. Everything. Not just one specific area... (CY, 2)

A lot of caring, yes. It never ends, cos it's ... a daily – it's every day you're caring about someone. (CY, 3)

Caring constantly... It just never stops. Never stops. Never stops. Until I fall asleep [laughs]. (CY, 7)

Ah, probably the whole week... Yeah. A lot of time. Yeah... (CY, 13)

[I'm] The [community name] fairy, yeah [Laughs]... when people come to my place, I spoil... 'em aye, [name of fellow interviewee]. Everybody, do everything. (CY, 19/20)

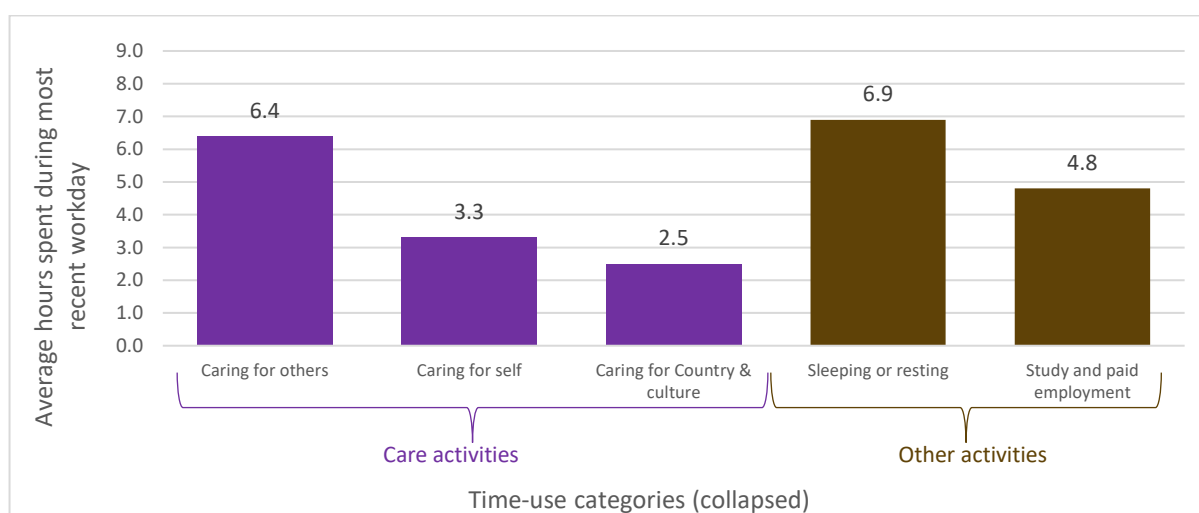
As one Cape York woman described it, caring was more of a disposition than a role per se; it was something that was 'instinctual' and always guided Indigenous women's behaviours and attitudes:

My day is quite busy, so, um I have a lot on my plate during the day, so sometimes I don't even realise that I'm doing it, but I do a lot... Mean, we care all the time as Indigenous women. We care 24/7. I mean, I mean, you know, there's a child that could be stuck on the road or a child on the road, you pull up, it's an automatic thing. Mmm. You don't let that child not be comforted... Instinct with [that] child, you just pick that child up. I mean, you know, so we're caring all the time and it doesn't have to

be, we don't just care for our family. We care for the children of the community... All day, every day... It never stops. (CY, 15)

The time-use module results for Cape York showed that the types of care activities that Cape York women typically undertake are diverse, ranging from doing domestic labour (cooking, cleaning, washing for the household), to taking care of children, elderly peoples, other households/families, and caring for culture and Country. When we categorised all time-use activities into care and 'other' activities, Cape York women reported spending an average of 12.2 hours per day (or around 51% of their total usual days) undertaking care activities (see Figure 20). (For details about the method used to create the time-use categories illustrated in Figure 20 below, see Chapter 8.)

Figure 20 'Care' versus other activities: average number of hours Cape York women reported spending undertaking these activities on a 'usual day' (n=20)



In a more general sense, large families, extended kin networks, and overcrowded houses mean that care extends far and wide for Cape York women:

... So constantly I'm caring. Um, weekends, my weekends, um, done with cleaning, cooking, cleaning, cooking, because I have a house full, everybody comes and stays at my place. Yeah... Yeah. So 18 nieces and nephews. And then about 30 grandchildren as well, so their children... So my lounge is like mattresses all over there's um, mattresses on the floors, in the bedrooms as well as the beds and yeah, it's just lucky I have two bathrooms [laughs]... So I opened my house to a lot, not just my immediate family. (CY, 7)

...all of us combined, she's [mum's] got 35 grandchildren... and three great grandchildren. So, I tell her every day, 'you're a super nanny'. (CY, 16)

Care also often happens from afar for those living elsewhere, beyond one's own community. So even when women weren't directly caring for those in close proximity, they were often 'checking in' with others at a distance via phone calls and texts.

Yeah. So my parents would be daily. Like my mother would check in daily... Sometimes she'll ring or talk to me... but that's daily... (CY, 11)

Only time he'll ring me is 'can you check my bank?' 'Really?'... But constantly, that's my every day. (CY, 12)

This can also entail organising others' affairs (e.g. finances, shopping) from afar:

And when they up in [community], they're calling me for advice, for money... wanting me to pick up their shopping... picking up parts. So I do a lot of that as well... Organising stuff... Every, every week there's about four or five calls for money... So yeah, it's often... [And] I get phone calls every day from my sisters and brothers, asking advice for something... (CY, 7)

...I have my ... [adult] grandson... so he kind of moved away from home to live in [name of town], um, on the street, living in with his mum in and out... So I still gotta care about him being down there... it's still that caring role still there... And right now he's back in community, I'm still doing the same for, you know, doesn't matter how old they are. You're still there... (CY, 2)

This included for families and kin who were receiving healthcare elsewhere, and/or who were living or spending time on Country:

[I'm] ringing, 'Hi Aunt [name], how are you?' 'I'm still here [in hospital], I'm not going anywhere'. 'But I hear you're getting comfortable there. You wanna go to the pearly gates in heaven?' She said 'no, I'm not going there'. That was this morning actually. (CY, 12)

...it's just that, um, social emotional check-ins and stuff... If they, if they need it, 'cause we've got families out on Country as well. Yes. So if they need, um, and they live out there... if they need, um, like stuff from the [food market]. Yeah, um, well then we, um, they call and we make sure that, you know, that it's delivered... (CY, 3)

It also entails taking time to travel to other communities to pay visits to family and kin to sit, yarn and spend time with them:

Um, I'd probably go around and sit with families. You know, if you care about your family that are not near to you, well, you ... go out or, you know, just go and sit with your families that are not so close to you. Like I always travel to [name of two separate towns]. Um, 'cause I care for my family... you catch up and yarn... So you know that you're still talking with each other and love each other, you know... (CY, 4)

In this way, caring was often spoken about as an important source of strength and love, which we turn to below.

5.2 Theme 2 – Caring is strength, passion, and cultural continuity

Many women spoke about the crucial importance of their caring roles:

Interviewer: How important do you think all of this [caring] is to you?

Interviewee: Well, from the heart, it is very important. (CY, 4)

Women regarded their caring roles as something they were passionate about and something that was inherently rewarding. Indeed, women could see the positive impacts of their caring:

...I'm really passionate about it. So yeah, you check in on someone on a daily basis... Every opportunity I can see it's, it's about, yeah, who will benefit from it. ...They [people being cared for] know someone's there... you're walking together... And if they didn't get that well, there'd be more suicides. There'd be more people on, you know, some kind of medication or the health drops down and things like that. So, um, for them it's really important... (CY, 3)

I think it's rewarding in a way too, you know... (CY, 14)

Interviewer: What do you think that caring work means to those people?

Interviewee: Um, a sense of security and safety that someone's always going to look up, like be there, um, when I may now expect it, um, but they're always there... (CY, 8)

Women also talked about care as being returned to them; while they give care, they also receive it back from others in their families, kinship networks, and wider communities:

...as much as you give it's like twice you are blessed with things, you know, that's how my life has been. Yeah. (CY, 14)

...I do give a lot, but I didn't realise I get a lot back too yeah, yeah, yeah. And it's, yeah, it's a blessing. It is a blessing when you can get that back as well... giving had actually helped me in everything else. You know, like, as I say, my cup is full because of it. 'Cause giving is it gives you that like, um, satisfaction that you did something and you feel good about yourself. (CY, 7)

...we, you know, um, we kind of look after each other I guess... (CY, 8)

In this sense, care becomes part of each community's 'social glue'; it is a crucial means of demonstrating the kind of reciprocity that is crucial to networks that are reminiscent of 'thick social capital':

We, we just look out for one another, like I got my aunt across the road. Yeah, always come and check on us and my partner has his sister down the road. Yeah... See if we're okay and all that - need help, or anything. (CY, 13)

I have all these women talking to me... like in the shop or wherever they see me, they sing out and... It's just to get them out of that little comfort zone and talking to them know... A little hello, tap on the back. It's that that'll go a long way... (CY, 9)

...with kinship and community, it's normal, you know, it is okay that my children will go to their aunties for the night or, or her children will come home for the weekend... I suppose any kid sort of coming into my house, I would sort of have the same expectation as I would on my children... it's more like, um, there's a share, like a sharing... Yeah. Do it together sort of thing... So that means that, um, if you care for your sister's children, she'll be caring for your children. Yeh. It really is, when they say you know, it takes a village. That's really what it was... You'd expect that to come back... That's one thing I like about this place is that you can sort of give and then expect that the next person will do it for you also... it's normal to give and take... (CY, 11)

Not only is it part of the holding communities together, it is also a crucial part of providing leadership within community:

Interviewee: And, uh, that opened our eyes to say, um, leadership isn't a title, you know, yeah, it's what you do.

Interviewer: So it's what you do [caring], and it's part of leadership?

Interviewee: That's it. Yes. Yeah. Yeah, that's how I see it. You don't have to be in a position... So, um, do that or be that. Yeah... (CY, 14)

Caring was also often described by women as being crucial to maintaining the health and wellbeing of loved ones:

...I'm always talking to them. So if it wasn't for me being there for them, I don't know where they would be today, you know? And I see them struggle 'cause I put myself in their shoes. (CY, 9)

This could often involve the provision of food that not only kept people healthy, but also brought them together:

Food is like our happy place together. So like we all sit down together, hey, at night and have dinner together. Like something like, and that's really, I think, important, especially for [name of son]... but just sitting around and having a conversation is really good for him as well. Like it's good, it is for us. (CY, 19/20)

And the caring 'mindset' or disposition was often learned from loved ones, or viewed as hereditary:

Because growing up, um, my family is very caring so my aunty who grew me up, um, any family member come, she rush around, get them damper, get them mayi [food], give them money. I was always giving, giving, giving... like, without knowing I've been doing the same thing... So if somebody come home and they come for visit and I'm like rushing around, what can I give them? I go in my fridge, like it could be a chili, made a new chili, give them that. Or if we got fish in the freezer, I'll say you low on fish, here take this or eat a mussel. (CY, 5)

My grandparents, my grandmothers really, um, were awesome teachers. And their stories that they told me about how they cared for different ones and how they nursed people, um, 'til their last dying days and how they, um, brought children into the world, helping mums with births, um, kind of inspired me, um, and I went to the – because they were my heroes and I wanted to be like them. (CY, 7)

...I have to help people. I think that's my sort of genetic makeup anyway. So it kind of makes it easier for me to do it. (CY, 18)

Yeah, and my mum... I've inherited her genes and every time I do that [caring], um, people would say you just like your mother... But, um, it's what my mum taught me and I learned off her, but yeah. (CY, 12)

Yeah. 'Cause um, that's exactly how he [my father] was, you know... He was just a very well-respected man. He'd do everything for anyone and everything. Yeah, it was, he was amazing, really... (CY, 16)

Crucially, caring was also often described as an important form of cultural continuity. Indeed, the very notions of reciprocity and sharing, as Indigenous (Bardi) scholar Professor Pat Dudgeon and colleagues (2010, p. 27) describe, 'were and still are important characteristics.... [and] Sharing along the lines of kinship and family remains an important cultural value'. In this respect, providing care was often talked about as a central component of one's cultural responsibility:

...it's important, but culturally that's my job. I'm the eldest in my family... that is my role as the eldest person in my family... I have to care... you don't think about it. You can't. And that's how I was raised. And, um, you always have your door open just to, help wherever, yeah. (CY, 1)

As a particular clan group that I'm from, all our Elders. We have to look after them, even though they would have their daughters or sons still alive. And they'd do that role in taking care of their mum and dad. But as an extended niece, we still have that role to play. Yeah... the Elders we have in our clan group now, it's just that we care for everyone in a way... But yeah, it's never an Elder that we just say no... It's not like that. It's just the caring atmosphere for all of us... (CY, 2)

...I think it's kind of our, kind of, I don't know, it's our obligation, it's just our role that we just do... we just do it because it's like a um, I think a sense of responsibility... (CY, 8)

Um, I really find that they, they look to me as an Elder in the, in my family. I am the eldest in my family and the nephews and nieces call me mookai [aunty/elder] because I'm the eldest in the family... (CY, 9)

This cultural responsibility or obligation doesn't only have to do with position in the family, but also gender (also reflecting Dudgeon et al.'s (2010, p. 27) description of different cultural obligations for men and women):

[It's] women's role in that space. I mean, you know, you're, you are a person that they look up to, you know, you can provide comfort, you can provide support, you know, give lots of hugs and kisses and you know, that's what they want. (CY, 15)

...we being the only two sisters and me being the youngest, like, I have to play a big role 'cause you know... I'm the youngest and the girl. So I'll be their small mum and they all do call me mum. So that's what I said to mum, 'Gee I play a big role in all this family, aye?' My goodness... (CY, 16)

Part of the cultural obligation of providing care for people was also described by women as being interwoven tightly with the notions of caring for Country and culture. For instance, this included caring for loved ones by taking them onto Country and showing/teaching them culture:

I suppose it's important with the caring role for me, myself, it's just like, you know, you've been taught by your Elders about your Country, your clan, and what, you know, them looking after you. So you've gotta do the same. And that will continue on to the next generation... (CY, 2)

... So she comes home [from being away at School]... She wants to go to her dad's 'cause I'm always working and her dad's... she loves bush and she loves to be outdoor. She loves hunting, you know, she's a real bush girl, um, country girl, you know like ... so her dad goes out hunting a lot, you know? (CY, 6)

Interviewer: Do you also spend time during a normal week keeping your culture alive, or caring for Country?

Interviewee: Every day, every day. Yeah. Whether it's singing to my son, whether it's um, just how we do things... I suppose our, our culture is in everything that we do, from talking, from using the language words for whatever, whether it's you know, his arm, his eye, or whatever. So, um, and that's every day. Yeah. Every day, even at work... (CY, 1)

Women spoke about drawing strength from their roles caring for Country and culture, which included passing culture down. For instance, one woman went on to explain:

That's a very important thing [caring for Country]. Mmm. Never put that aside. Always have that, 'cause we do fishing, hunting, gathering all the time. The fam... uh, people here in the community all go out fishing, camping, hunting, every family go out anyway. And that's a healing process for us when we're going out in bush... The healing process, just being out there on Country, just having your 'me' time, you know, with your families. Sharing culture like fishing, language, storytelling and the campfire... Leave your phone and everything around; just out there... I feel my strength come from there. Even if I'm out there on my farm, you know, we sat around the fire just chilling out and um, just talking.... (CY, 9)

The very experience of *providing care*, including for Elders, was also seen as having lots of reciprocal benefits for those giving care; it was a source of strength and fulfilment:

Interviewer: And it sounds kind of like, when you were caring for those older people... you felt maybe cared for in return?

Interviewee: Cared for. Yeah. Exactly... they keep telling me how grateful they are of what I do for them, but they don't realise what they do for me too. They fill my cup... They have so much knowledge, so much understanding that you just, you know, wanna learn more from them... (CY, 7)

Ultimately, *giving care* was also an important part of caring for oneself; giving care felt 'natural', 'normal', and good; it was a central component of women's identities:

...oh, it's just like a, not a routine, but it's just something that comes natural to me... it's just yeah. Normal, natural to me really... [It's] ongoing. (CY, 16)

...never had a really good break, but otherwise yeah. They get me, they keep me on my feet... and I think, I think it's just normal to me now. (CY, 16)

The normalisation of such high rates of care work, though, was not only a result of its importance for culture, reciprocity, and identity. Many of the stories of care that women told were also peppered with notions that that the need for care had been exacerbated in their communities as a result of intergenerational traumas, complex health challenges, and a lack of care services. This is described in the following Theme 3 section.

5.3 Theme 3 – Care loads are higher because of intergenerational traumas, health challenges, and a lack of services

Intergenerational traumas stemming from colonisation were touched on in most participants' stories, either directly or indirectly. These were most often talked about in relation to the flow-on effects of poor overall health, including challenges with addiction and poor mental health. These issues were relevant to our conversations because of the ways in which these symptoms amplified the amount and complexity of care needed in women's communities:

So just making sure we are kind of connected and, ... 'are you okay?' Because I do have a couple that, you know, suffer with some mental health issues. So yeah... (CY, 18)

...just check in on my brother. Like he's a heavy drinker too. And you know, and alcohol. I'm trying to get onto him too, you know, pull up, like I was [an] alcoholic, really bad, you know... It's sad aye? When I see it now, you know, clearly... For myself, yeah. [So] yeah I try and help. (CY, 10)

For some women, family circumstances were particularly complex and traumatic, again further amplifying the need for high rates of care:

...[And] I've actually [also] got my brother who, um, his ex-partner's, um, stabbed him in the heart. And then he nearly died, but then, um, because he had rheumatic fever when he was small... um, he started getting sick in November last year, but he was [also] a really heavy drinker and everything else, you know, the drug and alcohol is quite big... I was really looking after him as well on a daily basis, taking him shopping, doing all that stuff... he's now back home, back out on Country... And so I check on him, like over the phone... And then I've got another [family member] who's in a nursing home again because of his drinking. Fell over. So he's um, high level need, where is like a quad-quadruplegic... And um, but I'm his, um, power of attorney ... anything that needs to be done, the payments. I do that... (CY, 3)

At the most severe end of the spectrum of these challenges, the issue of suicide was raised repeatedly in interviews, as women recounted the sheer frequency with which this traumatic event occurred within their family, kinship, and community networks:

...we've had like two suicides in three weeks there and, um, it could have been five, four, uh, four in the one day... Um, but in that one day we had, um, three attempts and the fourth one actually died. So, um, the community's trying to figure out what the hell's going on, you know? ... and there's women and children that are really hurting.... So, um, whatever skill I have and I can contribute, um, I feel that that's what I have to do. Regardless if in my head, I know it's gonna be more work for me... (CY, 1)

I was living in [name of town] for about two and a half years 'cause I was, um, down looking after my son.... 'cause he's had two suicide attempts... (CY, 3)

Yeah, yeah. And, um, well the kid's ... uh, father suicided when they were six and seven, five and six, grade five and six or something... (CY, 18)

As Indigenous scholar Adele Cox and colleagues (2014) found, connection back to culture and Country is a crucially important means of preventing suicide. Indeed, this was also reflected in women's stories. For instance, one woman spoke about how spending time on Country was an important way of coping and caring for those experiencing loss:

...last time I had, um, we had a passing and it was one of my cousins and my aunty and my aunts and cousins come down there [to Country] and we were singing their language songs, you know, ready, practicing. So we got down there talking and talking in language and one of the aunts said, 'oh, we should do this more often.' I, said 'you can come back any time you want'. So after we finish practicing the language and we just sat down and sang little choruses which was good. So they want [to] come back again. So those sort of things that I do and yeah. Make me feel good. (CY, 9)

Another symptom of intergenerational trauma that was threaded through women's stories was high rates of foster and kinship care arrangements in their communities. This reality means that many of the women had direct experience of the child safety system:

I had two little boys from [name of town]... in my care... [Now] they're with my sister... because my partner lost his blue card. 'Cause they come through child safety... For six years I had them. (CY, 12)

She's got four in her care, yep... So, they, they went to child safety. (CY, 16)

One's [child] just been, um, reunification with their mother. Yeah, yeah. Had her for two and a half years... And then the siblings then I have, yeah. (CY, 14)

For some, needing to manage and navigate the rules and demands of child safety could be complex and time-consuming. One woman spoke about how she had stopped being a foster and kinship carer because of the difficulty with managing child safety demands, and a need to prioritise care for her grandson:

Um, well, I used to be a foster carer... I stopped that... It wasn't just constantly looking after them [the children], because you [also] have criteria, what you have to follow with kids that are in foster care. And I didn't give myself some time out for my grandson, which was a family adoption. Didn't give him time too, you know, to look after as well. With the four foster caring kids ... it took a toll on me ... I suppose child safety would say you got rules. Well, my household, you know everybody's different with rules in their household, you know, but there's rules around that as well. For child safety, that you have to comply... (CY, 2)

Contact with the child safety system is also often traumatic for children, which further amplifies needs for care. This was demonstrated in the following story:

Um, so before, me and my husband looked after, um, my [child relatives] through child safety and that's when the, we only had the two boys in, so he's got, um, FASD, FASD syndrome [Foetal Alcohol Syndrome]. So he was thrown around in the, um, child safety, um, network. He was, he moved to like, I think it was 50 something or it was a high number of houses that he moved around to... And then my mum, my nan's like, I want him home. I want him home.

So, I'm like, we brought him home for the holiday and he's like, 'can I stay here with youse?' And I'm like, 'Oh I gotta call through all the paperwork and all that'. And they weren't gonna let him, so they sent him back to [name of town] and when I rang up, I said, 'oh [name of husband] and I tried to get you back, but it was too much, and they won't let me get you.' So he, I think he knew how to manipulate the system he was in.

Um, so he played up big time for these, his carers. He played up, he was vomiting, wasn't eating and in the shower, turning it on, not jumping in. So they, child safety rang me up and said, 'you wanna take him?' Because they are chucking him out of the house. Like literally chucking him out of the house. They need him gone. They want him gone today. And I'm like, 'yeah'. So we got him... (CY, 5)

Even though this child has since turned 18 and moved out of the interviewee's home, they continue to deliver ongoing care to him:

...I invite him, 'You wanna come?' Or sometimes I don't invite him. I just say 'get ready, we come pick you up...' Still, you know, still looking after him. But not fully. Um, NDIS [National Disability Insurance Scheme] rang me yesterday. So I'm still on his NDIS plan... Yeah. So I'm more or less advocating for him, on his behalf, you know if there's something I'm still a go-to person. (CY, 5)

In a more general sense, too, experiences of intergenerational poverty had necessitated a strong care ethic, but *also* further amplified the need for care to ensure that basic needs are met:

And we were brought up to care. Um, we didn't have material things. So, um, that was the last thing. It was about looking after each other, caring for each other. (CY, 3)

Yep, yep. Yeah. Um, for me, it's that connection and, and helping them, you know, achieve what they need to achieve as well. And to some of it's like surviving... I see the good in people and, but I can also see where life and supports can let people down. Um, so knowing that, you know, the people I love have the supports and all of that sort of stuff... (CY, 18)

Caring for family members who live with disability was also discussed by a handful of participants. For some participants, the care load related to this was incredibly large, such as for a mother who was assisted by family to care for her child with severe disability:

...going for tests, and [seeing a] mild disability turn into a severe one. So as time went by and um, knowing our life was always gonna be different ... physically and emotionally [it] does take its toll on me... So, um, it was burning me out trying to take him to all the different therapies 'cause, and then, and work full-time. Yes. So I was getting burnt out... (CY, 19/20)

Turning to the National Disability Insurance Scheme (NDIS) more often as a source of support was discussed, but it is also a difficult task to change the full-time caring mindset as well as trust other people to do this work:

Cause we've only started NDIS since we've been in [name of town]... So now we've gotta start thinking, changing our way of thinking too and asking for some extra support to come and help us. So that's where I've gotta change my thinking... [But] it's a lot of trust isn't it?... That's getting somebody in our home that we trust to look after him, to change his nappy... So you know, that's only – I trust my family. I really do... [They're] the only ones who I sort of trust to like, you know, really care for him and know that they can care for him and have that 100% ... (CY, 19/20)

It is also the case that, particularly in some more remote communities, health care services to support the NDIS are not necessarily readily available (Cuskelly, 2022). This is notwithstanding whether services are also culturally appropriate (Gilroy et al., 2018). This taps into a broader issue, which was also raised in some interviews; that fewer available care and health services in remote locations meant that the extent of care work falling onto women was higher in remote Australia when compared with other locations. This included childcare services, which sometimes only offered part-day care, for example:

Interviewee: And then at 12 o'clock we've gotta go, I've gotta go pick up my kid from Kindy and then he has his sleep which is good. Um, and he'll be up probably about three o'clock...

Interviewer: So, sorry to interject, so that's just a half day kindy?

Interviewee: Oh yeah, yes. They go from 8.30 to 12. And one of my other staff members, she has a child in kindy as well. So, um, through our negotiations with our employment, they come to our [workplace] with us at 12... But if I need to go, just say, if I've got a meeting from, you know, say four o'clock or three o'clock or something like that, then the girls at work will just watch my son. So he's not coming with me to those meetings. So I've built that relationship there. Yeah. (CY, 1)

For another interviewee, a lack of after-school care also meant they needed to finish work early to provide care for their child:

So, I finish [work] at three to pick up my daughter because there's, um, no after school care in [name of town]. (CY, 5)

One woman spoke about how she would walk to the park to provide care for children who would gather there after school. In the absence of formal care services, this interviewee would instead look out for and engage with children and young adults in the local park on her own time:

Hey, look, you know, after school, I walk down to the park with youth and we can go and the kids can play and we can sit down and yarn 'cause sometimes, you know, in remote communities, there's not a lot of stuff that happens... And you know, if I have to get up there, like act like sporty spice on fucking one of those gym things [laughs] I'll do it. I don't want to, but I'll do it. To show you [young people] you can do it, you know, just to, um, just to start the ball rolling... I'm at the moment, I've got this park, these parks, all these playgrounds are overgrown and everything else, like you know, advocate and council come and cut these things. If we can just make little spaces where someone wants to take their kids and just have a breather and what have you, that's what ... so if I can have the capacity to do that, that's what ... I'll be doing. (CY, 1)

For other school students, moving away from their remote communities to take up secondary schooling is a regular occurrence, since there are very few secondary schooling options on Cape York and the closest university is in Cairns (with most being situated at the other end of the State, in Brisbane). This meant that caring was also delivered to boarding students by their primary carers from afar:

It's just making sure that he's, you know, get a good education and stick to the school that he's at. You know, like I said, he's, so the nephew's grade seven now, so, you know, he's homesick and all, so you encourage him to stay on and stuff and so forth like that. So it's that yeah. On the phone again [saying to him] you give us call each week or every day, if you want to, but yeah... And even when they come home, give them the same talk again. [laughs] Reinforce. [laughs] (CY, 2)

I'm ringing my son 7:30. He said, 'mum, I just woke up, I've got 10 minutes to get to class.' 'Oh what the heck!?' [I say] [laughs] Yeah. So it's like, yeah, and he's my 17 year old... It's like every day. 'Love you mum'. [I say] 'Love you too.' Oh my God. [laughs] (CY, 12)

In some instances, Indigenous organisations in which some of the women worked also step in to provide care to students while they are at boarding schools. This can often be very intensive:

I've got another [student] that's, um, boarding in [name of location], but she got kicked out of the boarding school ... so now she's living with other family and she, she just said yesterday that there's stuff going on in the house and all this sort of stuff. So you know, talking her through, you know, what to do and all that sort of stuff... You know, um, there's [also] been times where I've had to go into like the mental health, um, hospital with a student and, you know, it's just kind of to me, it's like, if that was my kid, I'd want somebody there with them. (CY, 18)

This connects with the following Theme 4 section, which further discusses how caring roles regularly intersect in diverse ways with paid employment, as well as other community roles.

