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**Young carers in receipt of Carer Payment  
and Carer Allowance 2001 to 2006:  
characteristics, experiences and  
post-care outcomes**

J ROB BRAY

Social Policy Evaluation, Analysis and Research Centre  
Australian National University

**A strong and fair society for all Australians**

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### **For more information**

Research Publications Unit

Research and Analysis Branch

Australian Government Department of Families, Housing, Community Services and Indigenous Affairs

PO Box 7576

Canberra Business Centre ACT 2610

Phone: (02) 6146 8061

Fax: (02) 6293 3289

Email: [publications.research@fahcsia.gov.au](mailto:publications.research@fahcsia.gov.au)

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## Executive summary

This project aims to provide a better understanding of the circumstances of young people who receive transfer payments to support them in providing ‘informal’ care to people with disabilities and the frail aged.

The main focus is on the 20,363 young people who were aged under 25 years at some point between September 2001 and June 2006 and received Carer Payment or Carer Allowance, or both. (These are respectively a means-tested income support payment and a supplementary payment made by the Australian Government to support those providing informal care.) Analysis is mainly based on a longitudinal dataset of fortnightly Centrelink records over this period.

Young carers in receipt of these payments are only a part of a wider group of young people who provide care and support to people with care needs. While information is collected on this larger group in household surveys and the Census, the definitions used in these vary and rarely provide sufficient information to differentiate between levels of care provision. They are also of limited value in understanding the young carer population and experience.

The young carer group in receipt of assistance is far from homogenous and there are some strong grounds for looking at subgroups. In particular, the circumstances of younger carers in this group are quite different from those who are older. Younger young carers tend to be caring for parents and grandparents, while older young carers, especially those aged over 21 years, are increasingly looking after their own children with a disability, and partners. These older young carers account for the majority of young carers. While three-quarters of young carers overall are female, the proportion of males is higher in the younger age groups.

Some of the key insights into the population of young carers generated in the study include:

- Young carers were nine times more likely to be living in areas of high socioeconomic disadvantage, and in outer urban locations and smaller country towns. There were very marked differences in the incidence of caring by the country of birth of the young carer. While those born in some countries had very low rates, for others the rates were four to five times the population average. Indigenous young Australians were some two to three times more likely to be young carers.
- Many young carers were part of a network of caring provision. One-quarter of the carees of young carers had been cared for by another carer in receipt of Carer Payment or Carer Allowance within the timeframe of the dataset. This most frequently involved a young carer and one of their parents caring for the other parent (or their parent’s partner), a young carer and their parent caring for a grandparent, or several young carers looking after a parent.
- The levels of educational attainment and participation by young carers were generally low, as was their level of workforce participation.
- Over one-half of the young carers were in the dataset at its commencement and end. However, only one-third of these were carers in their first record, with the others mainly being on other types of income support. Of those who were caring at this time, one-half were also recorded as caring at the end of the dataset, although not always continuously across the whole period.
- The duration of caring was quite long, with 75 per cent of young carers still caring 47 weeks after commencing care and 50 per cent after 141 weeks. While the durations of care of younger carers in the group were below those of other carers in receipt of assistance, the durations of older young carers are similar to carers aged 25 to 54 years.

A central question addressed in the study is the post-care experience of young carers. Comparison with other young people who received income support payments at some time showed young carers had a 25 per cent higher level of reliance on income support in both the period prior to and after caring. Compared with the



population of young people as a whole, rates of reliance on income support in the post-care period of young carers were some two to three times higher.

In addition to identifying several avenues for further work, the report notes:

- The characteristics and experiences of young carers aged 20 years and younger are quite different to those young carers aged 21 to 24 years. There may be merit in focusing the concept of ‘young carer’ on the younger age group only.
- The association between the adverse levels of income support reliance by young carers after finishing care and their pre-care use of income support suggests that policy interventions may need to be targeted at an early age, with a strong focus on education.
- Longitudinal data is critical to understanding the dynamics within the caring experience and the post-care experience of young carers. There is a clear need for the development of a longer and more up-to-date dataset to take into account the durations of care being provided, the dynamics of multiple caring, and the evolution of the payments which have seen increasing numbers of young people in receipt of Carer Payment and Carer Allowance.
- Data collection in household surveys on caring needs to be much more sophisticated if it is to usefully contribute to understanding the role and circumstances of carers as a whole and young carers in particular.

