Author's response to reviews

**Title:** The impact of chronic conditions of care recipients on the labour force participation of informal carers in Australia: Which conditions are associated with higher rates of non-participation in the labour force

**Authors:**

Deborah Schofield (deborah.schofield@ctc.usyd.edu.au)
Michelle Cunich (michelle.cunich@ctc.usyd.edu.au)
Rupendra Shrestha (rupendra.shrestha@ctc.usyd.edu.au)
Megan Passey (Megan.Passey@ucrh.edu.au)
Simon Kelly (Simon.Kelly@natsem.canberra.edu.au)
Robert Tanton (Robert.Tanton@natsem.canberra.edu.au)
Lennert Veerman (l.veerman@uq.edu.au)

**Version:** 3  
**Date:** 2 May 2014

**Author's response to reviews:** see over
1 May 2014

Academic Editor
BMC Public Health

MS: 1908130732120569 entitled “The impact of chronic conditions of care recipients on the labour force participation of informal carers in Australia: Which conditions are associated with higher rates of nonparticipation in the labour force?” by Deborah Schofield, Michelle Cunich, Rupendra Shrestha, Megan Passey, Simon Kelly, Robert Tanton and Lennert Veerman.

Response to Editor’s Letter

Dear Editor,

Please find attached a copy of the manuscript “The impact of chronic conditions of care recipients on the labour force participation of informal carers in Australia: Which conditions are associated with higher rates of nonparticipation in the labour force?” which we wish to re-submit to you.

In the following pages we set out a detailed response to the suggestions and comments received on 2 April 2014. We have used “track changes” in the re-submitted manuscript to indicate where the text has been changed, based on Reviewers’ and Editor’s feedback. All page numbers listed below are in relation to the ‘track-changes’ version of the manuscript.

If you have any queries regarding the manuscript please do not hesitate to contact me.

Yours sincerely,

Michelle Cunich
Detailed response to Editor for MS: 1908130732120569 entitled “The impact of chronic conditions of care recipients on the labour force participation of informal carers in Australia: Which conditions are associated with higher rates of nonparticipation in the labour force?” submitted to BMC Public Health

Editor's Comment:

"Topic of the article is important, and the findings are interesting. The reviewers do not present serious criticism but useful comments that should be considered and replied, and the manuscript should be revised respectively. In particular, authors should clarify selection of the sample: 1) what is the difference between category a and category b (page 6); 2) if you do not include categories c and d, why do you mention them? 3) would category c deserve a corresponding analysis in this or in a separate study?"

Authors’ reply:

We found the reviewers’ comments very helpful, especially the additional literature and adding information regarding the social context to our paper. Both suggestions have been incorporated in the revised manuscript, and we describe these under our responses to reviewers.

Regarding clarification of selection of the sample analysed in this paper, we note that:

The main difference between category a) primary carer of a usual resident (i.e. lives with) care recipient (care recipient identified and carer identified) and b) other primary carer of a usual resident care recipient (described on page 6) is that a) consists of primary carers (seen as principal carers) who provide the majority of ongoing informal assistance to a person with an illness/disability or elderly person living with them who could be matched to them in the SDAC 2009 (our data source) whereas b) consists of primary carers who also provide the majority of ongoing informal assistance to a person with an illness/disability or elderly person living with them who could be matched to them in the SDAC 2009 but are seen as a second carer after those counted in a). These
carers are likely to be caring for people with profound disability and thus high (and full time) care needs.

Categories c) and d) of carers are listed in the manuscript to provide a complete picture of the type of carers who are considered in the SDAC. Category c) primary carers of a non-usual resident (i.e. does not live with) care recipient are carers who are worthy of separate analysis. As suggested by Reviewer 2 (Outi Jolanki), there is a growing number of people who provide care and do not live with care recipients in Europe and the US. When we consider these other categories of carers, the sample of people aged 15-64 years who provided information on their carer status increased to 41,622 (fresh results from SDAC 2009). However, the number of category c) carers in the SDAC 2009 is only 361 (0.9%); making it difficult to examine the labour force status (or other characteristics) of these carers in detail. Category d) other carers now consists of 4,075 (9.79%) people. Unfortunately, it is impossible to match carers in both c) and d) to a main recipient of care in the SDAC 2009, and thus impossible to identify the conditions of these care recipients (the focus of our paper).

We have clarified why we concentrated on carers listed in categories a) and b) only on pages 7-8:

“However, information on both the main care recipient and carer (such as age, sex, education, labour force participation, chronic conditions, and duration of care) needed for this study was only available for main usual resident care recipients who could be matched to primary carers. In particular, information on the main disabling chronic condition of care recipients was only available for those who were living with their primary carers. For this reason, our analysis focuses only on primary carers of care recipients who live with them (i.e. categories (a) and (b) above).”

All additional editorial requests have been completed: a) author’s contribution; b) competing interest; c) repositioning tables after the References. Please see revised manuscript.

Reviewer: Benjamin Edwards

Comments requiring action:
Minor essential revisions

While the literature review is fairly thorough there are a couple of relevant papers that are of relevance that have been omitted.