5.4 Theme 4 – Caring regularly intersects with paid employment, study, and other community roles

The large majority of participants talked about the fact that, not only was providing care central to their identities, cultural obligations, and part of keeping their families, kinship networks, and communities safe and strong, but it was also a central component of their paid employment. This was the case for women working in lots of different professions, such as in childcare centres, as healthcare workers, for ranger groups, and more:

I work on the, with, um, the [name of community] clinic ... [in] patient care and safety, and um, with patient travel... making sure they're comfortable and just networking with other agencies down in [name of cities], wherever, so that they can be looked after. (CY, 17)

...all my travel and all my work involves working with kids and families... So going around touching base with them ... connecting with them and all of that... But then during the day, um, I can be like sort of mini counselling students [too]... (CY, 18)

Yeah. I'm the [title] of the [name of centre], which is a family centre in [name of community]. Yeah. So... we do... parenting programs, family support, so yeah... I'm anywhere from checking emails to cutting fruit, to making things, because we, our program does provide a meal ... 'cause it's a two hour, two-and-a-half-hour program for the parents and their kids. Um, so we'd have like either sandwiches or something like that. Um, so I could be making that, all the stuff and making that if, if someone's already started that I'll go down and pull some toys out and put an obstacle course up or the sandpit or what have you, if all my staff are there, which is great. And then I'll be doing the administration stuff, but you know, you still have to clean toilets, you have to put the mats out in the bathrooms and all of that. So, um, and we have a pretty big centre... (CY, 1)

I'm able to check in on someone 'cause it's part of my work. Yeah. And it's what I like about my job... (CY, 3)

...I then come to work and participate with the wide range, you know, wide range of um, age groups. So ranging from [children at a local] day-care centre, through to, um, [the local] aged care facility... It's more nurturing and comforting. And also, I don't know, it's more mentoring as well, through what I'm doing... (CY, 15)

...I had done nursing, um, when I finished school... So, um, [then] there was two roles. One was to support people to be able to live independently at home. So going in, um, being there at night time just for a few hours to help them cook, um, their food, have dinner with them, um, wait for them to have their shower so that, and then, you know, basically help them lock up ... then there was, um, part where I would take them out to, um, a local activity, that they'd like to do and just to support them in the community. (CY, 8)

This could also entail employment that involved teaching culture – a means of protecting and caring for culture, such as via cultural training and/or via work on Country in ranger programs:

I always talk about the, the cultural narrative in the country has changed considerably. Um, and for me, being able to put it into perspective or ... reframing some of that conversation and that language, um, you see people [that I am presenting to at work] have those 'aha' moments and they kind of get it, they start to understand that there are actually a lot of similarities and commonalities between all of us, um, and our understanding of what culture is... (CY, 8)

I suppose, um, within [clan group name], I'm the um, Coordinator. I'm also the junior ranger coordinator. So with the junior rangers, it's all my kids, as I say, all my kids [laughs] ... I'm taking them out on Country, out on Country. Yeah... Especially [location] and our clan estate off the ... coast. Because each of those kids comes from the [number] family groups of [clan name]. Yep. And I suppose their mum and dad would never take them out to Country before. And what we try to do is

to tell that kid where your family group come from, like from your Elder, one of the Elders, Yeah... So everybody always goes to [name of location] fishing, whether you're from another family group... That's where we connect them back to Country... (CY, 2)

For others, working in managerial roles in local Indigenous organisations meant that a large part of their role was ensuring the safety and wellbeing of staff members under their supervision. This was often described by women as going above and beyond – often staff members were also well known to them outside of the workplace and thus, caring at work was often simply an extension of caring for family and kin:

And I have to care for my staff. Um, my staff, you know, we're in a remote community, not a lot of, you know, extracurricular activities happening. Other than families going out on their homelands or fishing or camping or what have you but, um, yeah. And you know, every household comes up with their own issues and then you have to come to work and put on the smiling face and help other people. So, um, making sure my staff are of sound mind is, is a really important to me. (CY, 1)

... I mean, there's the caring with staff as well. I see some staff burnt out or not happy or really stressed. So I take time out to, um, talk to them or see how they are... So I'm constantly, you know, trying to set time aside to check in on every one of them, because I think it's, I feel it's really important to do that because your team are out there. Like my team are out there doing the hard yards they're facing, um, facing obstacles. Um, and I wanna give them as much support as I can. So they can perform their duties. That makes it better for everybody else. (CY, 7)

So the nurturing would be more along the lines of, um, staff morale... I do like to encourage a lot of people coming to work and be proactive when they do participate at work. So [I] kind of nurture them through... Things that they shouldn't be doing and things that they should be doing... (CY, 15)

For some women, the caring they do as part of their paid employment also bleeds into further caregiving outside of their hours of employment:

Interviewee: ...in my [paid] role now... families will come to your house, um, just for whatever reason... Whatever reason it could be. You know, 'tomorrow, can I come and see you too?' So 'can you help me get onto MyGov [platform] or, um, can you gimme a lift into town or, you know, oh, do you have any sugar?'... So it's not, um, it's all within my capacity to help out and I don't, I don't mind that, yeah...

Interviewer: That's outside of your work hours?

Interviewee: That's outside of work hours, yes. (CY, 1)

Yeah [it's voluntary]. It's because I take my grannies [after work] and I just get out and socialise a little bit as well in that space. So don't look at it as a work kind of role when I'm doing the after hour type thing, yeah. (CY, 15)

Even though I left the health clinic, you know, they [patients] still ask me for advice, and I just show them what, how to go, you know? (CY, 9)

Oh yeah, like on the weekend, I got a kid [from work] texting me. 'Can you ring the boarding, um, lady, because I need my phone.'... So um, but yeah, I went and [also] picked up a student on the

weekend to take her to go and get shoes for work experience next week... I'm [also] gonna pick her up on Sunday and just take her to the football, my daughter's playing football. So I'll just pick her up and take her to the football just to get her out of that house for a little while... (CY, 18)

Supporting and caring for loved ones throughout the workday was also frequently mentioned:

...Um, usually we'll go for lunch. I'll meet my daughter and my granddaughter somewhere for lunch. Um, just to help her, like, break the day up a bit too... (CY, 18)

Nevertheless, women also spoke of times that their workplaces were very accommodating and supportive of their caring roles beyond work, and their need to juggle both. This was more likely the case when they were working in Indigenous controlled organisations. For example:

I spoke to her [the boss] about [family member] moving in with me and needing to juggle my work with caring for her ... she was pretty, pretty supportive ... and the other, um, colleagues here did the same, you know, if I wasn't available, they made themselves available to my team... Which was really lucky, you know, lucky I work for an organisation that, yeah, has a lot of caring yeah. Cares. Yeah. (CY, 7)

Some women were also completing or had completed studies alongside their paid work and unpaid care – often also in fields aligned with the 'caring professions':

I'm [also] completing my diploma in early child, early childhood education and care. (CY, 1)

I, um, did my diploma in, um, counselling... (CY, 5)

Yeah. I, um, started – enrolled at nursing... (CY, 7)

Sometimes this meant women were reconnecting with ambitions that they had earlier in life, but which had been put on hold because of their caring roles:

I applied, um, through TAFE [Technical and Further Education] for, to become a health worker... Well that was always my dream to become a nurse or a health worker, you know, but plans didn't go to, didn't go to plan, 'cause I had bubby at 16, my first one. So yeah... Yeah, I was a full-time little mum then, small young mum. (CY, 16)

Care is also something that women spoke about doing in their capacity as volunteers in community roles. This included volunteer roles working with children:

...you know, there's times where you have to, you know, put the foot down or, you know, be the... 'okay, let's have a chat about it, what's going on, how's your day at school?' Um, you become like the, the second parent, sometimes on an afternoon then if they're having a bad day ... and having those tears, then you've gotta, you know, put the ice on them and, you know, make sure they're okay. And have the pep talk, um, because the parents can't, you know, it's a different, um, I don't know, a different role, I guess, and a different way in which we can talk about... things as opposed to parents. (CY, 8)

It also included supporting women and children, as well as collectivising and advocating for their rights:

... we are starting a women's movement there at the moment... we were marching, we were doing a big march around the community... Like trying to, um, trying to motivate women or families... So, um, and I think whatever knowledge I have and how I can share that to make one little person's life or even the family [better]... but, you have to care for the community... [Because] there's women and

children that are really hurting... so whatever skill I have and can contribute, um, I feel that's, that's what I have to do... (CY, 1)

Interviewer: And so you said before, you used to run that women's group?

Interviewee: And I did that on my own time after work, you know? Yeah. Well they wanted it. So I just asked for the building next door... I finished from there [work] 4:30 and straight after that I came down and set up [for women's group] and I think we went from five to six o'clock ... just a little short meet and greet ... what they needed, wanted to talk about, you know ... once you sit down and just talk to them, they'll come up with their stories and they'll tell you all about it. You know? So just sit there, listen to them... (CY, 9)

Caring for community, culture, and reconnection back to homelands was also talked about regularly as an avenue of much volunteering and constant 'strategising':

Interviewee: ...how do we then connect that to the homelands where we are now talking about the, um, market garden and getting that going. Um, so that brings back, you know, the healthy eating and, um, caring for each other. And um, and I think it's about doing things together... the other thing that we spoke about was, um, a ... playground where it's safe for children to come to...

Interviewer: ...Is that [work] in a voluntary capacity?

Interviewee: Yeah, at the moment. Yeah, yeah... [And] I support the women's group and in town, at the moment... I see this one guy that's sitting there wanting to establish a, um, the men's group and trying to get everybody involved and do a little bit of culture. And he is on his own at the moment and no one's turning up... So like, I went over there and I said, look, what do you need? ... We're thinking, we're thinking, how can we at the same time support [others]? Yeah. So we're strategising all the time and we're bouncing off each other on a daily basis... (CY, 3)

Overall, intersections between paid employment, study, and volunteering were so frequent that some women questioned why some of their care work was paid and some wasn't – particularly where women were feeling the burden of doing disproportionate load of all forms of work – both formal employment and unpaid work:

Oh no, just you, I guess like, you know, like people look at it, like these are women's roles in the house and these are the male roles, but then what happens when the woman's the breadwinner as well?

Yeah. And doing more hours in the office, like, you know... 'Cause I'm doing more work and earning more money... 'Cause, so I [have to] perform at work and be, be a good mum, and that... (CY, 19/20)

One woman, who also suffers from rheumatic heart fever, talked about being challenged by family to justify their choice to prioritise their unpaid caring role over paid employment, highlighting that both are crucially important:

I told [the family member], um, as much as we are helping them, these children are helping us as well... This is my, this is what, this is my week. Now this is what I call full-time work. You know, you know, I think I've paid my dues to society [by doing paid employment in the past]. You know, I've worked [in paid employment] all my life with... And uh, I feel I wanna stay home and work at home, and you know, I need you [family member] to see, you know, to understand that... And um, yeah, just a bit of resentful feelings from [the family member]. (CY, 14)

5.5 Theme 5 – Care is also hard and has negative impacts for women; strategies for managing this are varied

The flipside of feeling like caring was a cultural responsibility and part of one's self-identity also meant that it is difficult to ever refuse to give care:

Interviewee: And you can't say 'no' when the families come to your yard and ask you, so it's hard to say, 'no I can't do it'.

Interviewer: Can you ever say no?

Interviewee: I can't. I can't. No... Haven't got the, not the heart, but, um, I think it's rewarding in a way too, you know... (CY, 14)

A similar sentiment was reflected in two other interviews:

Interviewee: You can't close the door or keep them out. You have to let them in.

Interviewer: Why is it hard to say 'no' [to providing care]?

Interviewee: Um, oh, because it's the grannies, you know, it's – they're part of you, I mean, why you live and what you do simply because of them. So you cannot say, 'well, this is mine' because at the end of the day it is theirs as well... Um, so it's really hard to draw the line in that space... Um, especially with our culture, you know, 'cause family can get offended by that as well. Yeah. So there's that dynamics and the impact of that on a decision you can make. (CY, 15)

I've got a hard time of saying no, I do say no now and then but yeah, no, I just, that just how I am. I don't know why [laughs] (CY, 16)

Even though giving care was considered an important source of strength and gave many benefits to those providing as well as receiving it, constantly providing care could also mean that caring for oneself sometimes got left behind:

Sometimes I don't even eat. I just crash... (CY, 6)

...but like my young grandson ... he had an illness ... [and] I kind of put him first before myself... (CY, 2)

I don't, I can't fit anything in for me. Yeah, um, but you know. I'm [age], I've survived this long. So, you know, gone through burnout, survived that... (CY, 1)

...And not worrying about myself. Yeah. And always giving up, sacrificed my life for others. Yeah. Yeah. (CY, 7)

Caring could be financially draining, often where finances were already stretched:

Financially being around a lot of family members, especially those who don't work which is most of 'em, can be draining because they don't work and they have addiction. (CY, 6)

Around financial stuff. Um, so, say for instance, my [family member] got seven grand outta super[annuation], right? And then he just had like seven grand in his pocket ... [but] like I rang up and booked [his] car in, make sure they did this. Didn't know he went and picked it up and said 'I'll

pay, um, I'll pay the rest off. He was owing thousand something and he had all the money there, but he's got a gambling and alcohol and smoking problem so I'm like, 'why you did that? Now they're ringing me all the time to do [pay] this [bill]'.... [And] the family would humbug my [family member] and [family member], and then they'll have no dinner, then I feel sorry. So I cook dinner... (CY, 5)

Providing extensive care to others also meant that other personal relationships could suffer:

But at one stage it's like, oh, it [providing so much care] was really getting to me. And, um, I think it did have an impact on my, um, like between my husband and I ... because I was caring all the time for someone... Yeah, because I [also] keep thinking, well, how do I care for myself? (CY, 3)

Overall, however, women most frequently talked about the fact that providing high rates of care to others could be physically and emotionally exhausting and draining, sometimes also contributing to poorer physical and mental health:

Sometimes the emotional part. It is exhausting... It is honestly exhausting. If it gets too much and people expect you to do more for them... And I can't do, I can't go out and have fun like they do. (CY, 7)

But after that [providing intensive care to another person] I got sick. I ended up in hospital... All the stress, you know?... Yeah, had me on drips hey? (CY, 10)

Well, I do get exhausted. Yeah. After the day is finished, like yeah. You know, coming to night fall, I'm just, just exhausted... I don't really know when a knockoff time is [laughs, but when it does come to me, you can just see my eyeballs hanging... but I mean, I don't complain. Never did [laughs]. (CY, 16)

...sometimes the older kids will say 'mum, step back now', then you need to think about yourself and your health, yeah... It does have ... an impact on your body... (CY, 12)

I get upset and, but it takes a lot out of you – draining, you know, it's very draining... It sort of depresses me... I was, I'm depressed... (CY, 19/20)

[We] just got through our, um, depression, depression and anxiety. Yeah. He got it first and then I got it. And just looking after him and his wellbeing and yeah... It was a horrible thing... (CY, 5)

You know, sometimes I do a lot... She's sometimes chucking it back in my face and then I get depressed ... like, she doesn't appreciate what I do for her. And I do a lot for her and it's, it's hard on me. Like, I very, I get very upset and emotional. Yeah. (CY, 12)

Constantly providing care could also feel relentless, and the all-encompassing nature of care can make it very difficult for women to 'wind down', relax, and get sufficient sleep/rest:

No, I just like. I don't want to care. 'Cause I was just gonna say I'm always head down ass up. You know, picking up after the kiddies, like the house is never clean... I don't understand how I don't have greys [laughs]. Goodness. Far out. (CY, 16)

And I can, I lose a lot of sleep over all this and that... (CY, 19/20)

Interviewee: Takes me such a long time [at night] to wind down... So I'm not in bed 'til ... one o'clock in the morning... Then back up at, um, 6:30... mm-hmm...

Interviewer: So you are up with the baby then?

Interviewee: Yeah, yeah... [Sleep] at 1.30. Yeah. And then up with the bub at 4:30... About 4:30, 5 o'clock.

Interviewer: So she's having a feed then, is she?

Interviewee: Yeah, for a little bit. Yeah. And then back up again... (CY, 14)

Sometimes, women talked about giving lots of care, but that it didn't necessarily always come back to them:

...then, I've, when I went through that hard time, I'd be like, yeah. You know, I've been there for a lot of people. Yeah. [But] who's there for me? ... Nobody here for me now... (CY, 5)

Sometimes, but not always, there was a gendered dimension to this:

...I'm married, like you know, I've got a husband... But I think, look, we say like ... he does nothing. He does nothing. He doesn't support me [to care for the children] like the way I need to be supported to be a full-time worker, and to be a mum and a carer. Yeah, yeah... (CY, 19/20)

...My brothers are really good dads, very active and they're very good grandfathers. They take care of the grannies. They, you know, they pretty well, um, domesticated, [family member] would always say they domesticated [laughs]. She taught them well [laughs], um, but yeah, men in my team have stepped up, um, always have stepped up... And majority of 'em caring for their children. Um, they are the mum, we call 'em 'Mr Mums' [laughs]. (CY, 7)

Some women also talked about recognising in themselves the need to seek professional support and help in order to cope with and manage their exhaustion or 'burnout', but that sometimes this was hard, particularly if it required dealing and speaking with non-Indigenous professionals and organisations:

I told that doctor that, um, I wanna see counselling, you know to get away from it all. Yeah. So I was talking to her and she did good too. (CY, 10)

I went through burnout ... mm-hmm, um, and I teach burnout to my staff and everybody like that... And so I, like, I knew what it was. Um, I knew the symptoms that was going through to say, 'Hey, shit, I better pull up here and seek my own professional help'. Which is very hard for Indigenous people because at the most they don't like counselling. Not that they don't like, but there's other, from what I've experienced, we don't go to see a stranger to work out our issues... Especially if they're non-Indigenous to sit in a room and talk about your feelings and whatever, whatever... (CY, 1)

Other diverse strategies for managing high care loads and improving self-care also arose:

...I'd take care of people 80[%], me 20[%], but I'm starting to do the flip now, you know? ... I just go take a walk and take my earphones, blast music, and just chill. And that's me time. (CY, 5)

I have ... [family members] that you can ask [for help]... So um, or you know, ... bouncing ideas off someone else... and I've got a critical friend who's non-Indigenous and, you know, I ring him up every now and again... (CY, 3)

So from 9:30 onwards, I think, I sit down [laugh], get my breath back until about 10:30... [And in the mornings] I stand with my cup of tea [in the garden]... sit there and enjoy the garden and everything... (CY, 14)

Interviewee: I love fishing. I love fishing and gardening. They're my hobbies [laughs].

Interviewer: ...How do they make you feel?

Interviewee: Just where I don't worry about anything, you know, keep my mind on fishing and doing my gardening... stop stressing out with them [other people]. Just keep my mind set on the, my yard, gardening, yeah... (CY, 10)


This also included spending time on Country as a means of selfcare:

Um, camping up the... [location]... I went up for the weekend, we went fishing, we went for mussel, freshwater mussel and um, they camped and ... an aunty bring two of the four nanas out ... resting up, sitting around and a few other family members came ... yeah, just a lot of swimming, fishing, um, gathering fresh little mussels, a few drinks and a heap of children [laughs]. (CY, 6)

5.6 Summary

For the 20 Cape York women whose stories are described in this chapter, caring is not only a source of strength and courage, but also something that is instinctual, being internalised and passed across many generations. In this regard, caregiving spills over into all parts of women's lives, whether they are at home, on Country, with family, kin and community, at their paid work, or elsewhere. In a practical sense, such caring takes many forms on the Cape: the opening of houses and hearts to travellers; the love expressed through cooking and eating together; time spent on Country or teaching others language and culture; the sharing of economic and other resources; regular phone check-ins to provide advice and emotional support to those living both near and far away; time spent managing others' administration (e.g. shopping, paying bills, dealing with government agencies on behalf of others), and so much more.

In many cases, women stressed the extent to which their caregiving is absolutely necessary for the physical, cultural, spiritual and psychological wellbeing of those who rely on it. It ensures safety and comfort, and picks people up when they are struggling: as some women described it, it quite literally saves lives. Just as care heals others, however, it is also reciprocated. Indeed, Cape women talked about caregiving as part of an intricate relational web, whereby caring energy that is put out into the world becomes a kind of social glue that knits families, kinship networks, communities, culture, and Country together into a mutually dependent and complex system of support. Occasionally, particularly because of the impacts of colonialism, parts of this web become weakened. This manifests, for example, when others are dealing with complex traumas, addictions, and illnesses, leaving them needing high levels of care but not always able to reciprocate such care to those providing it. This was also the case for those trapped in cycles of engagement with harmful colonial systems, including the criminal justice and child safety systems. Women providing care to those harmed in these ways by colonial violence often felt stressed, fatigued, and overwhelmed, yet unable to refuse giving care. When women themselves look for support, they regularly find that existing services are lacking – particularly because of the remoteness of many of their communities where the level of service provision is poor overall. Indigenous-controlled organisations represent an exception to this and are an obvious lifeline for many of the Cape women interviewed here.



Overall, despite the many struggles and challenges of providing care, the web of caregiving as a whole remains strong on the Cape. This is a symbol of strength, determination and cultural continuity in the face of ongoing colonial violence.

Chapter 6: Findings from the East Kimberley

This chapter presents study findings from the East Kimberley, particularly those arising from thematic coding and content analysis of the interview transcripts for part 1 of the interviews. (Time-use data for all sites, including the East Kimberley, are presented in Chapter 8.) In the East Kimberley, the study spoke with 20 Indigenous women, and one male. The majority of the women (14) were aged between 25 and 44. Only three women were under 25, and three were 60 or older. Four of these women (20%) themselves have a disability. Twelve of the 20 women (60%) are in paid work, seven of them full-time, while eight women were not in paid work. Thirteen of the women (65%) received a social security payment. For more detail about the process for conducting these interviews in the East Kimberley see Chapter 1 (section 1.2) of this Report.

The findings that follow are presented according to five themes, which arose from analysis of the interview transcripts:

1. There is a breadth of what care means to East Kimberley women
2. The volume of unpaid care work is high
3. Unpaid care intersects with paid caring roles and other employment
4. Past and present colonisation creates more work for women
5. Care is strength and often the glue that keeps communities together and surviving
6. East Kimberley women are woefully under-supported in the care they give, are stretched and need specific strengths-based support.

6.1 Theme 1 – There is a breadth to what care means for East Kimberley women

Interviews with East Kimberley women exposed how vast and broad their care work is. It includes not just care for themselves and people living under their roof such as children, the elderly, people who are unwell or have a disability, but also many others within the community and beyond – including caring for people in living away such as in boarding school, living in other communities, or prison. This care is often ongoing, but also can be sporadic and in response to peoples' needs. Care also includes caring for Country and culture. Examples of what care means to East Kimberley women include the following:

Care to me is giving love, um, making things better. Like giving love and support to our kids and our whole community. You know, without your support thing, your support and care, nothing would happen. (EK, 18)

It means a great lot. You know, it's a big deal. Care means love and that's what we have and that's what we do. We support each other. We love each other and that's what we do. We care for each other, you know? Yeah. That's, that's how we live our life. (EK, 13)

Care means everything. So you know, like probably if I see another little kid down the street and that's hungry and whatever and want food, I'll give them something if I've got something on me. (EK, 11)

Um, what when you get someone in your care, like live with you, you gotta make sure they are right. They get everything they need, you know, and just be there for them. (EK, Lola⁷)

Care is 'Supporting others that are unable to support themselves' (women's discussion).

East Kimberley women also talked about care as generational and knowledge that is passed down. For example:

So they know they love and they can care for others too. Yeah. It's gotta keep going down. Have a generation care. Yeah. But we were taught about care. Yeah. Yeah. Caring for themselves. (EK, 4)

So, um, I'd love to see more and more of our people and more of our younger girls. That and being able to participate in our culture and build a confidence up and be strong in our culture and look after our people and share our knowledge with the younger generations who's coming up. (EK, 19)

For now I've been mentoring my kids. (EK, 16 and 17)

People should really listen to our old people and to ask if they're okay. You know, and really put your mind to it to take care of people, you know, especially around us. I want people to take care of us and our older generation. Yeah. Help and support us. (EK, 18)

Women also talked about how care is intricately connected to care of Country and culture, *Well, care for me as an Indigenous person is not just caring for your family, it's caring for your Country. And those two are married together really well in, in my family, you know, um, you know, because when we are on Country, we totally different human beings to at home. (EK, 4)*

[Care of Country] is automatically in our, in our blood... Going back to Country and that, that's, that's a really big part for healing as well for Aboriginal people. Like sometime, like when we live in town, um, your spirit is not there. Your spirit is out there on your Country. So when you go out your Country, you can feel the difference between town and the Country because the, the Country, it will welcome you back in. You know? It opens you up, you know, when you go back out to visit Country and things like that, it's like when you're in town and you're having problem, you know, you're so squashed up and somebody like trying to squash you in, you know, like when you get back out the bush you are free, you know it...So country cares for you. Not just you care for it. (EK, 16 and 17)

[Care] means caring in both Country and the family and your children. Grandchildren. Yeah. Culture. (EK, 21)

6.2 Theme 2 – The volume of unpaid care work is high

East Kimberley women also exposed the sheer volume of care work they that do. Most of this is unpaid. Care work takes up a lot of their time, and even when they are doing other things, it is something they constantly think about, or do while doing something else – especially caring for children (multitasking).