## Note to readers

This report is primarily based on analysis of the Carer Dataset constructed by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) from the administrative records of payments made to individuals by Centrelink over the period September 2001 to June 2006.

This is a very rich dataset and provides an insight into the dynamics of caring. However, analysis based on it has a number of characteristics that need to be taken into account, in particular for those more accustomed to the use of cross-sectional data.

The population of young carers that is the focus of this report are those individuals who either:

- were under 25 years of age and providing care at the time the dataset was established while in receipt of a payment in recognition of this role, or
- commenced care and receipt of such assistance when aged less than 25 years at a point before the dataset ended.

Two important consequences of this are: the analysis may contain information which relates to an individual and their caring experience after they turn 25 years; and the population of young carers in the study consists of all people who were a young carer at some point over the period. As such the number of young carers does not represent a count of the number of young carers caring at any particular point in time.

In addition, because the population of young carers considered in this analysis are those who were in receipt of either Carer Payment or Carer Allowance, they represent only a segment of the population of young Australians who provide care.

The measurement of durations of activity in a longitudinal dataset such as this is particularly complex. For a large number of individuals, their caring continued past the end of the dataset resulting in the recorded period of care understating the actual duration. At the same time, a simple focus on completed spells of care would considerably reduce the number of records and, therefore, the level of detailed analysis which can be undertaken. It may also bias the results in two further ways:

- by disproportionately considering shorter durations of care which are more likely to have been completed in the timeframe of the dataset
- by focusing more on those who entered the record as carers early in the dataset. This is of concern, as the period of the dataset covered a time of expansion in the number of carers receiving assistance.

Finally, as administrative by-product data the dataset used has some limitations. It only contains information which was collected for the purposes of administering payments. This means that the actual information available varies across different payments depending upon specific eligibility conditions. As such some items may not be updated following the establishment of eligibility. Furthermore, many characteristics of activity such as caring and education are inferred from payment eligibility rather than direct measurement. While these inferences are generally considered robust in the positive, that is a person in receipt of Carer Allowance or Carer Payment can reasonably be assumed to be caring, the inference that a person not in receipt of such support is not caring, is much less so.

In addition the compilation of the dataset involved a series of decisions on how particular records should be treated. These decisions included the treatment of periods when a person is shown as being on a payment, but no actual payment is made in a fortnight, or which career's data should be used to describe relationships where there are multiple careers. Different approaches to these decisions may generate small changes in the actual size of populations. In particular, there may be differences in the numbers shown here and official counts which use specific established criteria for these purposes and to ensure consistency over time and across programs.

In all tables where some cells contain a small number of records, the data has been perturbed to ensure that no individual can be identified. Such cells should be treated with caution.

# 1 Introduction

## 1.1 Objective of project

This report has been produced under the auspices of the Social Policy Research Services Agreement between the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and the Social Policy Evaluation, Analysis and Research Centre of the Australian National University.

The purpose of this project is to enhance our understanding of the characteristics and dynamics of young carers of people who have a disability, a severe medical condition, or are frail aged, in receipt of Commonwealth assistance.<sup>1</sup> The project includes an analysis of the duration of care. A specific motivation was to examine the extent to which young carers are reliant on income support, both while caring and post-care, and their education participation.

## 1.2 Young carers in Australia

Over the past decade, there has been increasing attention given to young carers. While a major share of family and related informal caring is undertaken by older Australians, it has been increasingly recognised that there is a group of young Australians who provide care to individuals who would otherwise face poor outcomes due to their inability to look after themselves. Some of these individuals may, because of a disability or health condition, otherwise require institutional care.<sup>2</sup>

In this analysis, the definition of a young carer as being a person aged under 25 years has been used in accordance with FaHCSIA practice.

### Previous research

Carers Australia (2001a and 2001b) presents both a picture of the young carer population and experience, and a framework for considering issues relating to young carers in a policy and research environment. In its summary, the Final Report noted ‘the caring role has the potential for significant and pervasive negative effects on young carers, including reduced life choices and limited future opportunities’, citing in particular poor educational outcomes. The question of education was further considered by Moore et al. (2006) with a focus on young carers in the education system. He found that while many faced difficulties in participating fully in education, most young carers valued education highly.