On the impact of carers on LFS:


On the long term need for carers:


Authors’ reply:

We thank the reviewer for directing us to this additional recent published work on carers. We have incorporated these papers, and other relevant studies we found (Bittman et al 2007; Falkiner 2011) in our Introduction. The new paragraphs (at end of the Introduction on pages 6-7) read as follows:

“Gray and Edwards (2009), using a nationally representative sample of female carers in receipt of government assistance (2006 Families Caring for a Person with a Disability Survey), examined the impact of personal and care-related characteristics on the likelihood of maintaining employment. They found that although carers had a lower employment rate than non-carers, over half of those who were not employed reported they would like to be in paid employment. The main factors associated with the lower rate of employment for female carers were having a low level of educational attainment, poorer health, caring for someone full-time, caring for a child with a
disability, and not having anyone outside the household to provide assistance. Qu et al (2012), using the 2009 Survey of Disability, Ageing and Carers (SDAC) and 2006 (Australian) Census data, examined the characteristics of parent carers and their son or daughter with a disability who lives with them. With regard to economic outcomes, they found that older women (aged 65 years or older) caring for their adult children were less likely to participate in the labour force and had a lower personal income than others. Thus older women caring for a son or daughter with a disability (particularly female sole parents) were found to be disadvantaged in relation to financial provision for their own retirement.

Few studies have examined the impact of informal caregiving on the economic circumstances of carers (and their families) using Australian longitudinal data. Bittman et al (2007) examined the effects of informal caregiving on carers’ employment, income and earnings using four waves of HILDA (2001-04). They found that carers were more likely to reduce their hours of work or exit from the labour force and earned less on average than non-carers. Leigh (2009) examined changes in labour market outcomes for carers as their caring commitments changed using a longer span of HILDA data (i.e. 2001-2007) and found that caregiving had a negative effect on the labour force participation of carers. Falkiner (2011), using the latest waves of HILDA (waves 5-9 i.e. 2005-2009), examined the characteristics of people who become carers including the age at which people have the greatest risk of becoming carers for the first time. This study provides estimates of the hazard of entering caregiving but it does not explore how this decision affects economic outcomes of carers (and families) after doing so.

New references:


Additional Australian studies/sources are also now incorporated in the Discussion (see pages 11-13).

Reviewer: Outi Jolanki

Comments requiring action:

2. Discretionary revisions

(a) In my mind, the article would benefit from some additional information on the social context of the study and the solutions taken to select the data.

In order to open up the Australian context for those readers unfamiliar with it, it would be beneficial to have more information on certain issues. It would help the readers better to understand the social context in which Australian working carers live, if the authors would provide more information of the availability of public or private care services and/or benefits for informal carers and working carers of adult people. Are there any, and if there are, what is known of the use of these services and their relation to carers employment status? The availability of other carers or care services can have effect on working carers chances on reconciling work and care, but that is of course dependent on the availability and quality of the services/benefits.

In addition, it would be important to know about employment policy in Australia and whether working carers’ (of adult people) have any forms of support available in work life. Do working
carers have chances for work time arrangements such as flexible work hours, part-time work or paid/unpaid care leaves? Is there information on use of these options among working carers?

Does the data of this study provide any information on the issues mentioned above? If this information is not available, it would still be useful to have some references added on these topics to the introduction.

Also, the authors do not really address care as a gender issue. Recent studies have shown that men act as carers more often than was previously assumed, and, as the authors note, that caregiving has effect on reduced labor force participation and lower household income among all carers. But previous studies also show that male and female carers differ in the sense that women more often reduce their work hours or leave work, and caring women’s career development, income and pension benefit suffer more than those of the caring men. It would be very important to have some information (from Australia) of the gender division of care such as amount of men and women as full-time carers, the type of care tasks they have etc. Very often women provide ‘hands on’ personal care which is more time consuming than managerial or organizational care typically provided by men. The type of chronic condition the care recipient has is likely to be linked to amount of care needed; memory problems and other cognitive disorders usually require 24/7 care.

It would interesting to see some discussion on these complex factors and the authors’ views on how the findings of their study adds to previous findings in this respect.

In my mind, these minor clarifications and added information would broaden this interesting article and give the readers a better view of the situations of working carers in general and in Australian society in particular.

Authors’ reply:
We thank the reviewer for their insights regarding the (Australian) social context for caring. We have addressed the Reviewer’s (discretionary) comments by providing information on the social context relevant to carers in general (and working carers) in the Discussion. These new paragraphs (Discussion on pages 10-13) read as follows:

“The challenges faced by carers as a whole seem to be from pressures already in the health sector and the lack of formal measures ensuring appropriate workplace flexibility for carers. Whilst there are public and private care services for those with a disability, chronic condition, or frail aged (such as residential and aged care facilities) and respite care (see, for details about the Government’s National Respite for Carers Program, 30), there are more people in need of these services than is available, resulting in delayed or constrained access 31. Moreover, the policy direction taken in the last 20 years has been to move away from institutional forms of care to “ageing in place” i.e. community-based care 32.