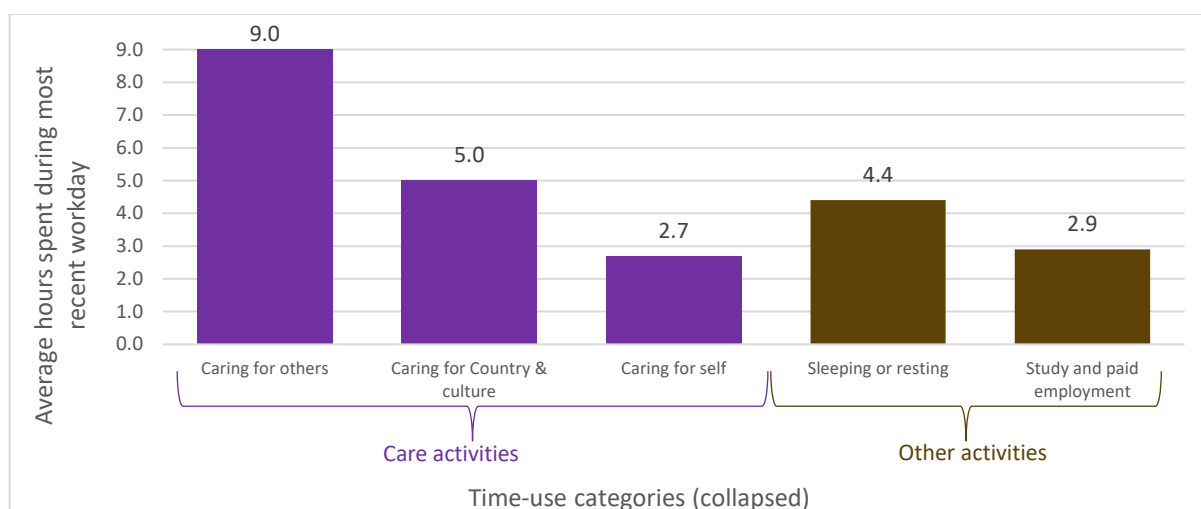
A lot of the work carried out in the East Kimberley is unpaid. This was also raised in the interviews, for example: 'So Yeah. Volunteer. Yeah. Big time. Big time. Unpaid. Unpaid. Yeah. Unpaid. We do everything unpaid' (women's discussion). It was also reflected in the time-use data. All East Kimberley respondents reported doing domestic work in a usual day. This work can take the form of cooking, cleaning, washing

⁷ Lola asked to be named in this Report.

and shopping for family and/or household members. Far fewer women reported doing maintenance or repair work around their home. About 90% of women reported caring for children. This can include not only their own children but also those of others and grandchildren too. Moreover, more than half of the respondents reported caring for someone who was over 55 years of age. Across the different care groups, a smaller percentage of women in East Kimberley reported that they were providing care for someone who was sick or living with a disability (38.1%).

There were also some East Kimberley respondents reporting very high amounts of time on caring for others. For instance, some respondents reported as much as eight hours on a usual day spent on activities helping other households or families for free. When we categorised all time-use activities into care and 'other' activities, East Kimberley women reported spending an average of 16.7 hours per day (or around 70% of their total usual days) undertaking care activities (see Figure 21). (For details about the method used to create the time-use categories illustrated in Figure 21, see Chapter 8.) This overview of average hours does not include multitasking – which increases the amount of care dramatically (as further discussed in Chapter 8).

Figure 21 'Care' versus other activities: average number of hours East Kimberley women reported spending undertaking these activities on a 'usual day' (n=20)



Care work was often also described as being gendered in that it often falls on women to undertake. Still, some men also undertake important care work. For example, one of the interviewees was male and had taken on the caring responsibilities when his wife had passed away. The gendered nature of care was also raised in other interviews:

We all are mamas. But that's the thing, another thing too, we've got, you know, mothers behind us. Mothers who've been taught in their generation, you know, and everything... You know, get it from our mothers is a, it's a generation thinking at the end of the day. Yeah. Caring. Everything is all generation. Everything. (EK, 2)

Women always do it all. Do it all. I'm hearing always woman always been doing it all. Always. Women don't have time. (EK, 9)

6.3 Theme 3 – Unpaid care intersects with paid caring roles and other employment

Some women interviewed undertook paid employment, some of which was also a form of care work. Importantly, regardless of the paid work women were doing, unpaid caring responsibilities still

impacted them during work hours – for example checking in on people, helping people out, taking care of children, and other community matters.

It's outstations and little communities out of town here. That's who we look after. Like, you know, like from the corporation if anybody wants a lift back into town, like go and pick them up for meetings and whatnot. So yeah. (EK, 12)

So my job always followed me home. So I've literally jumped my fence a few times to pick someone up out of that bed and put them back in the bed or go and break into the house to get them off the floor and put them back in their bed. Things like that. (EK, 2)

I'm connected to a lot of First Nations people. And they do need help every now and then. Classic example, you know, they need to go to the shops or, you know, that they are hungry, you know, can you please bring back fish? Or can you drop me off at Centrelink? So there, there's those little things, you know Yes. That the elderly do ask me to help them with. Yeah. Just walking in with them to Centrelink or the bank. Um, Yes. So those, those little things that are sort of outside but not really documented, you know? (EK, 4)

6.4 Theme 4 – Past and present colonisation creates more work for women

There are various dimensions of how colonisation creates more care work for women that were raised in the interviews. Firstly, women spoke of intergenerational traumas and mental ill health, which they responded to through their care. For example:

What, what's hard in, when you're caring, especially in a place like Kununurra and you've got somebody that's got mental health issues and you don't have the, you don't have that professional support like mental health that can support that person that really needs that type of service, that professional service. That is a big barrier in kind, know that a lot of the Aboriginal women have to deal with that individual that has mental health issues. (Women's discussion)

I am taking my little 9-year-old daughter to see somebody about, you know, um, mentally do know, go through mental problems and things because Yeah. At the moment last week, I dunno if you heard, um, somebody hanged himself. (EK, 12)

And because of, um, back in the late '90s and early 2000, we had quite a lot of suicide with two young ones with domestic problems and things like that. So I try and talk to my nephews and sons and things like that, and I try and lead them in a different direction. Yeah, Yeah. Tell them that's, that's not the way in life. You know, it's taking your life. You're only going leave grief or everybody else if you go. (EK, 17)

Secondly, when government and non-Indigenous organisations intervene in East Kimberley women's lives, the 'help' they give often does more harm than good. For example, the Cashless Debit Card trial was introduced to Kununurra as something to help people, but women talked about the damage that the trial has caused people:

So what do you think's gonna happen now? Why would they want to go forward and seek help? Six years, you know, deteriorate their quality of life. To the white card. Just, just mashed it. Damaged people more. It just triggered everything. (EK, 10)

Also, the Community Development Program:

...couple of years ago when that job pathways started up. Yeah. When you don't go, you miss your appointment and you don't call 'em up or any reason, good reason, that thing goes automatically to Centrelink, and they stop your payment. That was sort of thing needs to stop. Especially when they look at their proper day at home. Grandmothers are, you know, mom and grandmothers. (EK, 21)

Well, government should, government should put some money towards and emergency fund when people are in crisis. Centrelink got 'em. But you gotta pay it back. The more you, the more you get money from Centrelink, the more debt you get. Yeah. So that's not a, that's not a good place to start. (EK, 16)

Every time they're going to prison, they come back more bad. It's just the isolation probably. That's, that's not really fixing them mentally. (EK 16).

Thirdly, funding cuts and poor funding for existing services also creates more work for Aboriginal and Torres Strait Islander women:

So get the government to fund because this is where they put us out to fail as well. The funding gets cut when everything goes well. 12 months. So what I would like to see contracts with 3–5 years funding. Yeah. You know, it's been happening for so many years. There is no successful story for anybody you know, set them up to bloody fail. (EK, 10)

Yeah. So there's not enough. You know, government pour millions of dollars into all these programs around there. We don't know much about where the money's going and what it's for and stuff like that. Yeah. So lack of information. Yeah. (EK, 13)

A lot of medical care needed is not in town and people have to go to Perth for care. And you know, if, like, if you've got, like I said, they got dialysis centre here, but if you've got any other disease, chronic disease or, or illness, you go to Perth. There's nothing here. And so that's a burden on women. That's an additional caring that women have to do. And sometimes women have to leave to go to Perth to look after that individual.

Fourthly, structural marginalisation linked to colonisation has created poverty and this compounds the need to care but also makes the work of carers harder because financial resources are tight for households:

I reckon that would be the one big role that makes caring hard is finance, that be the problem. It's like, you know, you need money to put food on the table. You need to pay your bills. You know, um, electricity, rent, everything high in in the Kimberley. (EK, 16)

And I'm struggling with mattresses and sheets and pillows and stuff for them, you know. Yeah. Yeah. I have that bit of problem too. Always a problem with food and stuff like that. (EK, 18)

I think sometimes we got food in the house. In the fridge. In the cupboard. But still supporting other family members in the community. Yeah. And then you still go out without, food. (EK, 21)

Got a hole in your pocket. And that is one of the biggest negatives [about care] is that financial support that a lot of our mob need. Because Aboriginal people, we, you know, we, we live on the poverty line. (Women's discussion)

You know, up here, the cost of living, you know, how can you have a healthy meal when it's cheaper to buy a takeaway meal than it is to, to buy healthy food when you're under, you know, you get Centrelink. And it is really low for the cost of living. Especially, you know, when you're paying bills, you've, you've got children and you've got food that you have to buy. It's, it's a big cost. (Women's discussion)

'Cause at work, once an Indigenous man came in and said, 'Hey, can I get an advance on my pay?' And then the boss turned around and said, 'Can't you ask your dad?' And I was a bit like, do you understand the cycle? Like I had to educate him, in that, you know, like us black fellas, we don't have any money unless we stumble across it by getting something [laugh]. You know, we don't have any, we don't have just \$500 laying around. Mm. Like we, that father can't just loan that son because that father got no money to begin with. That's why the son's in the position that he's in... So, you know, I think a lot of with this caring stuff is we've gotta change that cycle, you know? Yeah. Get out of that poverty under the poverty line. (Women's discussion)

And sometime like when they're hungry, I'm feeding my two houses. My daughter and my house. And sometimes these old girls, 'cause they lived in different houses, so five houses. (EK, 11)

6.5 Theme 5 – Care is strength and often the glue that keeps communities together and surviving

The vast majority of East Kimberley women talked about care as a form of strength, and a crucial part of the social 'glue' that keeps their communities together and surviving:

You gave him your spirit and power to look up. (EK, 9)

It's just part of you, you know, you care and if you can make a difference to that one person or that family. (EK, 10)

COVID-19 was a big caring time for me. I took care of everyone, even, even so, even though I got it, I had to make sure all the kids were okay, were okay and we all kept them in one, one bunch. (EK, 18)

Well you know, you only live once and if you can give so much to someone, you look back on it and say, you, you, you was blessed with that person being a part of your life, you know? He or she didn't die without knowing that you, you was there every step of the way. (EK, 11)

Common in these descriptions of care was the central importance of reciprocity, both within and across generations:

[Care is] important to all Aboriginal people. Well, if you don't care, they go without. You know, if you don't buy them that bread, they won't have dinner that night. (Women's discussion)

It's very important to keep our, everybody strong enough, everyone. Family strong, ourselves, strong. Everybody care for each other, you know? (EK, 2)

That's what I want to see now because we not, our old people left us, they're all gone. What's left of us is now we have to be together, sharing and caring. (EK, 9)

6.6 Theme 6 – East Kimberley women are woefully under-supported in the care they give, are stretched and need specific strengths-based support

Finally, although care was central to East Kimberley women's lives, many also talked about being under-supported in this care. Many felt stretched, stressed, and in need of specific strengths-based supports:

Like I said, the capable ones, they get forgotten and the incapable ones over here, they get all attention. The capable ones we gonna sit here. Let's burn ourselves out. Or you go the hospital and realise how sick you really are. And then they say are you okay? Or what's wrong with you? Yeah. Well I'm burnt out. Yeah. (Women's discussion)

Often, policy responses to what is often referred to as the 'burden of care' is to privatise the care and redistribute it to someone else. Whilst this approach may help some women, it also must be noted that many women love the care they are giving – and often do it because they want to. Policy should heed this, and allow women to lead the policy responses from their expertise, insights and wisdom:

I'd like to see a group of women owning our own space. (EK, 10)

Like have a fund or something. Yeah. It helps the carers do what you gotta do. (EK, 11)

Well, I hope there was more support in this town, you know? Yeah. With you not only me but other women ... to make your life easier, like, you know, help with the kids off the streets and all that, you know. (EK, 12)

It's all about information here. Yeah. You know, um, somebody says, Oh, you know, this month they can do this or that. Oh, well that's good. Yeah. Yes. I'll, I'll call them, you know? Yeah. But we don't, we don't have that kinda thing here. (EK, 13)

Everybody can all work together. You know, that all the moms and grandmothers come together with their children, you know? (EK, 15)

Well, government should put some money towards somewhere. Yeah. That can use money like that for emergency. Yeah. (EK, 17)

Our older elderly people need a lot more. Lot more help and support. Yeah. You know. (EK, 19)

Housing, having appropriate housing. Yeah. So that, you know, these people aren't always asking for help. Yeah. The education so that people are, you know, that the young kids are actually getting educated, um, and being able to come out of their education system and go into employment. Yeah. And being able to sustain employment when they come out, that would be a big help. (Women's discussion)

There are no support groups around to understand what caring is properly. (Women's discussion)

And we like some miracle to happen and, you know, make up a trust fund or something there for carers, you know. Some sort of money trust there. We can just probably go in and apply for it. Something like that. Yeah. (EK, 9)

6.7 Summary

The 21 interviews in the East Kimberley illuminate the rich and detailed importance of care in the lives of not just Aboriginal and Torres Strait Islander women, but their families, community, culture and Country. Care of country is a critical part of the lives of women (and men) in the East Kimberley and is critical for people as well as Country.

Care is a source a strength that has sustained communities since invasion and against colonisation which has been enduring and ongoing. Colonisation has created ongoing traumas and created a lot of care work for women undertake. This is important to acknowledge as the East Kimberley has been written off by policy has having high unemployment rates, but this completely overlooks the huge amount of work going on in the East Kimberley – albeit unpaid. In fact, the interventions government have levelled against the East Kimberley often in the name of addressing unemployment, has often created more trauma, and furthered unpaid care work.

Chapter 7: Findings from Greater Sydney

This chapter presents study findings from Greater Sydney, particularly those arising from thematic coding and content analysis of the interview transcripts for part 1 of the interviews. (Time-use data for all sites, including Greater Sydney, are presented in Chapter 8.) In Greater Sydney, the 20 women interviewed ranged from 24 to 80 years of age, with three over 70 years. Some 70% of them were 45 years or older. Three in four women in Greater Sydney were undertaking either part-time or full-time work while providing care; 11 women were in full-time paid employment, four were in part-time paid employment. Five were not in paid work. One in every four women interviewed reported living with a disability or chronic illness. Slightly less than half reported receiving some form of social security payment (e.g. aged pension, parenting payment). Some were young women with full-time care of very young children, others were juggling care of multiple family members of different ages, some with complex needs. Others were Elders making significant contributions to their communities and families, through their leadership and networking. Only one woman reported receiving a carer payment, despite the extensive care many of them provided. For more detail about the process for conducting these interviews in Greater Sydney, see Chapter 1 (section 1.2) of this Report.

The findings are presented under seven themes as follows:

1. Care is seen as a way of life and an obligation
2. The volume of unpaid care work is high, and the care needs are complex
3. Unpaid care intersects with paid caring roles and other employment
4. Impacts of past and present colonisation creates care work for women
5. Services are inadequate to the needs, but Aboriginal women who care are trusted
6. Care keeps families and communities together and surviving
7. Women carers are woefully under-supported, are stretched and need specific strengths-based support.

7.1 Theme 1 – Care is seen as a way of life and an obligation

For women in Greater Sydney, caring was seen as a way of living; just what you do. This care work is extensive and often demanding, involving care of children, grandchildren, siblings, cousins, nephews, nieces, parents, elders, including a considerable number all ages who have illnesses or disabilities and complex needs. Care of the bereaved was also mentioned and moreover, care of animals, care of Country and maintenance of culture are also included in their caring work. Some of these urban women only went onto their own Country during holidays, but at those times they made sure children were taken out to learn the stories and the practices. In the city, they did what they could to care for the environment and to maintain and pass on cultural knowledge.

Many women talked about care as loving kindness as a way of living:

Care means nurturing to me. (GS, 3)

Like I just love caring... Like it's just love. (GS, 6)

It's just sort of what you do. Yeah, love, kindness that sort of thing. (GS, 7)

Oh care is kindness and love. (GS, 8)

It's empathy. I always think it's more important to say you empathise than you care. Because that's really feeling what the person needs. Rather like caring, like in a different way. Do you know what I mean? Like it's, it's enabling them to care for themselves. You know, giving people the support they need to believe in their own ability. (GS, 11)

Care is about being able to give oneself to another, to someone else who needs it. (GS, 12)

Care means [to] give from your heart. (GS, 16)

Women also talked about care as generational, an ethic that is passed down within families; as something they had received and now needed to give back or give to others. For example:

I think it's something that you're brought up with it or you're not. Cause they've been brought up with strong, powerful, caring family. Grandmother, you know, we didn't have much, but we had a lot of love and encouragement. And I've got nieces and nephews who are phenomenal people. Come against the odds.... We've had good people in our lives that made a difference, for us, but also for future people. (GS, 4)

Caring is, um, I think I kind of said it before, it's like a legacy that you leave behind. It's like, treat someone how you want to be treated. So by caring for them, it'll care back for you, but also by me leading by example and being a caring person, caring for the environment, caring for other people, being respectful in the way that I undertake my daily activities.... Caring is important because we need to leave a legacy and we need to lead by example. (GS, 2)

Be respectful, be caring, be loving, look after each other, hold each other up. If someone's fallen, you help them up. You know, like it's supporting. Be like, you know, have a, the respect for Elders, help bring the others up. You know, like they're things that, it's been drilled into me and I drill it into my kids as well... (GS, 15)

It's pretty much giving back to my mother what she does for me. (GS, 19)

But for one who had grown up in foster care, it was even more important to give her own children and other Aboriginal children a secure and positive future, as well as for herself:

It warms my heart, makes me feel good. It gives me a sense of achievement and gives me a sense of belonging. To build those connections around me, having such a life that was quite absent of those things. (GS, 2)

It is also seen as an obligation, something you need to do to, and would not turn away from:

I think it's needed and it's needed in a big way because there's nothing out there like it. And nobody thinks about the Elders that are caring for maybe their older husband or partner or, or son or daughter or grandchild. And, and we just take it on as our duty. (GS, 1)

My ability to care for someone is actually my accountability to self. (GS, 9)

It means responsibility. I think that's what it means. Someone says 'can you care for this or can you care for me?' I just think, oh another thing to do. (GS, 14)

Care means to me just looking after everybody and myself, looking after, you know, just looking after ourselves. (GS, 20)

Elders expressed the importance of both giving and receiving care.

I think care means a lot to all of us as Elders.... Because we want to look at having a better quality of life. We're like me, some of us are not ready for that. But there are a lot of us that do need that care. You know, whether it be taking us in a wheelchair to some medical centre or taking us out for a walk in the park or whatever we're capable of doing or just coming in to have a yarn with us. Or you know, have a cuppa and wash up or clean up a little bit, whatever it may be. (GS, 1)

Women talked about ensuring children learned culture as well as themselves doing activities such as painting or weaving, and sharing knowledge about Aboriginal culture including with the wider community. Culture was also seen as deeply embedded in their work, whether paid or unpaid:

So raising my children within the community has always been a really big thing. And having my kids participate in cultural activities and learn particular cultural things. So my elder boy he dances, he does dance, he plays didgeridoo. And he is also very highly involved in the (name of school program). So as a senior student, he has represented Aboriginal kids across nearly the whole country.... I've also had some connections with his school, with the girls group that have a strong sister program, so that might just be going along to a weaving day. And giving the young ladies someone to talk to that they probably relate a little bit more to, that's a little bit more of a younger person. (GS, 2)

Caring for the environment and for wildlife was also mentioned by several women:

I think caring for animals is really important to me. In the future, I have like some dreams of having the opportunity to volunteer at places, like WIRES [Wildlife Information Rescue and Information Service] and things like that. But no, just if I, just from like a wildlife perspective, I live in a, like a bush area you know, leaving the animals to be for themselves, making sure that they have the right space for them. Not disturbing, not disrupting the land and the leaves that they use to hide and shelter from just those types of little things. You know, like we have like echidnas and water dragons and so just being really mindful that if you were trying to, you know, renovate your house, you'd go and strip all the entirety of that land and not take into consideration that that's, you know, potentially hundreds of thousands of little bugs' and beetles' homes. (GS, 2)

Overall, one can see that these women value their caring role highly and experience it as rewarding but also exhausting.

7.2 Theme 2 – The volume of unpaid care work is high, and the care needs are complex

Women saw care work as rewarding and central to their lives but many talked about doing care work nearly all the time, with little time left for themselves or for self-care. Particularly women in the middle-age group (around 40–50s) often spoke about rising very early (5am or even earlier) to either do their care work or to find time for some self-care in their long and busy days. This is particularly true for those who are combining unpaid care with full-time paid work, often itself in a caring role. As one woman said in answer to the question about how much time she spent on care work:

My whole life, it's you know, everything, every day. Even after the kids go to bed, you know? It's like you're packing lunches, you're getting clothes out, your making sure everything is ready for the next day. There's not much time that I'm not doing something for people. (GS, 14)

Similarly, another said it was the majority of her time 'Like the only time I actually get to myself would be for about one hour at night' (GS, 18). And another in full-time work and carrying multiple caring responsibilities said, 'Its been really draining for a very long time' (GS, 5). One older woman said she was scaling back her wider care work to focus on the needs of her family. This woman also spent most of her time caring in her paid and unpaid work, and was extremely tired:

I'm good at helping people to get what they need. But then I'm not really getting what I need. So I don't want to completely give up being caring but it's more like just more for the family and less for a bigger picture.... And I think that's probably what's sad is that there's so many Aboriginal people working in that way, that they're all getting really tired. (GS, 11)

One woman in her 40s had become so stressed and exhausted that she had been hospitalised for two weeks:

Cause it's always me doing everything. And then you know you just keep going robotically and you just keep going until it either affects your health, or you're tired, you can't go on any longer, you can't sleep, and when you're crying, like emotionally you can't go on any more. (GS, 3)

Another said it was:

Very exhausting...You feel like it's rewarding but it does take up a lot of time...and then you know, often my studies is jeopardised, or there's something else that ends up being jeopardised, even if it's you know, sometimes it's my own children...because I'm caring for my community and it takes me out of my home, or it gets brought here. (GS, 8)

And a younger woman also said:

Don't get me wrong. Sometimes it's very rewarding to be able to do those things for the people you love. But also very exhausting... But at the end of the day the thing is like, you just get in and get it done. Cause if you don't get it done, then it's not going to get done. (GS, 14)

Some of the time-consuming aspects of care work are caring for children who need frequent medical or other appointments, and driving children or adults to work, school or medical and similar appointments. As one woman who, with her elderly husband, did a lot of transporting adult children and grandchildren said, 'We call ourselves Nan and Pop Uber' (GS, 4). Another who had multiple caring responsibilities commented:

You know, I'm constantly in the car driving one or two kids somewhere. You know, that's the hardest part of it all. It's getting them to and from places. The older ones, they can catch public transport, but I've still got to drive them to the station so it means getting in the car again. That's the hardest part, just getting them around to different activities and the cost of the petrol. (GS, 18)

Another spoke of her day off work being spent taking a grandchild to a special program at the hospital in the morning while also babysitting another infant grandchild all day and collecting and caring for a third one after school.

There was frequent mention of children and adults on the autism spectrum, or with ADHD [attention-deficit/hyperactivity disorder] or anxiety, or children with other medical conditions needing intensive medical care (e.g. frequent visits to a hospital or doctor or other health provider), or the need for mental health or other illness, hospitalisation or disability support for various family members, as well as the provision of support to adult children coping with children with serious illness. In many cases, this type of caring support was given to multiple family members of different generations, or friends, simultaneously. Caring for family members with some of the complex mental health issues or with serious autism behaviours is clearly very demanding, and emotionally exhausting. Supporting family

members or friends with drug and alcohol issues or experiencing domestic violence can also be highly stressful. When carers are dealing with a number of these issues simultaneously, the demands of care work are huge.

Time on the telephone was also frequently mentioned, with women giving support to friends and family members near and far, helping them resolve problems they face, or just checking in on them. Some phone calls mentioned could last half an hour or up to three hours and may be at any time of day or night.

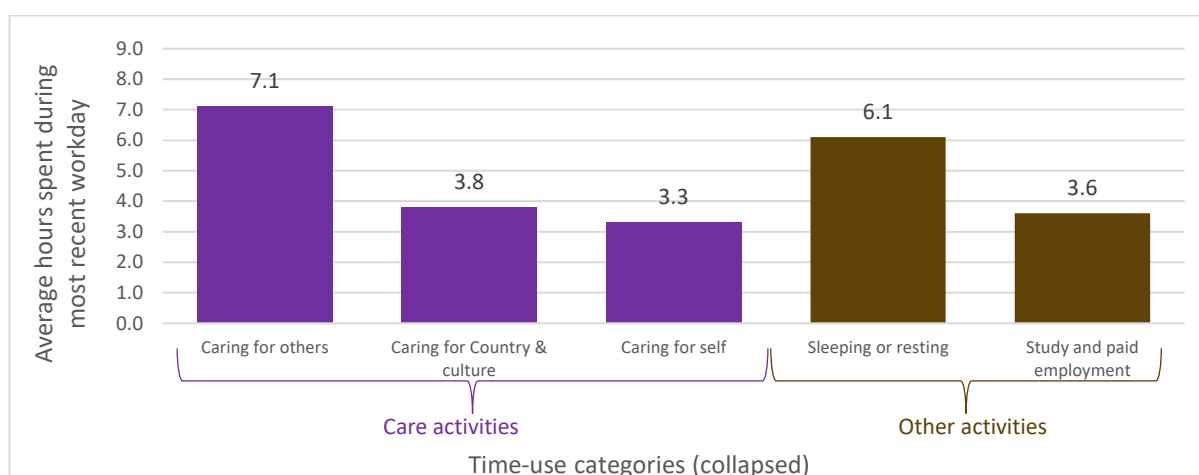
Time spent on unpaid work in Aboriginal community organisations, whether as a board member or a voluntary worker (or often both), may also extend to several days a week for those not involved in paid work. This critical voluntary work enables organisations to be governed and is a significant contribution to community care, for example, creating employment opportunities for younger community members or providing social programs and community support in areas that are unfunded or underfunded.

It is also interesting that in a number of cases, care to non-Indigenous people was also mentioned – to elderly neighbours or to neighbours who were sick or had children with special needs, for example. And one woman, in referring to an Aboriginal organisation she is associated with, said:

... this facility here is for the broader community. And that's sort of a feel-good thing for me. Because an Aboriginal organization is helping out the white part of our community as well a...we don't just, we're not discriminatory. We don't just look after Aboriginal people. It's white people, it could be migrant people, it can be anybody that is in need that needs to come in. That makes me feel very, very positive. (GS, 17)

The time-use data for Greater Sydney showed that all women reported doing domestic work in a usual day. This work can take the form of cooking, cleaning, washing and shopping for family and/or household members. It is also evident that women undertake substantial amounts of care work in their daily lives. Three in every four women reported caring for children. This may include their own children but also other people's and grandchildren too. Over half the women also reported caring for someone who was sick or had a disability. Overall, when we categorised all time-use activities into care and 'other' activities, Greater Sydney women reported spending an average of 14.2 hours per day (or around 59% of their total usual days) undertaking care activities (see Figure 22). (For details about the method used to create the time-use categories illustrated in Figure 22, see Chapter 8.)

Figure 22 'Care' versus other activities: average number of hours Greater Sydney women reported spending undertaking these activities on a 'usual day' (n=20)



While care work can be very rewarding, its demands can clearly have health or wellbeing impacts on the women concerned. Some of the carers had health issues of their own to manage even as they

contributed to the care of others. The time demands of care work can also risk straining close relationships. One woman explained:

About some of the tough things that come from it at times, you know, that can put strain on your relationship with your partner when you don't have enough time to take your Mum hat off or your carer's hat off and just being wife. You know so that those things, there's always going to be a sacrifice. (GS, 2)

It is also clear that care work is gendered in that it often falls on women to undertake. While some women talked about men involving themselves in some unpaid care work, and others commented on how they had learned over time to make children more self-reliant, only a few indicated that they had much or any help with the amount of care work they had to carry. As one explained, referring to her mother and grandmother when they were growing up, as well as her own role today: 'We're always the backbone, the women of the family. Never ending for us.' (GS, 20)

7.3 Theme 3 – Unpaid care intersects with paid caring roles and other employment

Fifteen of the 20 women interviewed undertook paid employment, mostly full-time. Most of this paid employment was also a form of care work whether for Aboriginal community organisations, childcare, disability care, education or for government bodies. As one woman said, 'I'm looking after people all day at work, looking after people all day at home' (GS, 14).

There were several aspects of this intersection of paid and unpaid care:

- Often the women were subsidising their employers, often community organisations, with either many extra hours of unpaid work, or accepting lower payment than they should have for paid work undertaken. This includes unfunded voluntary advice to non-Indigenous organisations.
- They found themselves involved in community work outside their paid work hours, including at weekends and in the evenings, or when out on their own business.
- While at paid work they had to maintain their other caring responsibilities, including being available on the phone or texting with children, supporting community Elders, or responding to family issues.

One woman who described her role as CEO of an Aboriginal community organisation explained the hands-on demands of the job, 'I've never claimed any overtime or ever taken really proper lunch breaks in that job' (GS, 11). For around two years she said, 'I've just been working really hard.' She explained the demands on this organisation:

And lots of interruptions with, you know, things like, you might have a reporting milestone that you're writing but then you've got a call that someone needs to be picked up from hospital and they need groceries. You know, and then that particular staff member who generally does that job is on sick leave. So you, or I, get in the car and drive. We run transport, but if there's no driver, I'll just do that. So it's not really like a typical CEO. (GS, 11)

One woman who ran her own business also did a considerable amount of voluntary work with Aboriginal community organisations in Western Sydney. Referring to one she often helped, she said: 'Well, they pay me to do work sometimes. But mostly I volunteer all my time, because they don't have a big budget' (GS, 9). She estimated that she spent 30% of her week or more donating her time to that organisation, and as she said, 'even if they could pay me, it wouldn't be the amount that a western organisation would put a dollar figure on' (GS, 9). She also did unpaid cultural advisory work for a range

of non-Indigenous organisations, noting with regret that few are willing to pay for such expertise, though they pay for other professional services.

Another who worked in an Aboriginal organisation explained that supporting elders extended beyond her normal work hours into weekends, 'So, whenever the elders need anything, I'm kind of, they'll ring me, they ring me all the time' (GS, 3). Another spoke about being approached by community members about all sorts of issues when she was out and about in her own time, so her work never stopped. 'I was at (a gym) and the lady, one of the Mums, she was there with one of her kids and she's, we're running a program and she needed to talk to me about what's going to happen with her kids at the program.' (GS,13)

The demands and stresses of managing both paid and unpaid work were evident in several interviews, and clearly articulated by one woman:

So I feel like I'm constantly juggling the time that I need to be at work. And then the time that I need to leave work in order to meet all of my responsibilities that sit either side. It is an every day battle, every morning, where I am constantly clock watching. And having to pull the pin on my carer's responsibilities to be at my paid work responsibilities. And then vice versa. At the end of the day, I feel like I'm walking away from work with still, I've got 10 000 things to do, but I've got carer's responsibilities at the other side that I need to care for. (GS, 2)

The same woman supported remote Aboriginal students at boarding school in her own time, to try to help them feel connected when so far from home, effectively giving unpaid support to a government program:

There's quite a lot of young lads at my son's school who are living a very long way away from home. Because they've come to Sydney on a sports scholarship to become a professional football player, soccer player, et cetera. And they're off country. They're away from home. They're away from mum, auntie, brother, sister, you know, there's no, you know, even though they're cared for in the hostel, there's no home cooking, there's no auntie hugs, there's no they're not hearing those silly jokes. And the, you know, the things that I guess our mob relate to. Things that we find funny. So my heart kind of breaks for those young lads, and I want them to continue with their education and to stick with their goals. But in order for that to happen, they need to feel connected to something... So I feel as my role as an Aboriginal woman, mum, auntie, that if I can provide them that little bit of comfort, that little bit of support, that Devon sandwich, you know, whatever it is that they need, just a hug. Just someone to call auntie, just a lounge to flop on, and nobody to tell them to get off your phone or just, just to be, just a space, just to be them, I'm going to go out of my way to do that. Because the vulnerability can do so much damage... I will go out of my way to make sure just little things like the lads going to their school for, you know making sure that they're feeling like they're dressed up to scratch. Taking photos of them so they can send them home to their parents. You know, just those little things that, you know, they need. (GS, 2)

The ethic of care these women exhibit means that they are likely to go above and beyond in a range of ways, according to their situations. They fill the gaps in their underfunded community organisations with their unpaid work, and their care work sometimes impinges on their ability to do their paid work, or forces them to take leave in order to meet the needs of others for intensive care, such as during illness or after operations. In addition, some women mentioned that they are always educating the non-Indigenous community about their culture in their day-to-day interactions. When asked what they would do if they didn't have to do this care work, several responded immediately that they'd have a holiday:

I'd love to go on a holiday, me and my husband by ourselves and worry about no-one else but ourselves. Never ever done that. (GS, 12)

Others just wanted time to travel, read a book, go for a swim, get out into the bush, do art and craft, or something else they enjoyed, or, if not employed due to care responsibilities, get a paid job.

7.4 Theme 4 – Impacts of past and present colonisation creates care work for women

As already indicated, the impact of colonisation, the intergenerational trauma as well as contemporary attitudes and policies, are creating much of the complexity of the care work demanded of women. Asked about what made care work harder, one woman said:

Why, I just think it goes back, It's colonial... It's just not being able to do things in the way we should be doing them... because of the colonial structure and things like that. (GS,11)

In other interviews, women spoke of the trauma and mental ill health within their families and communities, with resulting care needs that they have to fulfil,

We do have a lot of trauma in our community, and it's always ongoing. (GS, 8)

Additionally, there are issues of alcohol or drug addiction, and domestic (or workplace) violence and sexual abuse, and a small number who have experienced the tragedy of suicide within the family. A couple of women also referred to family members incarcerated who they had to support both inside and outside of jail, and to the impacts of the stolen generations. The generally poorer health of Aboriginal people was also very evident in the volume of health issues that carers were dealing with. As one said:

...a lot of the issues are really mainly around, like it's the health and wellbeing of our community and how they're functioning.... We have community members that aren't well, there are elders that aren't well, that have a lot of health issues... (and people) feeling that they're not good enough for this world anymore and things like that. (GS,8)

There was a sense in the interviews that women were holding together often large, complex (e.g. blended, separated, and intergenerational) families and a community which has been severely damaged by colonisation's impacts, which they are struggling to help people recover from. Supporting families in grief and with the costs of sorry business were also mentioned. Many are finding their caring also involves a financial struggle (see below) due to poverty and structural marginalisation.

7.5 Theme 5 – Services are inadequate to the needs, but Indigenous women who care are trusted

Aboriginal women felt that people came to them for care and support because they were known and trusted, whereas finding one's way through to mainstream services and support was often too difficult and Aboriginal people would not do so. Asked whether the care work they did was because they chose to or because there were no alternatives, one woman replied:

There are alternative services around, but a lot of Aboriginal people won't use services that can help them. They'll go to the people that they know, that they respect. And they know that they will do something about it, not say. 'Yeah, okay. Leave it a bit and I'll get back to it later.' They'd rather go to someone who they know are going to do something about it. (GS, 12)

She added that as someone who has worked in the community sector, she was able to assist people get through to the help they need. This woman was also well known in the bush for her willingness to help newcomers to the city:

But when people come from the bush, they hear from other people in the bush Aunty [name] lives down in Sydney and they will actually get the number from someone up the bush and ask me for the help and support. They can either need help with accommodation, help at the hospital anything like that when they come from the bush. And it doesn't matter where. I get it from Wiradjuri country, Gamileroi country. I even get it from Queensland. (GS, 12).

Women were very critical of the availability and sometimes the suitability of services to support them and those they care for. In particular, the poor availability of mental health and psychiatric services, the lack of affordable and adequate housing, lack of suitable facilities for elders, poor access to services for drug and alcohol rehabilitation and domestic violence, problems in the justice system, and poor response of the education system to children with particular problems. Access to transport was also an issue raised by several women. One raised the need for some financial support for grandparents raising grandchildren, and another the need for more Aboriginal-friendly childcare.

Aboriginal women interviewed do not trust the child protection system, so take on care even where services notionally exist.

Who else is going to look after my grandkids? Like I get it that there's government bodies that would step in and do so, but do I want them to do it? And would they give them a better care than what I can and is that going to make them better adults than what I can? I don't know. What I see on display already out there is, doesn't prove to me it works very well, these foster systems and for any kid. So if you can keep them in kinship and, and keep them, the people who already know them and loved them from the day they were born. I think to myself that's really important, you know? That they had that connection still. (GS, 5)

One woman from western Sydney explained:

There's a lack of quality supports really for lots of people in community. There's such a lack of resources, but you know, there's a lack of housing. There's a lack of, you know, supports for people with mental health. Supports for people with drug and alcohol issues, you know, all those things. We've seen a huge increase since the covid lockdowns and there's so little support out there for people to go to or be involved in, or you know transport is horrendous in our area. There's no public transport really. (GS, 13)

Some services are absent or very difficult to access, some are unhelpful or culturally unsafe, and others downright harmful. One woman spoke about the (former) NSW Department of Community Services (DOCS) removing her Year 6 granddaughter from her care, 'She was happy, in good health, doing well at school', when the child's father reappeared on the scene. Without talking to the grandmother, DOCS removed the child from school and put her in school in a regional town. The grandmother fought hard but unsuccessfully for her return, 'I said anyway, she's got to stay with me. She's Aboriginal. I'm Aboriginal. She can't go somewhere else'. Now, 'She's a mess, created the problem that wasn't there, they created the problem and I don't know what to do... It could have been so different' (GS, 16). The granddaughter now has major mental health problems and the grandmother is sad and frustrated.

Another described the long delay in the Education Department facilitating the return of a formerly suspended child to a new school, by failing to deliver the necessary paperwork, leaving her out of school at a critical time in her life. She also highlighted the dire consequences which can occur due to lack of housing:

Education's a big one for me because it irks me when I see that we live in big cities with lots of resources. Those resources don't seem to come through when we need them. You know, and then Housing's the same, like being able to move someone that's a high level victim, high risk level victim of DV [domestic violence]... Like why, why are we putting all these obstacles in place and then it takes six or seven months and then by the time we get around to it, we don't need the house no more because we are at the coroner's court because the person who needed the house didn't get the security of being able to live away from the person who was, who's getting out of jail to kill them. You know? So those are the things that are tragic. (GS, 5)

The poor state of some government housing that Aboriginal families live in was also mentioned: *The Department of Housing houses, they're in a shocking state. And they'll either let them fall down and then people have to move, putting pressure on them. People are sick. The mould has been a big issue. And that's going right across the board, Aboriginal and non-Aboriginal people. And you can see the green stuff growing and they're living in it.... People are still paying their rent and they've lived there for years. But you can't live amongst something that's falling down. It's terrible... people are getting sick. (GS, 4)*

Another service not seen as caring was Police acting in a way that the woman interviewee felt did not respect the family of a person whose death was drug-related, along with their surveillance behaviour towards young Aboriginal people in her area. On the other hand, Police support through the activities of the PCYC (Police Citizens Youth Club) and Tribal Warrior at Redfern were mentioned by one woman as positive.

Another spoke about a women's refuge evicting a woman who had nowhere to go. For Aboriginal women carers this kind of action does not demonstrate care. Overall, women spoke frequently about services that are meant to support people being uncaring in the way they operate.

Those working in Aboriginal organisations and the community sector commented on the short term and insecure funding arrangements and the electronic paperwork and reporting requirements which are so onerous that they detract from the actual provision of services and programs. Others mentioned that funding may be provided for program delivery in Aboriginal organisations, but many clients of these programs have unfunded needs for support that the organisations feel they must respond to.

Because the way that the government funds now is ridiculous. There's so much hoops. You've got to jump through a lot of boxes. You've got to tick, you've got to have it very meticulously done. And now they've actually changed the funding where you have to actually tick all that paperwork before you get the funding each month. So that, and I did argue with them about this, I said, so the amount of funding's staying the same. But the workload is doubling. And we can't afford to get another staff in to pay to do the reporting. So what time are we going to do have to be able to support the community, do the job but get the reporting done? (GS, 15)

Poor funding for existing services in areas such as health, counselling, dental etc. inevitably creates more work for Aboriginal and Torres Strait Islander women, who pick up the pieces, or have very long waits before they can access urgently-needed services or drive long distances to access what services they can for themselves or others in their care. And this adds to the stress, the cost and the time spent.

7.6 Theme 6 – Care keeps families and communities together and surviving

A significant number of women interviewees live in intergenerational households, supporting adult children, some of whom had health or other problems, or who had no affordable housing, and who had children who themselves were in need of special support due to health or disability issues. The demands on these women were considerable, but by providing such support and housing, they held families together and got family members through difficult times.

For others, caring for one's community meant creating opportunities or services which don't exist and which would assist community members either now or for the future. Another talked about having to advocate for her community every day.

Two Elders interviewed were involved in creating jobs and providing other support for younger generations, one through her voluntary role in an Aboriginal organisation, the other through establishing her own business to employ others when she realised that Aboriginal people she had trained at TAFE were unable to get jobs despite their qualifications. She expressed great satisfaction in providing an employment pathway for them to move into other jobs, once they had the experience in her business. She also had fundraised for her trainees to attend an international conference, had provided free services to support funerals or wakes, and negotiated external funding towards the project mentioned below.

This Elder is one of a group of Sydney elders and volunteer supporters who are developing a plan for an 'Elders Estate' in Western Sydney to provide accommodation for over 50 Elders, designed to enable them to live an active lifestyle and remain culturally engaged, so that they have a better quality of life than being in mainstream aged care.

And there's going to be gardens there, so people who like gardening can go on. There'll be a little cultural centre there. We'll have the ones that are still working, like me. I could still be in the kitchen, and Auntie [name] will be telling her stories because she'll have tours...we'll all be working elders. And if somebody wants to do weaving and sell their baskets, fine. Or artwork. We'll have a big space where they can do that. And then we'll have a cultural healing centre where people can come and use it as well. (GS, 1)

Such initiatives indicate how Aboriginal carers are building community, providing opportunities to support Aboriginal families and the wider Aboriginal community to achieve better lives, and strengthen social supports.

Where good services exist, women value them highly. A local Aboriginal playgroup was also playing a valuable role in connecting young, mainly single, Mums and their young children for a morning each week. As one participant interviewed who also attended a playgroup elsewhere another day said, 'It's great to get out' (GS 19). One young interviewee in western Sydney/Blue Mountains area also expressed the value of just two days a week of respite childcare that she was able to access for her two young children when she was also caring for her mother with cancer. Another spoke about the value of a local Youth Service in providing support for a young boy in her care. However, the fact that government wanted to move from 'peppercorn' rent to charge high rent for use of its facilities by one of these services was seen as counter-productive and unfair.

7.7 Theme 7 – Women carers are woefully under-supported, are stretched and need specific strengths-based support

Whether as family members, or as community organisation volunteers, it is clear from the above that women are carrying a heavy load, and they are struggling to hold everything together. For some, the ‘choice’ is to live in poverty and do all the unpaid care work necessary, while for others, the necessity of paid work to support those they care about places huge stress on them as they juggle their unpaid care responsibilities and earning an income on which to survive.

And you know, when my first son was born, um, I think for me, I made a really conscious decision to go back to work. And I missed all of that first steps, first walking, first talking because he was in childcare. But it was either that or I end up back in government housing and I needed to make sure that I maintain a steady income so that he could have the opportunity to achieve all of his hopes and dreams. (GS, 2)

Another spoke about her need to leave her job due to the stress she was suffering, but the implications of this for her sibling’s family, whom she was supporting financially, was clear. Another woman in part-time employment supporting many family members, who sometimes struggled to provide enough food, said ‘at times I just pray to God, you know’ (GS, 20), or she went to a local community centre that gave out food hampers, entered meat draws to try to win a tray of meat, or rang people up to help her out.

One Elder spoke about the need for Elders who continue to support their families and communities to have some respite care: ‘just some support for Elders to have a bit of rest by themselves’ (GS, 1). Many other women also commented on the need for a bit of time to themselves, some self-care, ‘a bit of *me* time’ as they put it. It may be time for an early morning walk, a work out at the gym, or just a quiet cup of tea at the end of the day. But it was seen by many as essential to their ability to continue all the caring work they do.

7.8 Summary

The findings from Greater Sydney, like those from other parts of the country, indicate that Aboriginal and Torres Strait Islander women are playing critically important roles in their families and communities. They are the first port of call for family members in difficulties, they are trusted, and they respond to these needs with love and generosity, despite any cost to themselves. They often struggle to get the support they need from the government systems meant to help them. And Indigenous community-controlled services are often overstretched and underfunded for the demands placed on them. These women, who appreciate the care they received from Elders and parents, want to pass on the care – to pay it forward, to nurture and give strength to their families and communities, whether in the city or in regional areas to which they have connections. They continue to struggle for a vision they have of a better future for themselves, their families, and most importantly, for future generations.

Chapter 8: Measuring Women's Time Use

In addition to elevating Aboriginal and Torres Strait Islander women's narratives of care (via interviews and group discussions, as described earlier), this study also sought to understand the *volume* of care work being undertaken by Indigenous women via a time-use survey. Measuring time-use is important for improving visibility of labour and activities that occur beyond the typical purview of administrative and economic datasets. This is especially pertinent for bringing greater attention to unpaid work, such as the diverse unpaid care labour described by Indigenous women in earlier chapters of this report. Properly measuring this volume of care is one means of drawing attention to the strength and contributions of Aboriginal and Torres Strait Islander women to their communities, and to society more broadly.

This chapter explains the method for measuring Aboriginal and Torres Strait Islander women's unpaid care work in this study through a measure of time use, adapted specially for this project. The chapter begins by giving a brief overview of standards for time-use measurement globally and in Australia. It then explains the methods employed for this study, which we adapted from an earlier international research study that used a short time-use module within a survey, rather than the more demanding and costly time-use diary approach. The chapter then describes what we found in relation to the time use and amount of time spent on care work among Aboriginal and Torres Strait Islander women in all five study locations.

The chapter concludes by discussing the challenges of measuring time-use and care work in an efficient and effective way. Ultimately, developing stronger methods of measuring the unpaid care work undertaken by Aboriginal and Torres Strait Islander women is, we argue, an important step towards rendering this work more visible in deliberations about best policy and practice. It is hoped that this will then inform renewed approaches that better value this work, as well as provide greater support to those who undertake it.

8.1 Measuring time-use globally and in Australia

To measure time-use, activities must first be categorised. Globally, the most widely agreed and up-to-date time-use categories identified are the *International Classification of Activities for Time-Use Statistics* (ICATUS) (United Nations, 2016) classifications of time use, shown in Table 3 (on p.89) (ICATUS 2016). These ICATUS categories formed the basis of the time use (TU) categories we started with in this study, although as explained below, they were also modified to reflect Aboriginal and Torres Strait Islander women's important uses of time.

In Australia, until 2020–21, the last time-use study undertaken by the Australian Bureau of Statistics (ABS) was in 2006, although data about Aboriginal and Torres Strait Islander peoples' time-use in that 2006 study was not reported (ABS 2006). However, between November 2020 and July 2021, during the Covid-19 epidemic, the ABS measured the time use of people aged 15 years and over, across Australia (ABS, 2022b). Participants completed a survey and a diary of their activities over two days, with both online and paper recording methods being used. Participants recorded their main activity and one other activity carried out at the same time, and the information collected was then coded into four relevant Activity Classifications (described later). Some 2009 randomly selected households, and a total of 3630 persons, were involved in this time-use study but very remote areas and discrete Aboriginal and Torres Strait Islander communities were excluded. As in 2006, data was not reported by Aboriginal and Torres Strait Islander status, presumably because, as before, the sample would have been far too small to draw any valid conclusions. The ABS 2020–21 time-use study nevertheless revealed some key findings for all Australians.

- Females who participated in unpaid work activities spent on average 4 hours 31 minutes a day, while males spent 3 hours 12 minutes.
- Of those who participated in employment related activities, males spent about an hour more a day than females (8 hours 13 minutes compared to 7 hours 12 minutes).
- Female parents who cared for children spent 3 hours 34 minutes doing so, while male parents spent 2 hours 19 minutes per day (ABS, 2022c).

The ABS also uses four Activity Classifications to group time-use activities.

1. 'Necessary activities' – including sleeping, eating, personal care, health, and hygiene.
2. 'Contracted activities' – including paid work and education.
3. 'Committed activities' – including unpaid domestic work, childcare, adult care, and voluntary work.
4. 'Free-time activities' – including social interactions, going out, and watching TV.

The ABS (2022c) found that, overall, Australians spent an average of:

- 10 hours 35 minutes a day on necessary activities,
- 3 hours 40 minutes a day on contracted activities
- 3 hours 30 minutes a day on committed activities, and
- 5 hours 13 minutes a day on free-time activities.

On average, males spent more time on contracted and free-time activities, while females spent longer on committed activities (ABS, 2022c). For instance:

- males spent 4 hours 18 minutes on contracted time compared to females who spent 3 hours 4 minutes
- males spent 5 hours 28 minutes on free time compared to 5 hours for females, and
- females spent 4 hours 13 minutes on committed time compared to 2 hours 44 minutes for males (ABS, 2022c).

Overall, these data show that – in line with international trends (Charmes, 2019) – Australian women tend to do higher rates of unpaid work than men as reflected by the excess time spent on committed activities. However, it is worth noting that the overall time burden undertaking activities (both paid and unpaid) by women also exceeds that of men. Nevertheless, it is important to note that the period of this time-use survey was during a global health pandemic, and the associated lockdowns have been notorious for increasing unpaid care work, particularly for women (Craig & Churchill, 2021). Further, it is not possible to determine specific trends for Aboriginal and Torres Strait Islander Australian women using these available data. This is problematic, since other research as well as our own qualitative interviews for this study indicate that Aboriginal and Torres Strait Islander women in particular carry very high loads of unpaid work (AHRC, 2020; Hunter et al., 2016; Yap & Biddle 2012). Properly measuring this volume of care is one way of drawing attention to the strength and contributions of Aboriginal and Torres Strait Islander women, as well as ensuring these contributions are properly supported.

As we describe below, this study set out to examine the time-use data for Aboriginal and Torres Strait Islander women specifically. In accordance with our research questions for this study (see Chapter 1),

our particular interest was both understanding the time-use patterns for Aboriginal and Torres Strait Islander women, as well as specifically measuring these women’s committed and contracted time. The latter is important so that we might better understand the extent and volume of their paid and unpaid labour, including care work.

8.2 Measuring Aboriginal and Torres Strait Islander women’s time use for this study

The time-use diary method of measuring time-use requires considerable commitment of time in itself, and such a highly demanding way of measuring time-use was deemed unsuitable for already overloaded Aboriginal and Torres Strait Islander women, as well as incompatible with the method by which we were collecting all other data for this study. For this reason, the time-use study component for this project was modelled on the time-use module of the Individual Measure of Multidimensional Poverty (IMMP).

The IMMP was developed and validated by CI Associate Professor Janet Hunt, along with Professor Sharon Bessell (ANU), who led a team of colleagues including CI Mandy Yap (see Hunt et al., 2017) to develop an effective and efficient way of measuring women’s time use in developing countries. This method involves asking women to identify the activities they conducted on their most recent weekday and then, using cards to represent each of those activities, to allocate 48 discs, representing 30 minutes each (and 24 hours all together), across those cards in proportion to the amount of time spent on each activity. After this initial exercise, the method then involved speaking with women about whether they were also providing care to others *while* undertaking each of the time-use activities. Therefore, this method also enables some measurement of simultaneous activities, which is extremely important given that women frequently multi-task (e.g. prepare food while caring for children).

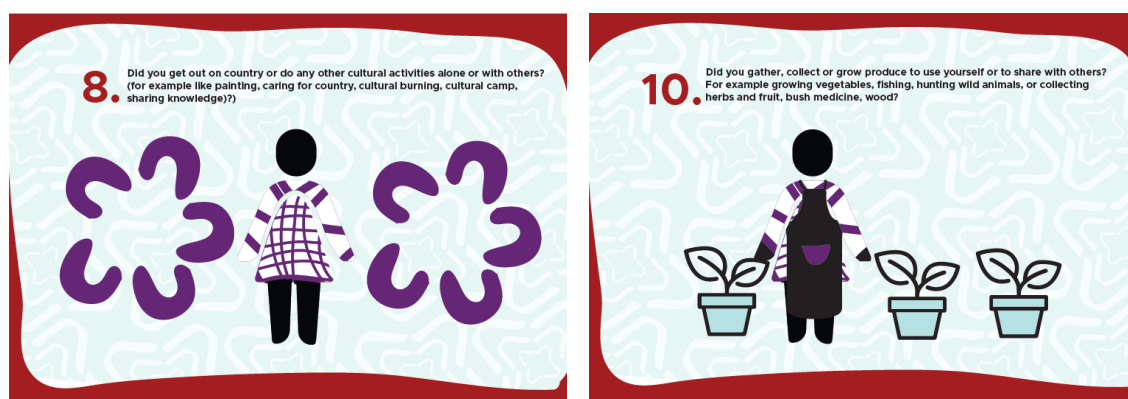
The development of revised time-use categories and time-use cards for this study was led by CIs Hunt and Yap; these reflected various dimensions of time-use included in the IMMP, but also additional time-uses that were particular to this study (e.g. caring for Country). Ideally, we would have developed Aboriginal and Torres Strait Islander time-use categories from scratch in consultation with Indigenous peoples, but our research budget and the time required precluded that. It would be helpful for further research to engage in such an important methodology. For this study, we used our combined knowledge and experience, particularly that of Indigenous team members, about the categories we eventually used, and trialled them with a small number of Indigenous women before commencing broader data collection for this study. See Table 2 for a list of all time-uses included in this study through the questions used to identify them. These Aboriginal and Torres Strait Islander time-uses were translated into 15 separate flashcards for use in this study working with an Indigenous artist (for examples of flashcards 8 and 10, see Figure 23). The flashcard graphics were also reviewed and assessed by the broader research team, including Indigenous members of the team, to ensure they were suitable and appropriate. Minor adjustments were made to images and wording in response to this review process.