The Australian Government provides two forms of assistance for carers: Carer Payment and Carer Allowance. The former is an income support payment for people who personally provide regular (continuous) care in the home of someone with a severe disability, illness, or frail aged. It is a payment for carers who are unable to participate in the labour force full time due to their caregiving role. Eligibility for this payment includes satisfying an income and assets test and also depends on the level of impairment of the care recipient 19, 33. The latter is a supplementary payment for carers who provide additional daily care and attention for someone with a disability or medical condition, or frail aged 33. Eligibility for this payment does not include any income or asset testing. Almost all of those who receive Carer Payment also receive Carer Allowance. Currently, the single rate for Carer Payment is $766.00 per fortnight and the couple rate is $577.40 per fortnight. Carer Allowance is $118.20 per fortnight. Additionally, an annual payment of $600 is payable for each child cared for under 16 years 33.
There is limited information on the impact of receiving carer payments on carers’ labour force participation and employment. Gray and Edwards (2009) examined the labour force participation of female carers, taking into account whether they were receiving carer payments or not. (Leigh (2010) only uses receipt of government payments for carers to identify carers in HILDA). Gray and Edwards (2009) reported the employment rate of female carers who received Carer Allowance only to be 43.1% (11% of whom were in full time employment) whereas the employment rate of carers who received Carer Payment only was 20.5% (less than 1% were in full time employment). Although these relationships were significant from the regression model estimates, they found no relationship between type of payment and the desire to work. The availability of suitable care services and support for carers can affect working carers’ chances of reconciling work and care, but this depends on the availability and quality of the services and supports. Information on the type and amount of government assistance received by carers (i.e. the exact amount of Carer Payment and Carer Allowance) is not available in the 2009 SDAC; however, how this impacts on work and caregiving decisions is an issue requiring further research.

Employment policy in Australia and whether working carers (of adult people) have suitable forms of support available in work life may also need further attention. Working parents and carers are (legally) protected from discrimination when trying to balance their work arrangements with family and caring responsibilities. Under the Equal Opportunity Act 2010, employers have a positive obligation to take reasonable and proportionate measures to eliminate discrimination, sexual harassment and victimisation (bullying and intimidation by co-workers; being denied a promotion or being moved to a position with lower responsibility; dismissal from employment; being refused further contract work) as far as possible. The Act applies to employers of all sizes, includes all types of workers, and is relevant to all stages of employment. Thus there are protections in place to enable carers to manage their work and caring responsibilities effectively. Thus the challenges seem to be in relation to whether (a) workers feel they are able to discuss any difficulties they are facing with employers at the point they occur, and (b) employers are able (and it is financially viable to do so) to
generate the degree of workplace flexibility (flexible work hours, part-time work or paid/unpaid care leave hours) required to meet the personal needs of their workers who are also carers.

While 54% of all carers are women, recent studies have shown that men are taking on caring roles more often than was previously assumed, with a larger number of men being primary carers than women in the age group 65 years or older in Australia which is driven, in part, by the longer life expectancy of women and the increasing prevalence of people with dementia and other cognitive disorders. As noted in this study, caregiving has negative effects such as reduced labour force participation and lower household income among all carers. However, previous studies have also demonstrated that male and female carers differ in the way they seek to manage work and caregiving. Women more often reduce their hours of work or relinquish work when caregiving and thus female carers experience additional risks in terms of career development and income compared to male carers. This study provides support for the Australian Government’s current health proposals which include improving the opportunities for working-age carers to participate in the labour force at a desired level. With persistent skills shortages and an ageing population requiring more care in the future, the Government will need to continue on its path of adopting a more targeted (but holistic) approach to increasing the labour force participation of its working-age population. Special attention will need to be given to the challenges faced by important subgroups. Informal carers are one such group.”

(b) Finally, it would be important to have a more detailed explanation why only the cohabiting carers have been included to the study even though the data has material on both? The statistical data shows that in Europe and the USA cohabitation of adult children and older parents’ is a rather rare phenomenon (with some differences between Southern and Northern European countries). To my understanding this is the case in Australia too (?). The authors state that caregiving has effect on carers employment whether they live together or not. The statistics show
that the amount of non-cohabiting carers is often much larger than those cohabiting with older generations. In this case, one could think that the authors would have had a much larger data if they would have included both groups of carers.

Also, the statistics show that the cohabiting adult child is very often unmarried but countries differ in this respect, and for example in some countries cohabiting child is either an unmarried son or a married daughter. It would be good to know the gender division of cohabiting and non-cohabiting carers in Australia.

Authors’ reply:

We note that we only examined the labour force status of carers living with care recipients even though the source data (2009 SDAC) has information on other types of carers because it only has information on the chronic conditions of care recipients who are living with primary carers. Had we looked at all carers, then some of these carers (non-primary carers) would have incomplete information because it is missing for their care recipients (explained in more detail under Author’s response to Editor’s comments above) This has been clarified further on pages 7-8 of revised manuscript.