Table 2 Time-use categories (TU) included in this study

No.	Time uses
TU1	Did you do any cooking, cleaning, washing, shopping or other domestic work for members of your household?
TU2	Did you do any maintenance or repair work around your house or yard?
TU3	Did you take care of any children (including your own but can also be other people’s kids, foster kids, nieces, nephews, grandchildren etc.)?
TU4	Did you take care of any people who are elderly (aged 55 years or over)?

TU5	Did you take care of any people under 55 years old who are sick, or disabled in your household?
TU6	Did you help other households or families for free (e.g. help people when something goes wrong, drive them somewhere, etc.)?
TU7	Did you do any voluntary work that helps Aboriginal and/or Torres Strait Islander people (e.g. fighting against colonial policies, volunteering in a community organisation, being on a board, helping with community sport?) – even if you are paid sitting fees or costs for any of this?
TU8	Did you get out on Country or do any other cultural activities alone or with others (e.g. painting, caring for Country, cultural burning, cultural camp, sharing knowledge)?
TU9	Did you do any paid work (for cash or in-kind) or spend time getting income such as a job, work in a business, or on your own property, or getting royalty payments?
TU10	Did you gather, collect, or grow produce to use yourself or to share with others? For example, growing vegetables, fishing, hunting wild animals, or collecting herbs and fruit, bush medicine, wood?
TU11	Did you spend time studying at a formal educational institution (e.g. TAFE, University) or studying at home?
TU12	Did you participate in any social activities, like yarning with friends, going out?
TU13	Did you spend time watching TV, reading, listening to music, or doing other activities you enjoy (not included in 12 above)?
TU14	Did you spend time on yourself doing activities such as eating, drinking, getting healthcare, or getting other care?
TU15	Did you spend time sleeping or just resting (not including recovering from illness)?

Figure 23 Example flashcards for the time-use module used in this study – flashcards 8 and 10



In Table 3, we show how our time-use category questions map against the ICATUS (United Nations, 2016) time-use (TU) categories. As Table 3 shows, where we have diverged from the ICATUS classification is in placing ‘Caring for culture and Country’ in the category of ‘Unpaid caring activity for family members’ rather than in the category of cultural activities like TV and film watching. We did this to reflect that in Indigenous cultures, people have a kin relationship with Country and maintaining their culture is essential to the care of their families, their identity and wellbeing. Indeed, bringing up children strong in their culture and identity is protective for their wellbeing (Dudgeon et al., 2010; Dudgeon et al., 2023).

Table 3 ICATUS 2016 time-use categories mapped against time-use categories developed for this project

ICATUS 2016 time-use categories	Time-use categories developed for this project
1. Employment and related activities	TU9. Did you do any paid work (for cash or in-kind) or spend time getting income such as a job, work in a business, or on your own property, or getting royalty payments?
2. Production of goods for own final use	TU10. Did you gather, collect, or grow produce to use yourself or to share with others? For example, growing vegetables, fishing, hunting wild animals, or collecting herbs and fruit, bush medicine, wood?
3. Unpaid domestic services for household and family members	TU1. Did you do any cooking, cleaning, washing, shopping or other domestic work for members of your household? TU2. Did you do any maintenance or repair work around your house or yard?
4. Unpaid caregiving services for household and family members	TU3. Did you take care of any children (including your own but can also be other people's kids, foster kids, nieces, nephews, grandchildren etc.)? TU4. Did you take care of any people who are elderly (aged 55 years or over)? TU5. Did you take care of any people under 55 years old who are sick, or disabled in your household? TU8. Did you get out on Country or do any other cultural activities alone or with others (for example, like painting, caring for Country, cultural burning, cultural camp, sharing knowledge)?
5. Unpaid volunteer, trainee and other unpaid work	TU6. Did you help other households or families for free (e.g. help people when something goes wrong, drive them somewhere, etc.)? TU7. Did you do any voluntary work that helps Aboriginal and/or Torres Strait Islander people (e.g. fighting against colonial policies, volunteering in a community organisation, being on a board, helping with community sport?) – even if you are paid sitting fees or costs for any of this?
6. Learning	TU11. Did you spend time studying at a formal educational institution (e.g. TAFE, University) or studying at home?
7. Socialising and communication, community participation and religious practice	TU12. Did you participate in any social activities, like yarning with friends, going out?
8. Culture, leisure, mass media and sports practices	TU13. Did you spend time watching TV, reading, listening to music, or doing other activities you enjoy (not included in 12 above)?
9. Self-care and maintenance	TU14. Did you spend time on yourself doing activities such as eating, drinking, getting healthcare, or getting other care? TU15. Did you spend time sleeping or just resting (not including recovering from illness)?

Source: ICATUS (United Nations, 2016).

8.3 Conducting the Time-use Module with Aboriginal and Torres Strait Islander Women in this study

After completing the main interview questions (the results from which are reported in previous chapters of this report), participants for this study were then invited to complete the time-use module. For this component of the study, three stages were involved:

1. **Determining which time-uses applied:** First, the researchers asked each interviewee if they did or did not do the time-use activity represented on each flash card on their most recent 'usual' weekday – flash cards relating to activities they said 'yes' to were placed on a table in front of them.
2. **Allocating time to each activity:** Second, interviewees were given either 48⁸ or 24⁹ counters or small paddle-pop sticks, with each individual counter/stick representing either 30 or 60 minutes (and all counters representing 24 hours). They were asked to then allocate the counters/sticks to the cards on the table, to estimate how much time they spent doing each activity on the most recent 'usual weekday' they had in mind.
3. **Identifying multitasking care:** Third, the researchers then went through the process of asking interviewees if – while undertaking the primary time-use activities they had already identified (and which were placed on the table in front of them) – they were also simultaneously caring for others (including a child under 13 years of age, someone aged 55 years and over, and/or someone who was sick or had a disability). The researchers recorded these multitasking activities, where relevant, for each of the primary time-use activities already identified by the interviewees.

All time-use activity responses were recorded by the interviewer on paper or by entering the respondent's data directly into a laptop computer (depending on what was most appropriate for the different research sites). All researchers then subsequently entered all collected time-use data into the Qualtrics software platform so that these data could be compiled centrally, prior to being analysed. These compiled data were analysed descriptively, to provide an indication of the nature and extent of care work being undertaken by the interviewees. The key findings from these analyses are described below.

8.4 Findings regarding Aboriginal and Torres Strait Islander women's time use in this study

Ultimately, 98 of our total 102 interviewees also completed the time-use module for this study. Two of these individuals identified as male and thus, for ensuring alignment with the focus of this research which is women's time use – we excluded these two cases from the following analyses. This brought our sub-sample for the time-use module to 96, overall.

These 96 participants were relatively evenly spread across the five study locations and included a demographically diverse group (see Table 4). As shown in Table 4, quite a large proportion (47.9%) of our sample reported that they had no children living in their homes at the time of the study. It also perhaps reflects the ages of the women included in our study, with 53.1% of these women being 45 years or older, meaning that often – where they had children – these children had grown older and moved out of the home. As we report later, however, this did not mean they were exempt from providing care to these children, as well as grandchildren and others, often in extended family and kin

⁸ In Cape York, Greater Sydney, and Central Australia.

⁹ In the East Kimberley and the ACT.

networks. A large proportion of these women were also in paid work – 64.6% overall (including 42.7% of whom were in full-time paid work). This is high compared with the national average for all Australian women (where 58.4% were in paid work at the time of the 2021 Census) (ABS, 2021a).

Table 4 Basic demographic characteristics of time-use survey participants

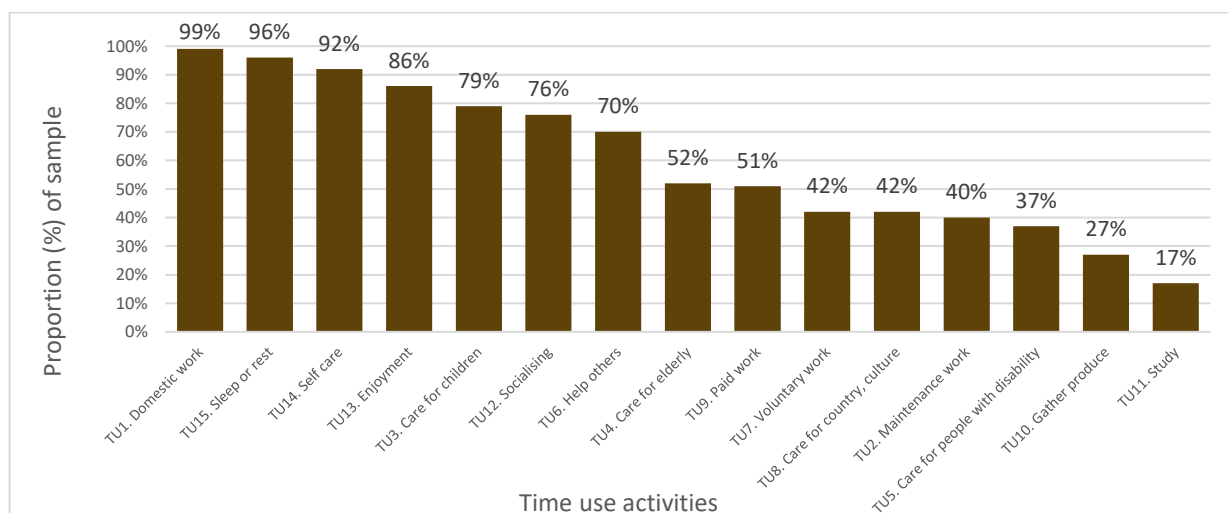
Demographic characteristics	Number (n=96)	%
Location		
Alice Springs	20	20.8%
Australian Capital Territory	20	20.8%
Greater Sydney	19	19.8%
Cape York	17	17.7%
East Kimberley	20	20.8%
<i>Total</i>	<i>96</i>	<i>100%</i>
Age group		
18–24	9	9.4%
25–44	35	36.5%
45–59	34	35.4%
60 +	17	17.7%
Missing	1	1.0%
<i>Total</i>	<i>96</i>	<i>100%</i>
Disability status		
Has a disability	20	20.8%
Does not have a disability	76	79.2%
<i>Total</i>	<i>96</i>	<i>100%</i>
Employment status		
Has full-time paid work	41	42.7%
Has part-time paid work	21	21.9%
No paid work	29	30.2%
Retired	1	1.0%
Missing	4	4.2%
<i>Total</i>	<i>96</i>	<i>100%</i>
Social security payment receipt		
Receives one or more social security payments	48	50.0%
Does not receive social security payment	46	47.9%

Demographic characteristics	Number (n=96)	%
Missing/Unsure	2	2.0%
<i>Total</i>	96	100%
Current study		
Yes, current study full-time or part-time	19	19.8%
No, not currently studying	73	76.0%
Missing	4	4.2%
<i>Total</i>	96	100%
Number of children living in participants' homes at time of study		
0	46	47.9%
1	9	9.4%
2	19	19.8%
3	9	9.4%
4	8	8.3%
5	3	3.1%
6	2	2.1%
<i>Total</i>	96	100%

Time-use profiles by activities and hours

In Figure 24, we show the overall proportions of participants who indicated that they undertook each of the time-use activities on their most recent usual weekday. The most frequently reported time-use activities were domestic work (TU1), sleeping/resting (TU15) and self-care (TU14). Notably, a higher proportion of women indicated that they had undertaken domestic work (99%) than those reporting that they had taken time to sleep/rest (96%) or care for themselves (92%). Moreover, very high proportions of women indicated that on a usual day they would spend time caring for children (79%) or care for elderly people (52%), with still a very high proportion caring for Country and culture (42%).

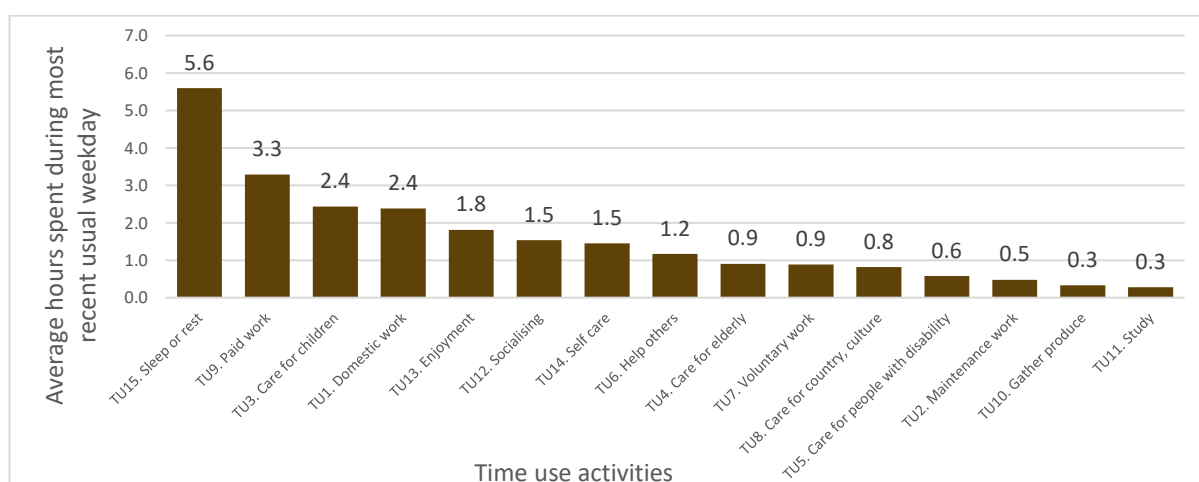
Figure 24 Proportion (%) of participants undertaking time-use activities on their most recent usual weekday (n=96)



Note. All percentages displayed in the figure are rounded upwards to the nearest whole percentage point.

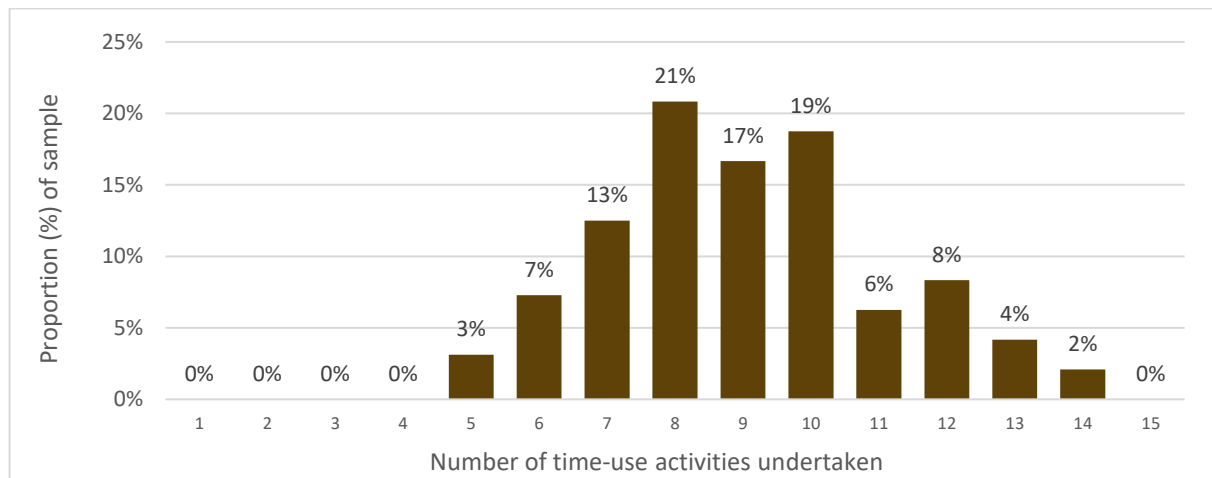
Figure 25 shows how many hours – on average – women reported spending on each of the time-use activities on their most recent usual weekday. Aside from sleeping/resting (TU15) and paid work (TU9), women reported on average spending large amounts of time caring for children (TU3) and undertaking domestic work (TU1). As Figure 25 also shows, women in this study spent, on average, 5.6 hours sleeping or resting, which is less than the recommended amount of sleep for Australian adults (7–9 hours) and instead fits within the ‘not recommended’ category (i.e. under 6 hours) (Sleep Foundation, 2015). This reflects other research, which has shown that Aboriginal and Torres Strait Islander peoples in Australia are disproportionately less likely to report having recommended hours of sleep, which can have long-term negative health and wellbeing effects (e.g. Blunden et al., 2022). Worryingly, 4% of the women in our study also reported that they did not sleep or rest at all during the 24-hour time use reference period.

Figure 25 Average time (in hours) spent by participants on each time-use activity during their most recent usual weekday (n=96)



As shown in Figure 26, most participants (n=86, 88%) reported having undertaken between six and 12 discrete time-use activities on their most recent usual weekday, with none having undertaken fewer than five.

Figure 26 Proportion of participants versus number of discrete time-use activities undertaken during their most recent usual weekday (n=96)

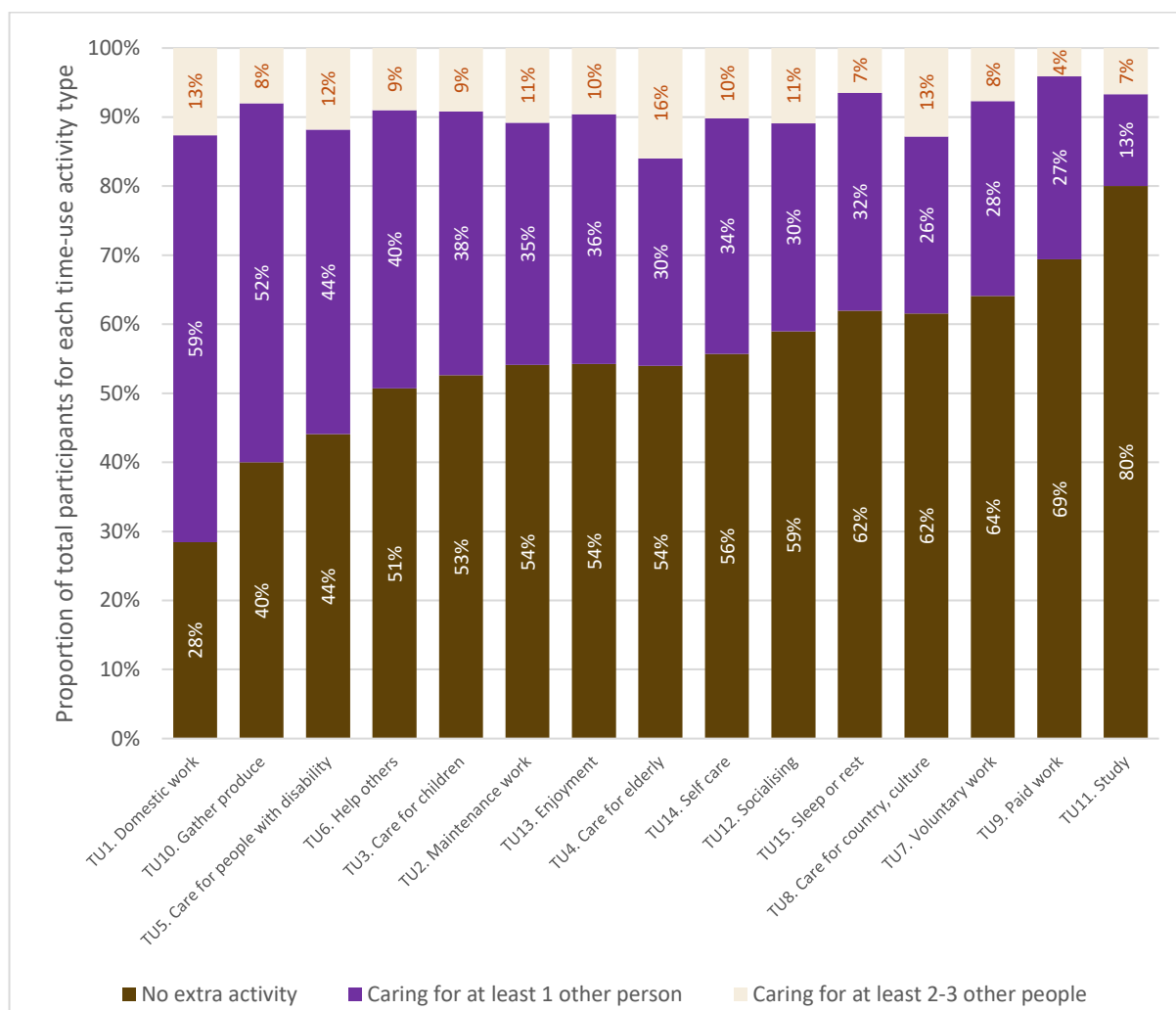


Note. All percentages displayed in the figure are rounded upwards to the nearest whole percentage point.

Multitasking as an indication of time-use complexity

Figure 27 shows the proportion of participants who also cared for at least one other person (either a child under 13 years, someone aged 55+ years, or someone who was sick or had a disability) at the same time as undertaking other primary time-use activities. This data indicates that very large proportions of participants are multitasking by providing care while also undertaking other activities. This was especially the case for domestic duties like cooking, cleaning, washing, and shopping (TU1) and gathering, collecting, or growing produce (TU10) where 72% and 60% of all respondents, respectively, indicated they were simultaneously caring for at least one other person. However, multitasking was apparent across all activity types, with relatively large proportions of women even indicating that they took care of others while undertaking paid work (TU9, 31%), voluntary work (TU7, 36%) and study (TU11, 20%). This care responsibility also extends to when women were spending time on necessary activities such as sleep or rest, and self-care. Around 44% of women reported simultaneously caring for at least one other person while undertaking self-care and 38% of women reported this multitasking while they were resting or sleeping.

Figure 27 Proportion (%) of participants multitasking by caring for others while also undertaking another primary time-use activity on their most recent usual weekday (n=96)



Note. This figure shows the proportion of total participants for each time-use activity type who reported no extra activity, one extra activity (i.e. caring for at least one other person while doing a primary activity), or 2-3 extra activities (i.e. caring for at least 2-3 other people while doing a primary activity). All percentages are rounded upwards to the nearest whole percentage point.

In the qualitative interview findings, the need for this kind of multitasking was sometimes described as resulting from poor availability of other support services, such as childcare. For instance, some participants noted that the local (and only) childcare centre opened later than they needed to begin their paid work and closed before they had finished their paid work for the day (see section 5.4 in Chapter 5 of this report). This led to a situation where these women had to care for their children *while* at work, which was often itself also being undertaken within the care professions (e.g. teaching, nursing, providing community care services, and more). In other cases, childcare was not available in the region, waiting lists too long, or too expensive. Elder care and care of people with disabilities also fell to women because once again services were not available or were not culturally safe (see section 6.4 in Chapter 6 of this report). Women then took up this unpaid care work while doing other activities, including paid work. This kind of multitasking underscores the multiplicity and complexity of women’s care roles, including how care is often layered across their days. It is also, however, often done out of necessity when other services and supports are absent or fail.

Overall care loads for Aboriginal and Torres Strait Islander women in this study

Finally, we analysed the time-use activities included in this study by aggregating them into broader categories to delineate caregiving – the primary focus of this research – from other activity types. We did this using two different approaches. First, we created categories that reflected – in our assessment – the different types of care that Aboriginal and Torres Strait Islander women spoke about during the qualitative interviews. This was important as a means of reflecting Indigenous women’s own interpretations of care, rather than simply imposing non-Indigenous interpretations and understandings. To this end, we delineated between what we interpreted as three larger/broader ‘care’ categories and organised non-care-related time-use activities into sleeping/resting and study/paid employment (see Table 5). Notably, we included TU12 – ‘participate in any social activities, like yarning with friends, going out...’ – in the ‘Caring for Country and culture’ category to reflect descriptions by women in our qualitative interviews of yarning as a *cultural* rather than ‘social’ activity. Thus, this categorisation better reflects how women in this study were thinking about and describing their care roles. It also aligns with Indigenous scholarship that identifies yarning as a cultural exercise (Bessarab & Ng’andu, 2010). As Shay (2019, p. 62) puts it, ‘yarning is a specific cultural process articulated by Indigenous Australians’.

Table 5 Categorising ‘care’ compared to other activities

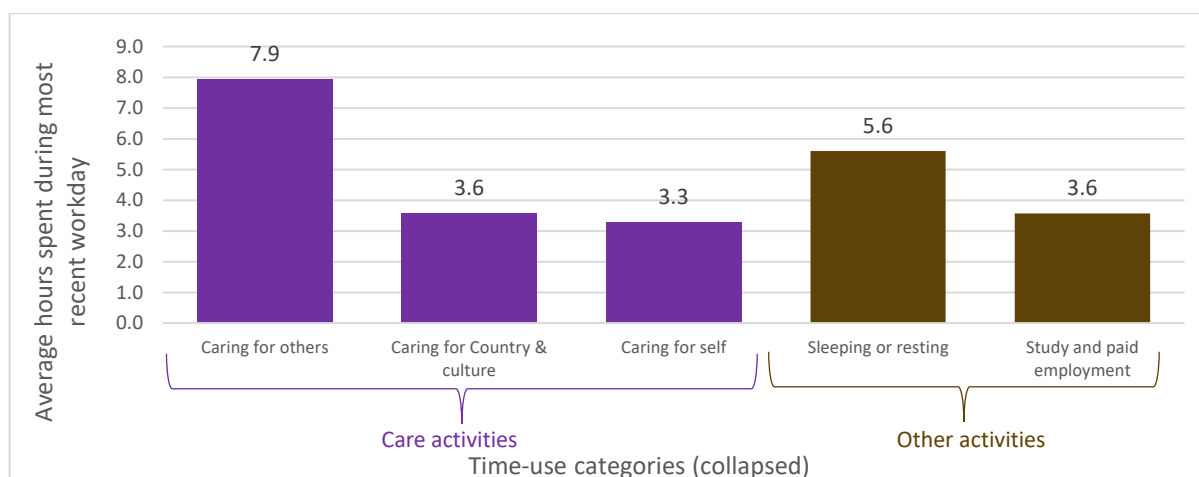
‘Care’ versus other activities	Our time-use activities
‘Caring for others’	TU1 – Cooking, cleaning, washing, shopping or other domestic work for members of your household
	TU2 – Maintenance or repair work around your house or yard
	TU3 – Take care of any children (including your own but can also be other people’s kids, foster kids, nieces, nephews, grandchildren etc.)
	TU4 – Take care of any people who are elderly (aged 55 years or over)
	TU5 – Take care of any people under 55 years old who are sick, or disabled in your household
	TU6 – Help other households or families for free (e.g. help people when something goes wrong, drive them somewhere)
‘Caring for Country and culture’	TU7 – Do any voluntary work that helps Aboriginal and/or Torres Strait Islander people – even if you are paid sitting fees or costs for any of this
	TU8 – Get out on Country or do any other cultural activities alone or with others
	TU10 – Gather, collect, or grow produce to use yourself or to share with others
	TU12 – Participate in any social activities, like yarning with friends, going out
‘Caring for self’	TU13 – Spend time watching TV, reading, listening to music, or doing other activities you enjoy (not included in 12 above)
	TU14 – Spend time on yourself doing activities such as eating, drinking, getting healthcare, or getting other care

Care activities

Other activities	Study and paid employment	TU9 – Do any paid work (for cash or in-kind) or spend time getting income such as a job, work in a business, or on your own property, or getting royalty payments TU11 – Spend time studying at a formal educational institution or studying at home
	Sleeping or resting	TU15 – Spend time sleeping or just resting (not including recovering from illness)

Figure 28 below shows women’s time-use breakdowns according to this first method of categorisation. It shows that women in this study spent vast amounts of time undertaking care, mostly caring for others (7.9 hours per day on average) and for Country and culture (3.6 hours per day on average). The smallest proportion of ‘care’ time was spent on caring for oneself (around 3.3 hours per day on average). Notably, this was the smallest average amount of time spent on any of the categories. Overall, this markedly demonstrates the sheer volume of care being undertaken by Aboriginal and Torres Strait Islander women. In our study care activities account for, on average, about 62% of Indigenous women’s time (i.e. 14.8 hours per day on average, overall), with 48% of their time (i.e. 11.5 hours) taken caring for others and/or caring for Country and culture specifically.

Figure 28 Average hours per usual weekday spent undertaking care compared to other activities (n=96)



Note. These figures were derived by collapsing/summing relevant time-use categories, and then deriving the averages of each of those summed figures, whereby: ‘Caring for others’=TU1–TU6; ‘Caring for Country & culture’=TU7, TU8, TU10, TU12; ‘Caring for self’=TU13–14; ‘Sleeping or resting’=TU15; and ‘Study and paid employment’=TU9 and TU11).

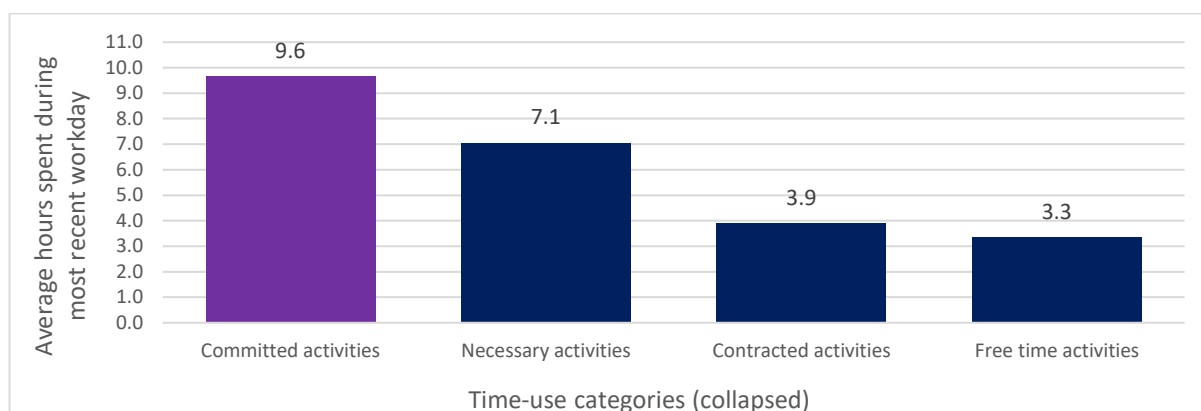
To reflect on the differences of Aboriginal and Torres Strait Islander women’s time use with time use in the general Australian population, we also collapsed the time-use activities for this study into categories associated with the ABS (2022c) time-use survey method. That is, we determined how our time-use activities corresponded with the ABS (2022c) four time-use categories described earlier in this chapter (necessary activities, contracted activities, committed activities, and free-time activities). We then calculated time-use averages across these broader categories for our sample. Table 6 shows how we organised our own time-use activities across the ABS (2022c) categories. Because our time-use activities do not precisely match the activities used by the ABS (2022c) time-use survey, and our data collection method was different, exact comparisons cannot be made between our results and national time-use results.

Table 6 Time-use activities for this study compared to ABS (2022c) time-use categories

ABS Groupings	Our activities
Necessary activities – sleeping, eating, personal care, health, and hygiene	TU14 – Spend time on yourself doing activities such as eating, drinking, getting healthcare, or getting other care
	TU15 – Spend time sleeping or just resting (not including recovering from illness)
Contracted activities – activities such as paid work and education	TU9 – Do any paid work (for cash or in-kind) or spend time getting income such as a job, work in a business, or on your own property, or getting royalty payments
	TU10 – Gather, collect, or grow produce to use yourself or to share with others
	TU11 – Spend time studying at a formal educational institution or studying at home
Committed activities – unpaid domestic work, childcare, adult care and voluntary work	TU1 – Cooking, cleaning, washing, shopping or other domestic work for members of your household
	TU2 – Maintenance or repair work around your house or yard
	TU3 – Take care of any children (including your own but can also be other people’s kids, foster kids, nieces, nephews, grandchildren etc.)
	TU4 – Take care of any people who are elderly (aged 55 years or over)
	TU5 – Take care of any people under 55 years old who are sick, or disabled in your household
	TU6 – Help other households or families for free (e.g. help people when something goes wrong, drive them somewhere)
	TU7 – Do any voluntary work that helps Aboriginal and/or Torres Strait Islander people – even if you are paid sitting fees or costs for any of this
	TU8 – Get out on Country or do any other cultural activities alone or with others
Free time activities – activities such as social interactions, going out and watching TV	TU12 – Participate in any social activities, like yarning with friends, going out
	TU13 – Spend time watching TV, reading, listening to music, or doing other activities you enjoy (not included in 12 above)

Figure 29 illustrates the average time Aboriginal and Torres Strait Islander women in our sample spent undertaking activities across each of these four ABS time-use categories. Overall, women spent most of their time (9.6 hours per day, on average) undertaking ‘committed activities’ such as domestic work, house maintenance, and caregiving. In comparison, women had very little ‘free time’ (3.3 hours per day, on average). Moreover, our qualitative data showed that often when women were undertaking these so called ‘free time activities’, they were still simultaneously responsible for caring for other people, such as children, older people, or people with disabilities. For instance, for the two time-use categories making up ‘free time activities’ (TU12, TU13) in Figure 29, 41% and 46% of women respectively were also providing care to others as shown in Figure 27. The same was true of ‘necessary activities’ – including undertaking self-care (TU14) and sleeping/resting (TU15), with 44% and 39% respectively also simultaneously providing care to others. These respondents were, thus, permanently ‘on-call’, in a sense.

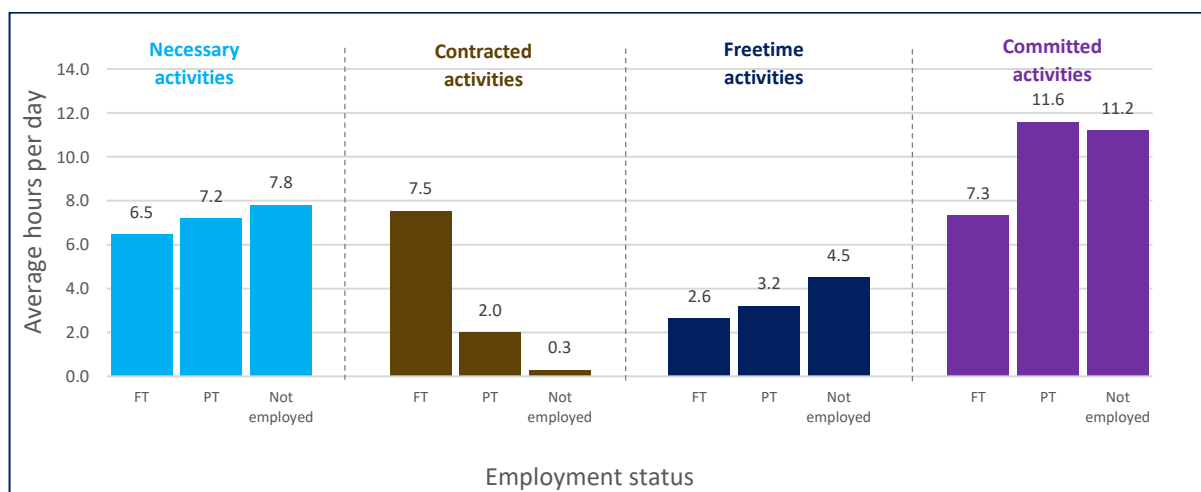
Figure 29 Average hours per day spent undertaking activities across ABS categories (n=96)



Note: These figures were derived by collapsing/summing relevant time-use categories, and then deriving the averages of each of those summed figures. This was undertaken to accord with the ABS time-use categories, whereby: 'Committed activities'=TU1-TU8; 'Necessary activities'=TU14-TU15; 'Contracted activities'=TU9-TU11; and 'Free time activities'=TU12-TU13).

To explore interactions between paid employment and care, we illustrate in Figure 30 the volume of time spent undertaking activities across the ABS categories compared with women's employment status. This indicates that, as might be expected, when compared with women who were *not* in paid employment, women with paid employment had less free time and spent less time on necessary activities.

Figure 30 Average hours per day spent undertaking activities across ABS categories, compared to employment status (n=96)



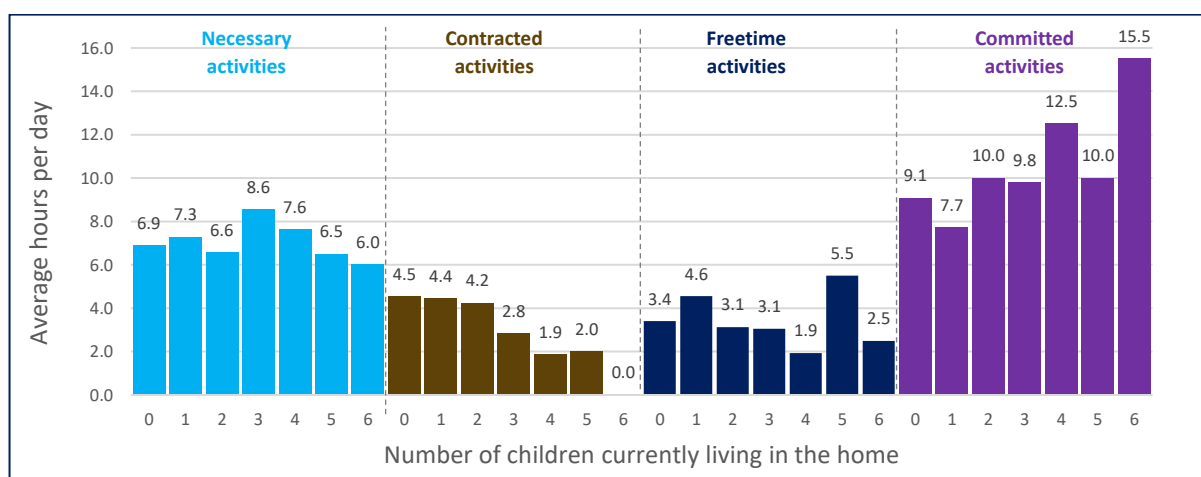
Note: In this figure, FT=employed full-time, and PT=employed part-time. Those who reported being 'retired' are included in the 'not employed' category in this figure, alongside those of working age (not retired) and who do not currently have paid employment. These figures were derived by collapsing/summing relevant time-use categories, and then deriving the averages of each of those summed figures. This was undertaken to accord with the ABS time-use categories, whereby: 'Committed activities'=TU1-TU8; 'Necessary activities'=TU14-TU15; 'Contracted activities'=TU9-TU11; and 'Free time activities'=TU12-TU13).

Moreover, women in *full-time employment* (but not those in part-time employment), spent considerably less time undertaking committed activities, though spent more hours overall working across contracted *and* committed activities combined (14.8 hours in total for full-time employed respondents, versus 13.6 for part-time employed respondents and 11.5 for those without employment). What this graph also fails

to show is that women in paid employment were often – as indicated earlier – employed in the caring professions, while sometimes also needing to multitask to provide care for their own children while at work, and thereby reported spending very large amounts of time caring for others at work (which is captured and somewhat ‘hidden’ under ‘contracted time’ in Figure 30).

We were also interested in exploring interactions between the number of children women reported having under their care (i.e. living with them in their homes) versus women’s overall volume of care activities. These data are illustrated in Figure 31 and show that, as might be expected, women with higher numbers of children living with them tend to record higher average volumes of committed activities, and this increases incrementally according to the number of children (e.g. women with six children living in their household at the time of the study undertook around twice the volume of ‘committed activities’ as women with one child). Notably, however, women with no children living in their household undertook comparable ‘committed activities’ as those with children. This reflects that caregiving does not cease when children are not living in the home. It also reflects the kind of kinship caregiving networks that were described in our interviews (reported in earlier chapters), where women – including those who had not given birth to their own biological children – were regularly involved in taking care of children across their families, kinship, and community networks. As Interviewee 11 (from Cape York) put it, ‘...with kinship and community, it’s normal, you know, it is okay that my children will go to their aunts for the night or, or her children will come home for the weekend...’.

Figure 31 Average hours per day spent undertaking activities across ABS categories, compared to the number of children (n=96)



Note. These figures were derived by collapsing/summing relevant time-use categories, and then deriving the averages of each of those summed figures. This was undertaken to accord with the ABS time-use categories, whereby: ‘Committed activities’=TU1–TU8; ‘Necessary activities’=TU14–TU15; ‘Contracted activities’=TU9–TU11; and ‘Free time activities’=TU12–TU13).

As noted earlier, exact comparisons cannot be made between our results and the ABS national time-use results. However, while keeping this in mind, approximate comparisons are nevertheless informative. Indeed, compared with all Australian women included in the ABS 2020–21 time-use survey (ABS 2022c), Aboriginal and Torres Strait Islander women in our study were spending on average:

- more than double the amount of time on committed activities like domestic work, childcare, adult care, and voluntary work (9 hours and 36 minutes) than all Australian women (4 hours and 13 minutes)
- around the same amount of time on contracted activities like paid work and study (3 hours and 54 minutes) as all Australian women (3 hours and 4 minutes), and

- had less time on free-time activities like social interactions, going out and watching TV (3 hours and 18 minutes) than all Australian women (5 hours).

However, because – as noted earlier – these distinctions are not captured in national datasets (e.g. ABS time-use studies), the sheer volume and extent of caring that Aboriginal and Torres Strait Islander women undertake is often invisible. This is problematic because it means this care work, whilst critically important for the women and those that rely on their care, is not accounted for in policymaking and programming that directly affects these women. Aboriginal and Torres Strait Islander women also remain unaccounted for in calculations of the value of this reproductive labour in Australia, as we turn to below.

8.5 Estimating the cost of Aboriginal and Torres Strait Islander women’s care work

As Nancy Fraser (2016) writes, the economy ‘free rides on... activities of provisioning, caregiving, and interaction that produce and maintain social bonds, although it accords them no monetised value and treats them as if they were free.’ Across Australia, unpaid care work has been estimated to have a monetary (per annum) value of \$650.1 billion, which equates to 50.6% of the nation’s annual Gross Domestic Product (GDP) (Workplace Gender Equality Agency, n.d.). With the aim of illuminating the value of Aboriginal and Torres Strait Islander women’s care work in particular, our purpose in this section is to undertake a rough approximation of the market value of the caretaking activities of the Indigenous women in this study. The aim in doing so is to make visible this reproductive labour, most of which is unpaid, and yet which is crucial for the survival and endurance of keeping communities together, let alone labour which is expropriated by the market economy (Klein, 2023). Thus, while these rough approximations are indicative of the market values of these forms of labour, we accept that the true (non-market) value of this labour cannot be monetised.

There are different approaches to valuing unpaid work, with opportunity-cost, minimum-wage and replacement-cost approaches being the most common ones. The opportunity-cost approach values unpaid work according to forgone earnings while doing unpaid work, whereas the minimum-wage approach applies minimum-wage rates to the hours spent doing unpaid work. In the case of the replacement cost approach, hours spent on unpaid work are valued using market wages that would be paid if the work was done by hired labour (Asian Development Bank, 2020; ABS, 2021b). As we did not collect data regarding women’s incomes (and nor did all participants have employment) for this study, we were not able to use an ‘opportunity cost’ method to calculate lost wages for our participants. Instead, we adopted two alternative approaches to calculate an hourly rate for unpaid care, where we estimated the value by: i) using the Australian national minimum wage, and ii) matching industry award wage rates with different types of time-use activities. We explain both approaches below. As an initial caveat, however, we note that both approaches carry limitations, and possibly underestimate the real value of women’s work, particularly given the skill, experience and complexity of the tasks women were undertaking as identified in our interviews.

When data collection for this study was undertaken, Australia’s national minimum wage was set at \$21.38 per hour (Fair Work Ombudsman, 2023). Nevertheless, Australia’s *current* national minimum wage (at July 1, 2023) is \$23.23 per hour, following a 5.75% increase in the Fair Work Commission’s 2022–23 annual review (Fair Work Commission, 2023). We applied the current (2022–2023) minimum wage when calculating the estimated market value of women’s care labour (rather than the previous minimum wage) because we determined that it is unlikely that these women’s situations and care loads have changed in the short time since interviews took place. The current minimum wage also gives a more up to date/relevant approximation of the current value of these women’s labour. Using the minimum wage to estimate the value of women’s labour is, nevertheless, a conservative approach. Indeed, the national minimum wage sits below what these women might otherwise expect to earn in the

Australian labour market, according to award rates of pay that might reasonably be expected to match the types of labour they regularly undertake. Thus, in addition to applying the minimum wage, we supplemented this by also matching industry award wage rates with different time-use activity types.

We obtained current industry award rates from Australia's Fair Work Ombudsman (2023), using the latest available data (updated at either June 30, 2023 or July 1, 2023, to reflect current rates). We selected award categories that – in our estimation – best aligned with the (typically unpaid) time-use activities included in our time-use module for this study. These selections are outlined in Table 7.

Table 7 Award wage rates for costing of time-use for activities that are typically unpaid

Relevant time-use activities	Award applied	Award category/type details	Award rates (Based on 38-hour FT working week)
TU1 – Cooking, cleaning, washing, shopping or other domestic work for members of your household	Cleaning Services Award 2010	Cleaning services employee, mean of all bands (mid estimate)	\$25.04 per hour (\$951.52 per week)
		Cleaning services employee, level 3 (high estimate)	\$26.18 per hour (\$995.00 per week)
TU2 – Maintenance or repair work around your house or yard	Miscellaneous Award 2020*	Miscellaneous – maintenance and handyperson, mean of all bands (mid estimate)	\$25.36 per hour (\$963.68 per week)
		Miscellaneous – maintenance and handyperson, level 4 (high estimate)	\$28.57 per hour (\$1085.60 per week)
TU3 – Take care of any children (including your own but can also be other people's kids, foster kids, nieces, nephews, grandchildren etc.)	Children Services Award 2010	Children services employee, mean of all bands (mid estimate)	\$30.17 per hour (\$1146.42 per week)
		Children services employee, level 6A.3 (after 2 years of service) (high estimate)	\$38.12 per hour (\$1448.50 per week)
TU4 – Take care of any people who are elderly (aged 55 years or over)	Aged Care Award 2010	Aged care employee, direct care, mean of all bands (mid estimate)	\$30.49 per hour (\$1158.66 per week)
		Aged care employee, direct care, level 7 (high estimate)	\$33.40 per hour (\$1269.10 per week)
TU5 – Take care of any people under 55 years old who are sick, or disabled in your household	Aboriginal Community Controlled Health Services Award 2020	Indigenous Health Care Worker, mean of all bands (mid estimate)	\$31.85 per hour (\$1210.11 per week)
		Indigenous Health Care Worker, grade 5 level 3 (high estimate)	\$37.25 per hour (\$1415.50 per week)
TU6 – Help other households or families for free (e.g. help people when something goes wrong, drive them somewhere)	Social, Community, Home Care, and Disability Services Industry Award 2010	Social and community services employee, mean of all bands (mid estimate)	\$46.66 per hour (\$1772.91 per week)
		Social and community services employee, level 8 pay point 3 (high estimate)	\$63.29 per hour (\$2405.10 per week)
TU7 – Do any voluntary work that helps Aboriginal and/or Torres Strait Islander people – even if you are paid sitting fees or costs for any of this	Social, Community, Home Care, and Disability Services Industry Award 2010	Social and community services employee, mean of all bands (mid estimate)	\$46.66 per hour (\$1772.91 per week)
		Social and community services employee, level 8 pay point 3 (high estimate)	\$63.29 per hour (\$2405.10 per week)
TU8 – Get out on Country or do any other cultural activities alone or with others	Educational Services (Schools) General Staff Award 2020**	Instructional services employee, mean of all bands (mid estimate)	\$30.22 per hour (\$1148.38 per week)
		Instructional services employee, level 8 (high estimate)	\$41.46 per hour (\$1575.60 per week)

Relevant time-use activities	Award applied	Award category/type details	Award rates (Based on 38-hour FT working week)
TU9 – Do any paid work (for cash or in-kind) or spend time getting income such as a job, work in a business, or on your own property, or getting royalty payments		Not applicable	Not applicable
TU10 – Gather, collect, or grow produce to use yourself or to share with others	Gardening and Landscaping Services Award 2020 ***	Gardening and landscaping services worker, mean of all bands (mid estimate)	\$24.71 per hour (\$938.92 per week)
		Gardening and landscaping services worker, level 5 (high estimate)	\$27.01 per hour (\$1026.20 per week)
TU11 – Spend time studying at a formal educational institution or studying at home		Not applicable	Not applicable
TU12 – Participate in any social activities, like yarning with friends, going out	Educational Services (Schools) General Staff Award 2020 **	Instructional services employee, mean of all bands (mid estimate)	\$30.22 per hour (\$1148.38 per week)
		Instructional services employee, level 8 (high estimate)	\$41.46 per hour (\$1575.60 per week)
TU13 – Spend time watching TV, reading, listening to music, or doing other activities you enjoy (not included in 12 above)		Not applicable	Not applicable
TU14 – Spend time on yourself doing activities such as eating, drinking, getting healthcare, or getting other care		Not applicable	Not applicable
TU15 – Spend time sleeping or just resting (not including recovering from illness)		Not applicable	Not applicable

Notes: The cells are highlighted to distinguish between mid-level estimates and high-level estimates.

*The *Miscellaneous Award 2020* was chosen for this category as per advice regarding award rates for maintenance and handypersons issued by Fair Work Australia (see here: <https://library.fairwork.gov.au/viewer/?krn=K600711>).

**The *Educational Services (Schools) General Staff Award 2020* was chosen for this category (as opposed to the *Educational Services Teaching award*) as Fair Work Australia identifies this as most appropriate for extra-curricular language, music and other instructors. We determined that this fitted better with the teaching of language and culture as part of cultural activities than a general teaching services award/category.

***The *Gardening and Landscaping Services Award 2020* was chosen for this category (as opposed to a horticultural award) as the rates for the chosen award are comparatively higher and align more closely with per hour rates generally advertised online for Indigenous Ranger positions (e.g. see <https://www.girringun.com/general-6>). This made sense because women in our interviews talked about subsistence and sustainable gardening, which involves caring for the land and providing nourishment for themselves and families.

****Although in our interviews some women spoke about yarning as a cultural activity (rather than social activity) and we have treated it as such in our first approach to categorising our time-use activities in the previous section, we have not imputed a value to this activity here (e.g. in relation to cultural teaching) in order to maintain a relatively conservative approach.

As shown in Table 7, across most time uses, there was an obvious paid-work equivalent which we could use to determine an appropriate award wage, though these often did not take in the full scope of activities indicated in our time-use activities. For example, we imputed award wages for a 'Cleaning services employee' for TU1, though this was used as a proxy for other activities also included in TU1, including 'Cooking, cleaning, washing, shopping, or other domestic work...'. In some cases, we determined the most appropriate category by relying on advice from Fair Work Australia's online resources (these cases are described in the notes to Table 7). In other cases, we also triangulated these

estimates and advice with other online information (e.g. advertised rates for Indigenous Rangers, as also described in the notes to Table 7).

To obtain mid- and high-level estimates of the market value of women's labour, we used different levels/pay scales within each of the awards. First, we took the mean of all pay scales within each award to determine a mid-level estimate of a market value for women's labour. Second, we used the highest pay scale within each award to determine a high-level estimate of market values for women's labour. Coupled with the conservative estimate obtained using the national minimum wage (described earlier), this gave us three estimated market values for women's time use: low, medium, and high. We used these to estimate the market value of women's time across the two time-use categories (identified in the previous section) that most closely aligned with care labour. From our own categorisation of time uses, this included caring for people, and Country and culture (we excluded caring for self to ensure our estimates were sufficiently conservative). From the ABS categorisation of time uses, this included 'committed activities' (which included time uses 1–8 from our study that mostly concern domestic labour and care for others). The results from this exercise are outlined in Table 8.

Table 8 Approximate market value of women's time, by time-use activity, and minimum wage and award rates

Approach	Relevant time-use activities	Value applied (\$ per hour)	Committed activities category (ABS) (TU1–TU8)		Care activities (categories developed for this study) (TU1–TU8, TU10, TU12)	
			Avg. hours per day, per woman	Estimated value	Avg. hours per day, per woman	Estimated value
1 – Low-level estimate (imputation of minimum wage)	–	\$23.23	9.6 hours	\$223.01	11.5 hours	\$267.15
	<i>Total:</i>	–	<i>9.6 hours</i>	<i>\$223.01</i>	<i>11.5 hours</i>	<i>\$267.15</i>
2 – Mid-level estimate (imputation of award rates – mean of pay scales)	TU1	\$25.04	2.4 hours	\$60.10	2.4 hours	\$60.10
	TU2	\$25.36	0.5 hours	\$12.68	0.5 hours	\$12.68
	TU3	\$30.17	2.4 hours	\$72.41	2.4 hours	\$72.41
	TU4	\$30.49	0.9 hours	\$27.44	0.9 hours	\$27.44
	TU5	\$31.85	0.6 hours	\$19.11	0.6 hours	\$19.11
	TU6	\$46.66	1.2 hours	\$55.99	1.2 hours	\$55.99
	TU7	\$46.66	0.9 hours	\$41.99	0.9 hours	\$41.99
	TU8	\$30.22	0.8 hours	\$24.18	0.8 hours	\$24.18
	TU10	\$24.71	NA	NA	0.3 hours	\$7.41
	TU12	\$30.22	NA	NA	1.5 hours	\$45.33
	<i>Total:</i>	–	<i>9.6 hours</i>	<i>\$313.90</i>	<i>11.5 hours</i>	<i>\$366.64</i>
3 – High-level estimate (imputation of award rates – highest pay scale)	TU1	\$26.18	2.4 hours	\$62.83	2.4 hours	\$62.83
	TU2	\$28.57	0.5 hours	\$14.29	0.5 hours	\$14.29
	TU3	\$38.12	2.4 hours	\$91.49	2.4 hours	\$91.49
	TU4	\$33.40	0.9 hours	\$30.06	0.9 hours	\$30.06
	TU5	\$37.25	0.6 hours	\$22.35	0.6 hours	\$22.35
	TU6	\$63.29	1.2 hours	\$75.95	1.2 hours	\$75.95
	TU7	\$63.29	0.9 hours	\$56.96	0.9 hours	\$56.96
	TU8	\$41.46	0.8 hours	\$33.17	0.8 hours	\$33.17
	TU10	\$27.01	NA	NA	0.3 hours	\$8.10
	TU12	\$41.46	NA	NA	1.5 hours	\$62.19
	<i>Total:</i>	–	<i>9.6 hours</i>	<i>\$387.10</i>	<i>11.5 hours</i>	<i>\$457.39</i>

As Table 8 shows, for our own categorisation of time uses (i.e. including caring for people, Country, and culture), the estimated market values for women's labour ranged between:

- \$267.15 per day (low/conservative valuation, using minimum wage)
- \$366.64 per day (mid-level valuation, using mean of all pay scales from award wage rates), and
- \$457.39 per day (high-level valuation, using highest pay scales from award wage rates).

For the ABS 'committed activities' category, the estimated market values for women's labour ranged between:

- \$223.01 per day (low/conservative valuation, using minimum wage)
- \$313.90 per day (mid-level valuation, using mean of all pay scales from award wage rates), and
- \$387.10 per day (high-level valuation, using highest pay scales from award wage rates).

Thus, overall, the estimated market value for women's caring activities in this study ranged from a low approximate value of \$223.01 per day (equivalent to \$1561.07 per week) to a high approximate value of \$457.39 per day (equivalent to a high of \$2286.95 per week, before tax). This is equal to an annual salary (without loadings and pre-tax) of between \$81 175.64 and \$118 921.40. Nevertheless, most of this labour is unremunerated and – as shown earlier, whereby higher rates of care activities are associated with lower rates of formal employment – *reduces* the chance that women can also earn income via paid employment.

As outlined earlier, these are estimates only and are intended to give a sense of the market value of Aboriginal and Torres Strait Islander women's labour captured in this study. Notably, these estimates fail, for instance, to account for multitasking, even though large proportions of women reported that they were caring for others while also undertaking the primary activities they reported for this study (as outlined earlier, in Figure 27). If multitasking was accounted for, estimated market values here would be higher still. There are also several limitations to the time-use module we used in this study, which should be carefully considered when interpreting the above results. We describe these in the final section of this chapter.

8.6 How well does this method of measuring time-use work with Aboriginal and Torres Strait Islander women?

Overall, we found that in all the study sites, the women we interviewed found it interesting and useful to document their time use with this method. The time-use module took around 10–15 minutes per person, and women found it straight forward to complete, commenting that they enjoyed using the cards and counters. However, despite efforts to develop discrete time-use categories and allow for multitasking, we found that for some women it remained difficult to decide how to categorise what they were doing at any one time. It was particularly difficult for them to identify which activity was the primary activity (i.e. that which the card we then used denoted) when there were sometimes two or three simultaneous activities occurring. Areas of 'grey' in terms of how to categorise included (but were not limited to) those described below.

- In their paid work women were also studying for a day a week, so it was difficult to decide whether to allocate this time to paid work or study.
- In general, there is a huge range of activities that might fit into 'caring for Country and culture', which should be further explored in future research. For this study, this sometimes made it difficult to determine where to allocate time (e.g. in their caring for Country and culture, women were also often socialising).

- Women's paid work often also related to caregiving roles (e.g. healthcare, childcare, social work) and in this time-use module this often thereby hides the true extent of women's caregiving (as touched on earlier).

Ultimately, and perhaps inevitably, categorisation denies the holistic nature of the way women use their time. The fact that, when capturing multitasking, we could only record if they were simultaneously undertaking three types of care against a chosen primary activity was another limitation that did not properly reflect women's realities. For example, they may have been doing domestic work, while looking after a child with a disability – which we categorised as simply caring for a child first and foremost. The significance of the fact that the child had a disability was not reflected, however, in this categorisation.

There were also one or two women who were critical of some categories – for example, one suggested that 'yarning' (included as a social activity, TU12) was actually a cultural activity, so should have been categorised in TU8, 'Cultural activities and caring for Country'. (We have reflected this in the categories we applied earlier in this chapter, but in future, yarning might simply be added to the cultural activities card instead.) Others indicated that they may have been doing voluntary work for an Indigenous organisation (TU7) which took them out on Country (TU8) while they were also caring for others (e.g. TU3 or TU4) or that this might have been in the context of doing paid work (TU9). Another woman did not agree with the visual depiction of the category 8 ('Cultural activities'), though this worked well for others. A further limitation was that TU7 measured 'voluntary work that helps Aboriginal and/or Torres Strait Islander peoples', but we did not create/include an additional time-use activity/category to capture voluntary work for non-Indigenous peoples and organisations. These were some of the challenges of having time-use categories at all, as well as being constrained in terms of the time and resources available to this study to create and iteratively trial/test new time-use activities. Ultimately, these limitations are not unique to this study; attempts at quantifying and measuring people's time-use is complex and it would be difficult to ever design a perfect instrument. Nevertheless, further development of the module used in this study would be very beneficial.

The unit of time we measured also differed across sites. While 48 counters (representing 30 minutes each) were used across most research sites, in the East Kimberley and ACT, 24 counters were used, meaning the unit of time measured was by the hour. Further and elsewhere women would report that they did an activity for somewhat less than 30 minutes, so it was difficult to capture that with only 48 counters, a problem further exacerbated when using 24 counters. In this respect, future studies might consider using more counters (or a different counting system, such as varied counters) to enable more sensitive measurements of time to be used.

Furthermore, while most women managed to recall the key things they had done on their most usual weekday, even if some details were excluded, a small number of women also found this difficult. Additionally, in some instances, women described their most recent weekday as 'unusual', in which case they were asked to answer the time-use module questions in relation to the most recent 'usual weekday' they could recall. Nevertheless, this was easier when time-use surveys were conducted on a Tuesday to Friday, as conducting them on a Monday meant recalling activities from three days earlier.

Ultimately, it would be valuable to further develop this method of time-use measurement to enable a valid, effective, and efficient approach to measuring time-use with Aboriginal and Torres Strait Islander women. This would enable, in future, a much larger representative sample to be involved, which would produce a stronger picture of Aboriginal and Torres Strait Islander women's care and other work – including perhaps beyond the five research sites included in this study. This would involve, at minimum, a longer process of ground testing the way Aboriginal and Torres Strait Islander women themselves categorise their activities, allowing for more simultaneous activities to be recorded, and perhaps designing more sensitive methods for allocating time. It might also capture Aboriginal and Torres Strait

Islander women's real incomes (where applicable), so that a more accurate opportunity-cost method could be applied to estimating market values for these women's care labour. Notwithstanding these limitations, however, this aspect of our study represents one of the first dedicated attempts (as far as we are aware) to focus on measuring Aboriginal and Torres Strait Islander women's time use and thus, arguably provides a helpful foundation upon which future efforts can build.

8.7 Summary

In this chapter we have attempted to provide an overview of the volume of care labour being undertaken by women in our study using a time-use module developed specifically for this project. Notwithstanding limitations of our time-use module, and the need for further refinement and validation, we found that women's reported activities overwhelmingly supported their qualitative narratives about the sheer extent and volume of care that they undertake. Women in our study were undertaking, on a usual weekday, very high volumes of care that accounted for (overall) approximately 62% of their time. We estimate that the market value of this labour ranges between \$223.01 to \$457.39 per day (representing an annual estimated salary of between \$81 175.64 to \$118 921.40). Yet, this labour is not monetised, despite its incredible contribution to women's communities and society, and expropriation by the economy. Moreover, despite this extraordinary work, often many of these women are often categorised as 'unemployed' and passed off as unproductive. An obvious example of this can be seen in the often-stigmatising discursive constructions of particularly Aboriginal and Torres Strait Islander peoples within Australian social policy (Bielefeld, 2018; Mitchell & Vincent, 2021; Vincent, 2021). This can result in these individuals being targeted by punitive social security policies, which focus on ushering people into paid employment without understanding or valuing the fuller nature of their existing labour and contributions (Klein, 2021; Staines, 2022).

Ultimately, more robust and nationally representative time-use studies for Aboriginal and Torres Strait Islander women would enable more accurate estimates of how these women spend their time, as well as the volume and market value of the care labour that they undertake. There is a need for the continued development of such approaches to ensure that – as an approximately 3% minority – Aboriginal and Torres Strait Islander peoples are not excluded from national datasets that might otherwise make visible (and often, thereby, value) their (re)productive labour.

Chapter 9: Discussion and policy recommendations

9.1 Introduction

So far, this report has highlighted the large amounts and diverse types of unpaid care work Indigenous women are doing across Australia, amidst imposing and often violent colonialism. Drawing on the qualitative, time use, and ABS data presented in earlier chapters, we can see some very clear trends when it comes to unpaid care and Aboriginal and Torres Strait Islander women.

Firstly, Aboriginal and Torres Strait Islander women across all five study sites and as reflected in the ABS statistics, undertake higher amounts of unpaid care overall (across different care categories) than non-Indigenous groups (ABS, 2022a; Hunter et al., 2016; Yap & Biddle, 2012). For the time-use data in this study, Indigenous women reported dedicating enormous amounts of time to caregiving – a trend that was consistent across all five research sites. Care also tends to be taken up at a younger age for Indigenous compared with non-Indigenous groups, which shapes the lives of young Indigenous women and girls, potentially restricting their opportunity to study or engage in employment (ABS, 2022a). Meanwhile, ABS data also shows that there is a large proportion of Aboriginal and Torres Strait Islander children and young people needing to be cared for and, by contrast, a relatively small number of older people available to care for them (ABS, 2022a).

Secondly, multitasking was a frequent feature of unpaid care work reported in our research across all research sites, where Aboriginal and Torres Strait Islander women do not just do one unpaid care activity at a particular time, but often undertake more than one care activity simultaneously. Caregiving was also complex, where layers of different care needs require careful attention and where women are often supporting family and community members who are, themselves, regularly facing poor mental health, trauma, and other challenges, including drug and alcohol addiction and experiences of violence. Layered on top of this, women also deal with either having no access to services, as is the case in many remote regions, or what are often negative experiences of services that are meant to help them but are instead racially discriminatory, culturally incompetent, and/or punitive and hostile. Examples that women in this study pointed to where they experienced these difficulties included the child protection system, the health system, Centrelink, mainstream community services, and the criminal justice system. Dealing with and ‘pushing back’ on these services creates even more work for these women, who are already extremely overburdened.

Finally, significant levels of expertise and skill also typify Aboriginal and Torres Strait Islander women’s care work. This is evident in women’s abilities to multitask and tend to complex care work and needs, but also in women’s descriptions of navigating delicate and important relationalities – for example, knowing when to speak, act, and how. This expertise is learnt and built across many years and, indeed, also shared across generations. The excellence of Aboriginal and Torres Strait Islander women in their work was very evident in this study – those in paid employment were often senior and valued employees, and women undertaking unpaid care work were often critical and highly valued community members asked to sit on boards, volunteer, and to support or lead community initiatives regarding relational and cultural issues. The depth, breadth, complexity, and skill of Indigenous women’s work, including unpaid care work, calls into question the lenses, measures and frames that have been applied to understanding Indigenous care until now. At best these have been partial. At worst, these have informed deficit discourses that fail to see the sheer volume, skill and importance of the work that Aboriginal and Torres Strait Islander women undertake, while also leaving these crucial contributions desperately under-supported.

Across all five research sites, women reported not having adequate services and supports for their care work. In the three regional/remote research sites of the East Kimberley, Central Australia and Cape York, women pointed to how the services needed simply were not there. In the cities of Greater Sydney

and Canberra, where on a superficial level there appear to be services (albeit mainstream services), women reported how these services are not culturally safe and are not working for Aboriginal and Torres Strait Islander women. Thus, women refrained from using these services and also took care of others who did the same. The few services that *were* safe and supportive were Indigenous community-controlled ones, but these were often scarce and very underfunded.

In the following sections of this chapter, we draw out and discuss themes and threads that were consistently woven across the five research sites for this project. Drawing on all five site reports (summarised in earlier chapters), and the study's time-use data findings (outlined in Chapter 8), we suggest there are five overarching themes emerging from this study.

1. Care is strength and is valued.
2. Mainstream definitions and measures of care are limited and cannot account for the vast amount and complexity of Aboriginal and Torres Strait Islander care.
3. Ongoing colonisation increases care work for Aboriginal and Torres Strait Islander women.
4. Aboriginal and Torres Strait Islander carers need care too.
5. The relationship between paid work and unpaid work is important.

These five themes underline the importance of a new approach to supporting Aboriginal and Torres Strait Islander women, where their voices, ideas and needs are central, and where care is placed at the heart. This is different to just 'fitting' Aboriginal and Torres Strait Islander care into various models, policies and measures already in circulation. Nor is it about tinkering with colonially imposed and broken systems that are failing Indigenous women and their families. Rather, a whole new approach needs to be taken that elevates Indigenous women's voices, and centres and celebrates their care. Far from being peripheral to the economy, what Indigenous women have shown is that care underpins everything. It is an ethic, a way of life, and is essential to the flourishing of human societies. Care is at the heart of any economic system, and the monetised part of the economy cannot be sustained without the underpinning care of Country, culture and people. The First Nations caring economy is holistic, relational, and fundamental to Aboriginal wellbeing. A focus on supporting care work in all its manifestations must be central in healing Aboriginal and Torres Strait Islander families and communities to enable them to flourish. We discuss these five common themes below with a view to distilling core overarching implications that arise from this study.

In addition to discussing the abovementioned five themes, we also attempt in the following sections to draw out some recommendations for reshaping policy and practice in ways that might provide pathways towards a more substantive revaluing of Aboriginal and Torres Strait Islander women's care. Many of these recommendations come from the women in our study, when talking about what they thought needed to change and could help them. In shaping these recommendations, we also re-emphasise the importance of Australian governments taking seriously the *United Nations Declaration on the Rights of Indigenous Peoples* (United Nations, 2007), in particular Indigenous peoples' rights to self-determination and to maintain culture. It is clear that presently, Indigenous women do not enjoy these rights in their day-to-day interactions with many services, policies and institutions supposedly there to support them.

Before we move into our discussion, however, it is also important to note some crucial caveats for our study, and for the recommendations that follow. First, we have overwhelmingly talked to Aboriginal and Torres Strait Islander women, and not men or gender-diverse people (with the exception of one carer participant who identified as male). Therefore, this project is not a comprehensive study on gender and unpaid care in Aboriginal and Torres Strait Islander communities. Indeed, by describing the extent and diversity of the care that Indigenous women do, this study does not inversely seek to imply that some Indigenous men are not also doing crucially important unpaid care work. In fact, notwithstanding the

diverse views of the women in our study, this was raised by a few of our participants – that men make significant and critically important contributions to providing care. As one Cape York interviewee reflected, for example, ‘My brothers are really good dads, very active and they’re very good grandfathers... Um, they are the mum, we call ‘em “Mr Mums” [laughs]’ (CY, 7). This is also reflected in other studies. For example, exploring household labour in Australian couples (using Australia’s Household, Income and Labour Dynamics in Australia (HILDA) survey), Ting et al. (2016) argued that heterosexual couples who both identified as Aboriginal and/or Torres Strait Islander had a distinct egalitarian household labour profile, which saw men and women sharing household labour more evenly than other Australian couples. Williamson has also traced ‘the existence of strong, consistent and widespread traditions of care, nurture and love between Indigenous fathers and their children’ (Williamson, 2023) noting how colonisation disrupted families, and showing how Indigenous men are reclaiming their important fathering roles today. Of course, some Aboriginal women head sole parent households and others are also partnered with non-Indigenous men, and gendered care roles may also differ significantly in different locations and across diverse households. As Ting et al. (2016) ultimately note, more research is needed to understand male care roles and more broadly, gender and unpaid care work in Aboriginal and Torres Strait Islander communities.¹⁰

A second caveat for the sections that follow is that our recommendations here speak to different timeframes and objectives. Some suggest shorter-term policy changes that seek to better centre, value, and support Aboriginal and Torres Strait Islander women’s care in the immediate future (e.g. by amending existing policies), while others are more transformational and longer-term. By addressing shorter-term policy considerations in our recommendations that follow, it is not our intention to subvert our conviction (above) that wholesale structural changes are needed to avoid simply ‘tinkering’ with existing policies. Instead, we intend these shorter-term recommendations as stepping stones towards larger and much-needed structural changes that might better elevate and centre care in a way that is transformative not only for Aboriginal and Torres Strait Islander women and peoples, but for all Australians. Many of these recommendations require intergovernmental and interdepartmental cooperation and coordination, if they are to be realised.

9.2 Care is strength and is valued

Often, although not always, women in this study rejected characterisations of unpaid care as simply a burden, and instead saw it as a strength and something that is to be deeply valued. Many saw unpaid care as demonstrating love and kindness and importantly saw how it held families and communities together and got them through the many challenges they face in their lives. Many women talked about how their relatives had cared for them when they were young, and their need to keep the care flowing on: what one Central Australian woman described as a kind of ‘trickling effect’ (CA, 4). Care practices undertaken by women have been, and continue to be, the means by which critical cultural knowledge and practice is passed down over generations – a sort of ‘cultural reproduction’ (as termed by Mr Bhiemie Williamson, pers. comm., June 22, 2023). Women also noted that this knowledge and practice has helped support survival against colonisation. Many participants referred to women as the backbone of the family or community.

¹⁰ One of the Chief Investigators on this project, Bhiemie Williamson, is continuing further research in this area.

'[care is] enveloped in everything we do and everything we are and everything about where we are going, and paying homage again to our ancestors and who's come before us. That's what care is.' (ACT, 10)

The women participants in this study noted that care is an important cultural ethic and practice that goes beyond non-Indigenous understandings of care. To the women in this research, care included caring for everyone, including communities, Country, and all living things (e.g. animals, plants). Care for culture was raised as a crucial component of caring but was described as being inextricably woven; that is, culture is expressed *through care*. Care is a way of life, an ethic to live by, and it extends well beyond caring for parents and children in a nuclear family.

It is critical to understand that women in our study, through talking about care as strength, are not advocating for women to go 'back into the kitchen'. This would be a reductive and mistaken reading of what has been shared in this study. Rather, what women in this study have shared is a deep valuing of the ethic and practice of care for whole societies.

'[care is] nurturing. It's... balancing. It's healing. It's listening.' (CA, 18)

The women who have shared their experiences in this project show that notions of care also provide possibilities for moving forward, remaking and repairing worlds, and finding paths towards community development, self-determination, and decolonisation. Care needs to be central in policies that impact Aboriginal and Torres Strait Islander women's lives and this is something taken seriously in our recommendations outlined below.

These already existing economic practices show real ways towards self-determined and decolonial economic relations. This was articulated by the Aboriginal and Torres Strait Islander Social Justice Commissioner, June Oscar AO (2023), where reflecting on the thousands of conversations she had with women and girls as part of her *Wiyi Yani U Thangani* project, she stated that:

It is their voices, which have grown an image in my mind of what a self-determined economy for our peoples really looks like. Perhaps it is because our women have been most marginalised, pretty much ignored and made invisible, by the Western patriarchal conditions we live within, and absolutely by the mainstream economy – that they have been able to retain powerful insights and knowledges about how to construct systems that are far more sustainable, caring, loving, healthy and nurturing for us all...

Women spoke to me, of economies of collective and intergenerational wealth creation that would bring about multiple social, health, ecological and monetary benefits, for everyone not just a few individuals. Essentially, they saw economies determined by us as being inseparable from our cultural, political and social expressions of our collective identity and kinship systems.

The Commissioner went on to describe care – of kin, culture, Country, children, old people, and all non-humans – as being central and indispensable to this economic vision. That is, care is a 'glue' that connects everything in perpetuity and guards against exploitative capitalism. In the Commissioner's poignant words, caregiving is self-determination and 'It is circular, self-determination leading to a stronger economy, a stronger economy enabling greater self-determination'.

Recommendation 1: The Australian Government should establish a taskforce led by and comprised of Aboriginal and Torres Strait Islander women to design a national action plan to elevate, centre, and support care

A taskforce of this nature would enable Aboriginal and Torres Strait Islander women to self-determine structures and supports that would best suit their needs, as well as the needs of their families and communities, rather than having these needs and solutions dictated to them by non-Indigenous institutions and actors. Such a taskforce must be adequately resourced and supported to operate and would have (at least) the ability to advise governments about how to better support Indigenous women and peoples in their care roles.

Recommendation 2: Government departments should reshape public policy to be gender sensitive and anti-colonial, including by centring and valuing Aboriginal and Torres Strait Islander care work as a critical aspect of economies

This centring and valuing of care work may include (but may not be limited to) ensuring that care work is appropriately rewarded and remunerated, particularly where multiple care responsibilities overlap. This should include, for example:

- i. reviewing and reforming existing carer payments and allowances to increase financial support to caregivers*
- ii. increasing social security payments (particularly JobSeeker unemployment benefit) so that Aboriginal and Torres Strait Islander women who receive such benefits are not having to do care work living under the poverty line with significant costs for their children, families, and themselves*
- iii. making any criteria for government support cognisant of kinship care and sensitive to the nature of caring relationships for Aboriginal and Torres Strait Islander peoples*
- iv. providing financial support to grandparents raising grandchildren, similar to that provided for fostering children*
- v. increasing paid parental leave to men to further encourage them to take up caring roles from early in children's lives, and*
- vi. recognising caregiving as legitimate and crucial work in 'welfare-to-work' programs and policies (for as long as these continue to exist), to ensure such programs do not create barriers to care.*

9.3 Mainstream definitions and measures of care do not include the vast and broad ways care is defined by Aboriginal and Torres Strait Islander women

Whilst care is central to the flourishing of social economic and cultural life, the literature on care is dominated by Western and liberal feminist accounts of care. For example, in the recent interim report, the Federal Select Committee into Work and Care, narrowly defined such labour as:

[providing care] to older, dependent or disabled persons by a person with whom they have a social relationship, such as a spouse, parent, child, other relative, neighbour, friend or other non-kin connection. This may involve assistance with core activities such as mobility, self-care and communication or non-core activities such as help with household chores or other practical errands, transport to doctors or social visits, social companionship, emotional guidance or help with arranging professional care (Commonwealth of Australia, 2022, p. 13).

Other definitions attempt to be all encompassing and allow for differing accounts. For example, Fisher et al. (1990, p. 40) define care as ‘everything that we do to maintain, continue, and repair our “world” so that we might live in it as well as possible’. Even still, very few attempts at definition account for ontological diversity, and settler and western notions of care are presumed universal, authoritative, and all encompassing (Arvin et al., 2020; Day, 2021; Mohanty, 1984; Moreton-Robinson, 2000). This leaves little room for Indigenous forms of care in discussions about care definitions and the implementation of care measures, and thus can even contribute towards erasure.

Intersectional analysis is important in thinking about policy, measurement, and Aboriginal and Torres Strait Islander women’s unpaid care. Crenshaw (1989, p. 140) outlines how most analysis focuses on the most privileged group members and thus ‘marginalizes those who are multiply-burdened and obscures claims that cannot be understood as resulting from discrete sources of discrimination’. Crenshaw (1989, p. 140) also notes how doing so not only marginalises diverse realities, but actually distorts the overall analysis, because the dominant group’s views ‘become grounded in experiences that actually represent only a subset of a much more complex phenomenon’. Therefore, understandings of care from Aboriginal and Torres Strait Islander women’s perspectives cannot be just viewed through the lens of non-Indigenous understandings and measures as these not only obscure Aboriginal and Torres Strait Islander women’s understandings of care, but distort the full picture of unpaid care more broadly. Without doing better in such understandings, policy is unlikely to develop support that will be as inclusive and helpful as it needs to be.

For example, whilst care as a strength is an important insight from the women in this study, (white) liberal feminism has often characterised unpaid care as a burden and something women need to seek liberation from. Liberal feminists have tended to value getting into paid work and public office, but what is evident from what was raised in this study is that whilst jobs and external accolades are not unimportant, Aboriginal and Torres Strait Islander women place the most value on family, community, culture, and Country (Moreton-Robinson, 2000). These are critical priorities and values that clash with the systematic elevation of paid work above all other forms of work under late capitalism. While this is the case for all women (producing a global gender pay gap, for instance), our study supports other research to find that Indigenous women are more deeply affected because of the sheer volume, diversity, and complexity of care they undertake (AHRC, 2020).

The misidentification of Aboriginal and Torres Strait Islander care in non-Indigenous thought is a critical insight for public policy. This is particularly pertinent because paid work continues to be elevated over unpaid work across many policy settings, including social security policy, economic policy, employment policy, Indigenous policy, gender policy, and education policy. By elevating paid work whilst subjugating unpaid work, these entrenched policy settings systematically marginalise *all women*,

but particularly Indigenous women. It also means that there are limited programs, policies, and support available to Indigenous women undertaking unpaid care, which means they struggle financially to do all the care they have to do. At the same time, the economy expropriates these women's care labour without remunerating it. As we estimated in Chapter 8, this amounts to Aboriginal and Torres Strait Islander women foregoing incomes equivalent to around \$223.01 to \$457.39 per day, or \$81 175.64 to \$118 921.40 per annum (before tax and without loadings).

Limitations in measuring unpaid care follow on from the lack of understanding of the depth and breadth of Aboriginal and Torres Strait Islander women's care work. For example, the ABS asks four questions that relate to care under the banner of 'unpaid work' in the census, including:

- time spent on unpaid domestic work for their household in the last week
- time spent on providing unpaid care, help or assistance to persons with a disability, a long-term illness or problems related to old age, in the last two weeks
- time spent on providing unpaid care to their own or other people's children aged less than 15 years in the last two weeks
- time spent on unpaid voluntary work through an organisation or group, in the last 12 months (ABS, 2022a).

Although census data provides a high-level snapshot of the extent of unpaid care being undertaken by Indigenous women, the measures miss its sheer breadth. The data also does not show how complex and demanding the care work is for individual women.

In conducting the time-use module for this study, we were able to develop a tool that was better suited to capturing the vast amount of care work being undertaken (although improvements to this still need to be made, see Chapter 8). Current ABS census data not only fails to capture the breadth of this care work, but also fails to capture the extent of multi-tasking or the complexity of skill required to undertake such work.

Ultimately, quantitative measures based on the experiences of non-Indigenous people and women will find it hard to capture Aboriginal and Torres Strait Islander people's realities of care because they stem from a completely different experience. Disaggregating population-level data, whilst useful, will also not capture the complete intersectional experience of Indigenous women, as the measures capturing these data remain reflective of mainstream understandings of care. Appropriate quantitative measures for tracking the unpaid care work of Aboriginal and Torres Strait Islander women need to be informed by the realities faced by these women, including through Indigenous-led detailed qualitative research work, ideally utilising Indigenous methodologies (e.g. see Fredericks, 2008; Moreton-Robinson, 2013; Smith, 2021). More robust and nationally representative time-use studies for Aboriginal and Torres Strait Islander women would enable more accurate estimates of how these women spend their time, as well as the volume and market value of the care labour that they undertake. This would ensure that this work is not rendered invisible in national datasets, but instead better understood and thus potentially better able to inform and influence policy decisions.

Recommendation 3: Drawing on holistic Aboriginal and Torres Strait Islander definitions of care (that is, care of not just people, but also Country, culture, and all living things), and in close consultation with Indigenous women, the Australian Bureau of Statistics should develop and implement more sensitive measures of Indigenous women's care work

Such an approach would make Aboriginal and Torres Strait Islander women's vast amounts of care labour more visible in future policymaking, providing a basis for it to be more strongly and appropriately supported and nurtured. This may, for example, take the form of amended questions in regular census and survey collections, and/or a dedicated time-use module that is routinely undertaken and representative of Indigenous peoples across Australia.

9.4 Ongoing colonisation increases care work for Aboriginal and Torres Strait Islander women

The extent of care undertaken by Aboriginal and Torres Strait Islander women is greater than care undertaken by non-Indigenous females and males. Women in our study illustrated through their many examples how this is, in large part, due to the impacts of past and ongoing colonisation. Specifically, colonisation has created and continues to create damage to the lives of Aboriginal and Torres Strait Islander people (Atkinson, 2002). This damage requires Indigenous people's care to heal, adding extra demands on existing care loads.

Despite their sustained strength, colonisation continues to structurally marginalise Aboriginal and Torres Strait Islander people and communities. In stealing Indigenous lands, life and labour, colonisation has dispossessed Indigenous people, and systematically denied them the same rights and opportunities the settler society has been afforded. The symptoms of intergenerational traumas from colonisation are widespread and are evident in the highest rates of disability, suicide, severe mental and physical illness, and premature death in Australia (Krieg, 2009). This translates into the need for high rates of care work for Aboriginal and Torres Strait Islander women (and indeed all Indigenous people), some of which is waged (e.g. healthcare jobs and jobs in the community sector), but most of which is not (e.g. unremunerated caring for aged and unwell or homeless family and kin). In terms of the latter, it is Aboriginal and Torres Strait Islander women who are doing the essential and complex work that is needed to maintain wellbeing against colonisation, but this work is rarely properly recognised.

Aboriginal and Torres Strait Islander women's safety was also a critical issue raised in the research, and is deeply complex and multifaceted in ways that we cannot do justice to here (Cripps & McGlade, 2008; Longbottom, 2018; Longbottom et al., 2016). Universally, however, gender relations cannot be separated from issues of gender inequality, which has been exacerbated in the context of patriarchal attitudes and practices brought by settler colonisation of Australia¹¹ Indigenous peoples have long pointed out how colonisation is one of the key drivers of family violence as with it came hierarchical gendered relations, leaving many Indigenous women survivors of violent abuse (Atkinson, 1990; AHRC, 2023; Longbottom et al., 2016; Lucashenko, 1996). As argued by the Aboriginal Family Violence

¹¹ The imposition of western patriarchal structures through colonisation has re-ordered life around gendered hierarchies. María Lugones (2016) terms this the 'coloniality of gender' and notes how eurocentric, biologised, binary and hierarchical constructions of gender have attempted to write over and write out diverse erotics. For Lugones, simply put, 'gender is a colonial construction' (Walsh, 2016, p. 37). Scholarship has sought to, 'think with and from postures, perspectives and experiences that transgress, interrupt and [that] break with the universalism, dualism and hegemonic pretensions that these categories [of imperial reason] announce and construct?' (Walsh, 2016, p. 44).

Prevention and Legal Service Victoria, 'Family violence is not part of Aboriginal culture. However, the disadvantage, dispossession and attempted destruction of Aboriginal cultures since colonisation have meant that family violence has proliferated in Aboriginal communities' (Aboriginal Family Violence Prevention and Legal Service Victoria, 2015, p. 22). Moreover, it is a myth that violence against Aboriginal and Torres Strait Islander women is *only* perpetrated by Indigenous men (Our Watch, n.d, 2023). Indeed, aside from also being widely perpetrated by non-Indigenous persons, it is also routinely perpetrated by the mainstream (non-Indigenous) services and systems that are supposedly there to reduce and respond to victimisation in the first place, but instead often re-traumatise victims (Behrendt, 2002, 2010; Walker et al., 2020). This further increases the work of Aboriginal and Torres Strait Islander women in particular, as they find ways to support one another and their communities in response (Behrendt, 2016). As the *First Nations Women's Safety Policy Forum Outcomes Report* (AHRC, 2023, p. 27) stated:

Violence needs to be understood as a contemporary symptom of colonisation's impacts (on Indigenous and non-Indigenous people), intersecting with gendered factors, and racialised gender inequalities and power dynamics.

Ongoing colonisation and colonial logics continue to impact Aboriginal and Torres Strait Islander communities today, creating more unpaid care work for women to attend to. Ongoing colonisation is behind continuing child removals which have damaging repercussions creating trauma and hardship for families and communities (Cunneen & Libesman, 2000; Funston and Herring, 2016). Today's 'child protection' systems are causing immense trauma to families and children.¹²

'It's colonial... It's just not being able to do things in the way we should be doing them... because of the colonial structure' (GS, 11)

As the *Family matters report 2022* states:

The National Inquiry¹³ laid bare the pain and suffering caused by government policies of forced child removals across generations. Today, child protection systems continue to inflict pain, severing families and re-opening deep wounds. Daily our communities experience the great sadness, anger and frustration that policy and practice cause. And every day our communities demand change, calling for accountability and healing, so that we can shape a new story, a different future for our children (SNAICC, 2022, p. 3).

Several women we spoke to told us of traumatic experiences with this system, when they were trying to care for family members. Rather than supporting their unpaid care work, child protection officials worked against them and their children. Furthermore, it was obvious in many of the stories women told, that child protection demands that carers be accountable to the system, however there is very little accountability of child protection and what they do to the carers and their families.

Ongoing colonisation and racial discrimination shapes other forms of exclusions which women's care work is left to address. Incarceration and deaths in custody of Indigenous people are the highest in the country and the world, and racism in many of the mainstream organisations Indigenous people have to interact with is rife (Anthony, 2018; Whittaker, 2021). This racism has ongoing effects as community members often do not trust these mainstream systems, so turn to family members who care for support and help. The same is true for others experiencing racism in their workplaces, including in government departments and agencies (e.g. this is also borne out by research by Bargallie, 2019 and Biddle & Lahn, 2016). These experiences and interventions continue harm and create further unpaid care work for

¹² One in every 15.2 children was in out-of-home care in 2021 (SNAICC, 2022, p. 5).

¹³ The National Inquiry reported in the *'Bringing them home'* report (Human Rights and Equal Opportunity Commission, 1997).

women. Colonial structures and institutions also continue to stand in the way of First Nations women (and peoples more generally) being able to direct decisions about *how to care*.

Finally, it is also critical to point out that women in our study also noted that state institutions set up to 'care', are often uncaring and may be violent. We see this in the cases of sheer policy neglect and disinterest, as noted by Shona Hunter, who writes that care inequality is pronounced 'in colonial contexts of highly asymmetric institutionalised inclusion/exclusion operating on the basis of who is defined (fully) human and who is not; where care is denied because of dehumanisation and this denial in turn compounds dehumanisation' (Hunter, 2021, p. 346). For example, in the name of care and addressing what gets termed 'neglect' (despite poverty being structural and linked to colonial dispossession), children are then taken from their homes and placed in state care or in settler families away from culture, as reported across many of our interviews.

Also, in the name of care, we see the sheer cruelty and structural violence levelled against First Nations people. For example, various women in our interviews reported how health care and community care systems are imbued with racism, and often Aboriginal and Torres Strait Islander women are then subject to discrimination so they avoid using them. Social security systems are also hostile for Indigenous people.

'it's just so racist and colonial, so you're always having to like, you know, fight it.' (ACT, 3)

Established upon logics of deterrence and utilising punitive conditionalities, these systems actually force people into poverty, rather than stopping people from falling through the cracks (Mills & Klein, 2021; Staines et al., 2021). A critical aspect coming from our interviews, is how the damage that comes from the state's violent care again creates more unpaid care work demanding the attention of women. Caring for people and community is not just a matter of social reproduction, but endurance and survival against a system of violence constantly attempting intervention and elimination (Povinelli, 2011).

Recommendation 4: To prevent future harms to Aboriginal and Torres Strait Islander peoples that increase the need for care, governments at all levels should ensure public policy is anti-racist, decolonial, and upholds Indigenous self-determination

This may include (but may not be limited to) the following:

- i. Ensuring strong and sustained resourcing to Indigenous community-controlled organisations to provide Indigenous-led community services to support carers and those they care, and to ensure Indigenous women have a choice of service providers. Aboriginal and Torres Strait Islander community-controlled organisations are best placed to provide culturally sensitive supports that are accessible and enable healing, rather than creating more harm. The burden of paperwork/reporting which currently impedes Aboriginal and Torres Strait Islander community-controlled organisations from providing the service itself should also be drastically reduced or removed (and if not removed, then organisations should be at least funded to undertake this administration). (Also see [Watego et al.'s 2019](#) recommendations on this.)*
- ii. Ensure that access to Indigenous community-controlled support services is prioritised across Australia, but particularly in rural and remote areas. This includes, for instance: providing culturally sensitive aged care facilities and supports to those living with disability as well as*

their carers (e.g. ensuring that National Disability Insurance Scheme [NDIS] providers are readily available across urban, regional, and remote areas); establishing and/or increasing the number of Aboriginal and Torres Strait Islander led/run playgroups and childcare services, while also ensuring existing services and programs can (and are resourced to) operate according to schedules that map to women's work and other demands; prioritising Indigenous led/run alcohol and other drugs rehabilitation and healing services, to ensure appropriate treatment options are available for those experiencing addiction/s; and ensuring that culturally appropriate crisis support, crisis accommodation, and services supporting those experiencing domestic and family violence, mental health challenges, or other related issues, are widely available. Wait times for all services must be reasonable to ensure accessibility in times of need.

- iii. Addressing and stamping out racism and coloniality within mainstream services of all types. This includes by ensuring cultural competency amongst government departments, agencies, and services.

Recommendation 5: Governments across Australia must reform child protection systems and procedures to ensure they uphold the human rights of children, carers, and parents, and to prevent ongoing harms caused by these systems

In forming this recommendation, we note the excellent recommendations of the [2022 Family Matters Report](#) published by the Secretariat of National Aboriginal and Islander Child Care (SNAICC), which, if implemented, would resolve many of the problems women in this study talked about. However, from this research we draw attention to the following:

- i. Child protection systems must operate in line with the United Nations Declaration on the Rights of Indigenous Peoples by transferring statutory responsibility and adequate funding for Aboriginal and Torres Strait Islander child protection to Indigenous community-controlled organisations and implementing the Aboriginal and Torres Strait Islander Child Placement Principle across these systems.
- ii. Governments must shift the child protection system's funding and activity balance from intervention services to Indigenous community controlled integrated family support services to enable much more wrap around support to families at risk of interaction with the child protection system at an early stage. The aim should be to prevent child removal altogether and make the goal of maintaining children within Indigenous extended families the highest priority.
- iii. Child protection systems must be reformed to require engagement with existing or potential kin carers before any decisions are made about an Aboriginal or Torres Strait Islander child's removal or placement. Adequate support must also be provided to enable such carers to carry out their obligations.

- iv. *Foster and kinship carers should be better supported in their engagement with the child protection system to significantly reduce the administrative burdens associated with providing care in these capacities.*
- v. *Strengthen accountability of government systems to their clients for upholding the human rights of carers and those they care for, through an independent mechanism, such as a Carer's Ombudsman or similar.*

9.5 Aboriginal and Torres Strait Islander carers need care too

Many of the women interviewed in this study were tired. Some were experiencing, or had been through periods of, utter exhaustion and illness as a result of trying to carry the stressful care load they had. Most had little or no time to themselves, to have a break from the caring work they do, or have a holiday without needing to care for others while they did. Many felt that they could never say 'no', and thus frequently put their own needs last. Rest was hard to come by.

'Sometimes I don't even eat. I just crash.' (CY, 6)

Some made strong efforts to give themselves self-care – physical exercise, an early morning or evening quiet cup of tea, or getting out bush just to be on Country. But there was little respite from the demands of care.

Adequate services to support women were either non-existent or not culturally safe. We did not come across a service functioning in all five sites that women spoke of providing the ideal model of unpaid care for them (unless it was Indigenous community controlled). However, because of the generally poor government funding arrangements for Indigenous organisations – through underfunding, short-term funding periods, or inappropriate targets – or all three – it was often women carers carrying these organisations and filling the gaps of these poor funding arrangements. Services to support the carers are needed but these need to be Aboriginal and Torres Strait Islander designed, owned, run and community controlled (in line with Priority Reform 2 of the Closing the Gap agreement (Productivity Commission, 2023b)). These range from pre-schools, family support services, and disability through to aged care among others.

'Going back to Country and that, that's, that's a really big part for healing.' (EK, 16 & 17)

We note that the Productivity Commission's draft report on early childhood education and care finds that 'Aboriginal community-controlled organisations (ACCOs) are well placed to provide early years and family services – but face funding challenges' (Productivity Commission, 2023a, p. 81). In one site (Greater Sydney) older women who have provided (and continue to provide) unpaid care all their lives were still designing and advocating for an aged care model that would work for them, and we note other models elsewhere.¹⁴ Thus some flexibility and innovation may be required to meet Aboriginal and Torres Strait Islander carer needs in culturally safe and holistic ways. Mainstream services do not fully

¹⁴ We previously referred to studies which found that older women carers in remote communities found some respite and care by attending arts centres where other services were non-existent (Lindeman et al., 2017; Mackell et al., 2022; Mackell et al., 2023). The Purple House also has a model of aged care for remote Central Australia (<https://www.purplehouse.org.au/aged-care>) and Aboriginal knowledge holders such as Ngankari may also have a role in caring for the sick and aged (<https://www.akeyullere.org.au/ankwerre-iwweme.html>).

understand the complexity and scope of the care work Aboriginal and Torres Strait Islander women need to take on, and the support needs they have in doing so.

Recommendation 6: Supports for Aboriginal and Torres Strait Islander carers must be strengthened and/or created to ensure carers are also being cared for

This may include (but may not be limited to) the following:

- i. Support services (including a crisis fund) should be established for Aboriginal and Torres Strait Islander carers to access assistance when needed (e.g. to assist with housework, laundry, transport and emergency financial support).*
- ii. Communication to Aboriginal and Torres Strait Islander peoples and communities about existing support services for carers must be improved, so it is clear what support is available. (This cannot only be via a website if people have either no or limited access to internet.)*
- iii. Support groups for Aboriginal and Torres Strait Islander women who provide care should be identified/created/adequately funded.*
- iv. Respite opportunities for Aboriginal and Torres Strait Islander women providing care should be developed and promoted as a means of ensuring that their health and wellbeing is nurtured.*
- v. Indigenous community-controlled services in areas such as early years care, family services and aged care, should be expanded and sustainably and adequately resourced; the services need to be designed by Aboriginal and Torres Strait Islander people to be culturally safe, holistic and to meet their cultural needs.*

9.6 The relationship between paid work and unpaid work is important

For many of the participants, care was central to their paid work roles as well as the unpaid care work they did. Specifically, most of the women in paid employment in this study had roles in the community sector, which put them at the frontline of caring for community through community services, Indigenous controlled organisations, or through government roles such as working in so-called 'Indigenous Affairs', running government services and contracts for Aboriginal and Torres Strait Islander peoples. They saw this work as part of their broader commitment to supporting their families, communities, and advancing Indigenous peoples. It is therefore hard to draw a line for these women between paid work and unpaid work; the two often overlapped. For example, some women looked after community or family members whilst also doing paid work or would get calls for help during paid work hours. This was reflected in our time-use survey (Chapter 8) where, of the women who

'Her job is always on. No work-life balance. Her care work is all the time – in her day job but day job follows home...' (ACT 17)

reported undertaking paid work in our study, 26.5% reported simultaneously doing one other unpaid care activity, and 4.1% reported undertaking two or three unpaid care activities.

Further, because Indigenous community organisations are poorly funded, or funded on short-term contracts and don't have ongoing financial security, these organisations rely a great deal on women's unpaid work to achieve their goals and run their programs. In this regard, government is itself using women's unpaid labour, poorly rewarding those employed in Aboriginal community organisations who often deal with issues way beyond what is formally funded.

Many women also spoke of doing this paid work not as an end in itself, but to finance their unpaid work, which they saw as central to their lives. Many women in our study in paid work reported having to juggle various demands from their employers who on one hand employed Aboriginal and Torres Strait Islander women because of their knowledge and skill in the Indigenous sector, but on the other hand, did not adequately acknowledge, support or remunerate the skills for which they were being employed. Many First Nations women in paid work in our study therefore carried what some called a 'cultural load', which was work that drew on their intricate knowledge and connection to community. This expertise was drawn on by employers, but taken for granted, overlooked, unremunerated or misunderstood. Women often felt isolated and discriminated against in the workplace, because of this. As noted by Day et al. (2023, n.p.n), 'overburdening Aboriginal women with unreasonable workloads not part of their job description is not reflective of cultural responsibilities or cultural load. It is

gendered and racial exploitation'. Again, women who worked in Indigenous organisations reported feeling more understood and supported than those who did not.

'lucky I work for an [Indigenous] organisation that, yeah, has a lot of caring yeah. Cares. Yeah.' (CY, 7)

Some women in our study also found that the caring work they did prevented them seeking employment, or limited the hours they could be employed. This study finds, like others (see Bargallie et al., 2023), that a shift to supporting the role

of unpaid care is critical in understanding and supporting First Nations women in paid employment. Government policy has focused on getting more First Nations carers into paid care jobs, however this will not transform the situation for First Nations women unless the importance of unpaid care is appreciated and supported. Government policy needs to embrace the unpaid work that First Nations women undertake, and policy needs to support the work they are *already* doing. This will require a policy shift – moving from seeing unpaid care as a burden, to seeing it as a form of strength and cultural importance that has its own value. It will also require a deep commitment to decolonisation, and financially supporting Indigenous controlled organisations.

Recommendation 7: Governments at all levels must fully acknowledge and appreciate, as well as reflect in public policy, the intricate links between paid and unpaid care roles undertaken by Aboriginal and Torres Strait Islander women

This may include (but may not be limited to), for example:

- i. Making sure that Aboriginal and Torres Strait Islander women who are expected to care for their cultures by providing cultural leadership in their workplaces (e.g. by leading cultural engagement, improving cultural awareness, or similar) are appropriately*

recognised and remunerated for this 'cultural load' that they carry (often in an unpaid capacity).

- ii. Ensuring that Aboriginal and Torres Strait Islander peoples can access flexible arrangements and/or appropriate leave (e.g. carer's leave, cultural leave) where needed to accommodate unpaid care roles. (This links with recommendation 4, above, which calls for greater investment in Indigenous community-controlled organisations; these organisations were referred to frequently by women as doing better at understanding and accommodating their care needs. Better funding for these organisations would enable them to provide more accommodating and culturally appropriate workplaces for Indigenous women and peoples more generally.)*

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Appendix A: Additional ABS 2021 Census data relating to unpaid work

Household type and unpaid work

- Regardless of Indigenous status, a greater proportion of men and women in multiple-households provide unpaid disability care (Figure A1) and unpaid childcare (Figure A2) than their counterparts in other households.
- Participation in domestic work is relatively high in multiple-family households for Aboriginal and Torres Strait Islander men and in one-family households for other demographic groups (Figure A3).
- Participation in voluntary work is relatively high in one-family households for non-Indigenous men and in non-family households for other demographic groups (Figure A4).

Figure A1 Household type and unpaid disability care by gender and Indigenous status (2021)

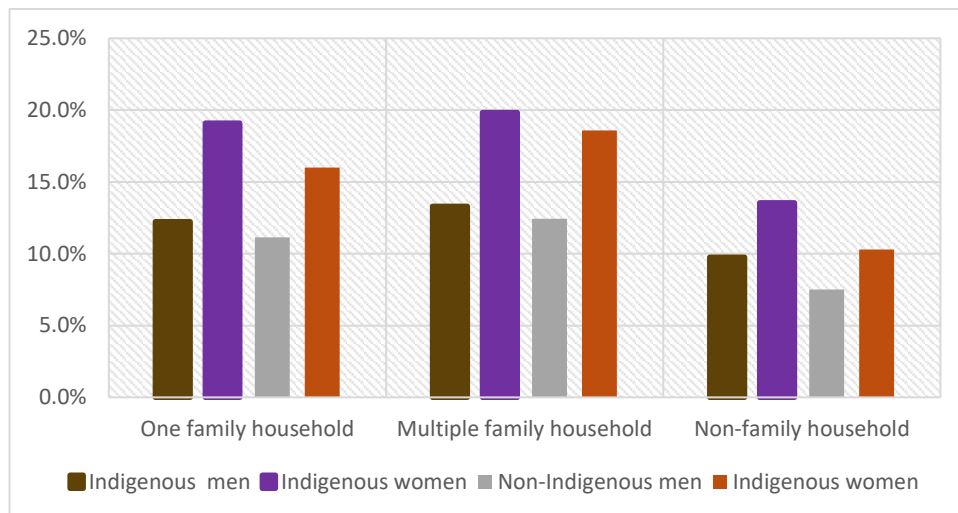


Figure A2 Household type and unpaid childcare by gender and Indigenous status (2021)

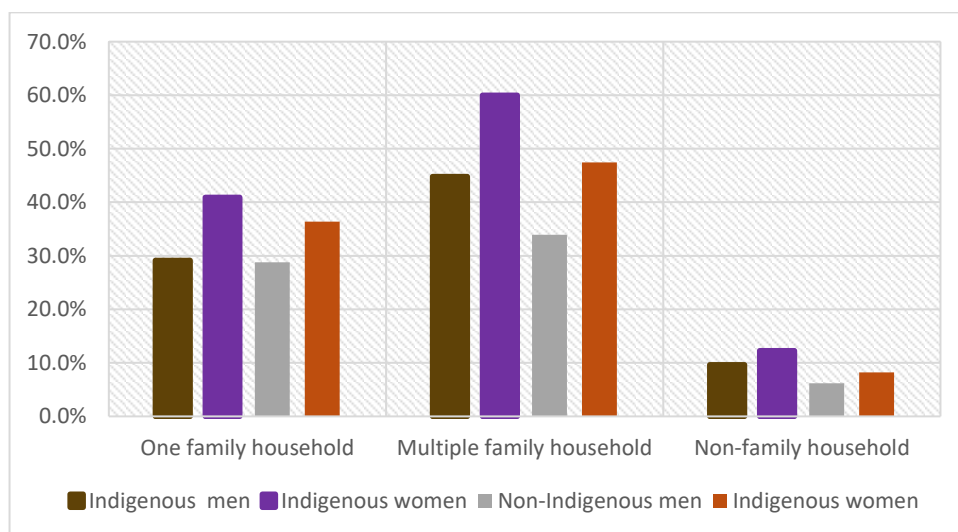


Figure A3 Household type and unpaid domestic work by gender and Indigenous status (2021)

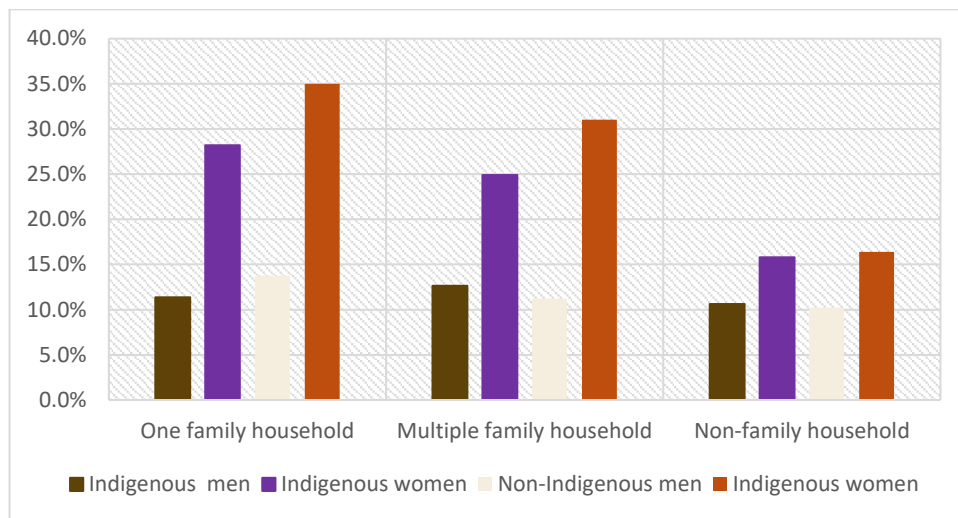
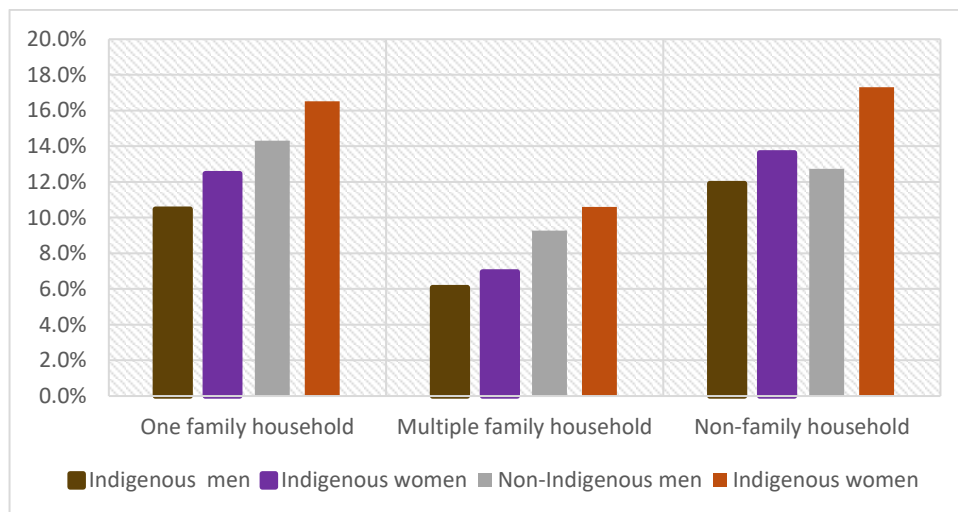


Figure A4 Household type and voluntary work by gender and Indigenous status (2021)



Disability status and unpaid work

- A greater proportion of Aboriginal and Torres Strait Islander persons than other Australians doing unpaid work have had a disability issue (Figure A5).
- The proportion is relatively larger for Aboriginal men than women, except in the case of unpaid childcare.

Figure A5 Disability status and unpaid work, by gender and Indigenous status (2021)