Hill et al. (2009) utilise data from the 2006 Australian Census and the 1998 and 2003 ABS Surveys of Disability, Ageing and Carers, to examine the circumstances of young carers, including their geographic location. They found that, while most regions had around 4 to 7 per cent of young people caring, this rose to 9 to 11 per cent in remote Northern Territory and Western Australia. The research reported that there had been an increase in young primary carers between 1998 and 2003, but a decline in the reported total number of carers aged 10 to 24 years. As with other studies, the research reported that young carers were less likely than other young Australians to leave school with a Year 12 qualification and had lower levels of participation in education and employment than their non-caring peers.

Edwards et al. (2008) undertook a survey of Carer Payment and Carer Allowance recipients. However, this only considered carers over the age of 18 years, and in the analysis young carers were merged in with carers aged 25 to 34 years. An important finding of this analysis was that most carers had a number of supporters who helped them in their various roles. The data indicates that the range of support was between 65 per cent with regards to help with everyday duties and 85 per cent for obtaining advice about caring.

The research also examined the mental and physical health of carers. Data for female carers aged 18 to 35 years indicated that 23 per cent had poor physical health, a statistically significant difference from the 11 per cent for the reference population of non-carers. With regard to mental health the report noted that 'the difference in the incidence of clinical levels of depression is highest when carers are younger (26.9 per cent of [female] carers aged 18 to 35 years are at risk of clinical levels of depression, compared with 12.8 per cent of 18 to 35 year-old female non-carers)' (p. 70). Other Australian research into stress among young care givers has highlighted the importance of social support, as well as personal skills and techniques for managing stress, in reducing stress levels (Pakenham et al. 2007).

Cass et al. (2009), while having many similar findings to other research on issues such as poor education and labour market outcomes for young carers, as well as on their mental health and capacity for social participation, sought to place this in a broader context and from the perspective of young carers themselves. In summarising this, they provided the following insight: 'The young people perceive profound contributions to the wellbeing of the care receiver and the whole family; they see their caring responsibilities contributing to the wellbeing and integrity of the whole family. Young carers also perceive that they acquire valuable skills, including a sense of maturity, independence and a deep sense of achievement' (page x). This is a very useful reminder that while external normative assessments may identify particular adverse outcomes, there are other balancing issues that should be given equal attention.

The question of labour market participation has been addressed in much of the literature (Carers Australia 2001b, Henz 2004, Watts 2008, Cass et al. 2009, Access Economics 2010). Most of the focus has been on the much lower cross-sectional rates of employment of carers, including young carers. The findings of such analysis is typified in the observation of Hill et al. that 'young primary carers were less likely to be employed full-time and more likely to be unemployed than their non-carer counterparts' (p. 59).

In a survey of international research Hessel and Keck (2009) report a diverse set of findings on the relationship between caring and labour market participation. While some studies identify falls in the rate of participation in employment when carers start providing care, others do not. Where research considered the impact separately for men and women, stronger effects were usually found for women. A number of the studies they review also point to employment status being an important determinant of caring, with those not employed or participating in employment at a low intensity, such as in part-time work, more likely to become carers. US research by Wakabayashi and Donato (2005) found that women aged 19 to 25 years and women with low educational qualifications were more likely to experience large declines in employment.

Some more recent analysis has addressed the question of the causality in the relationship between caring and unemployment and the degree to which some of the employment outcomes may be related to the characteristics of carers, rather than their caring experience. Cass et al. (2009) applied multivariate analysis to a cross-section of Household, Income and Labour Dynamics in Australia (HILDA) data and concluded that 'the findings are indicative of a tendency for young male carers to have greater participation in employment and study and to take on breadwinner roles and for young female carers to become more entrenched in care roles' (p. 43).

Research by Heitmueller (2007) observed that 'not accommodating for endogeneity in the labour market participation equation may significantly overestimate the impact care exhibits on the employment decisions of informal carers' (Heitmueller 2007, p. 536). The research reports that when better controls of carer characteristics were used, a number of the relationships between caring and poor employment were no longer significant. However, these relationships remained significant for co-resident and intensive carers.

Australian research (Leigh 2010) uses HILDA data to estimate both cross-sectional and longitudinal estimates of the impact of caring on employment, using fixed effects in the panel analysis to control for carer characteristics. He reports that when individual fixed effects are taken into account the negative impact of care giving on employment falls from 20 to 28 percentage points to 4 to 6 percentage points.

Modelling by Nepal et al. (2009) of the lifetime impact of caring, using data from HILDA, suggests that for a single parent with secondary education who commenced caring for a child with a disability, family income would be reduced by 20 per cent over the person's working life. More significantly, the share of this that would come from transfer payments would rise from 55.3 per cent to 90.3 per cent.

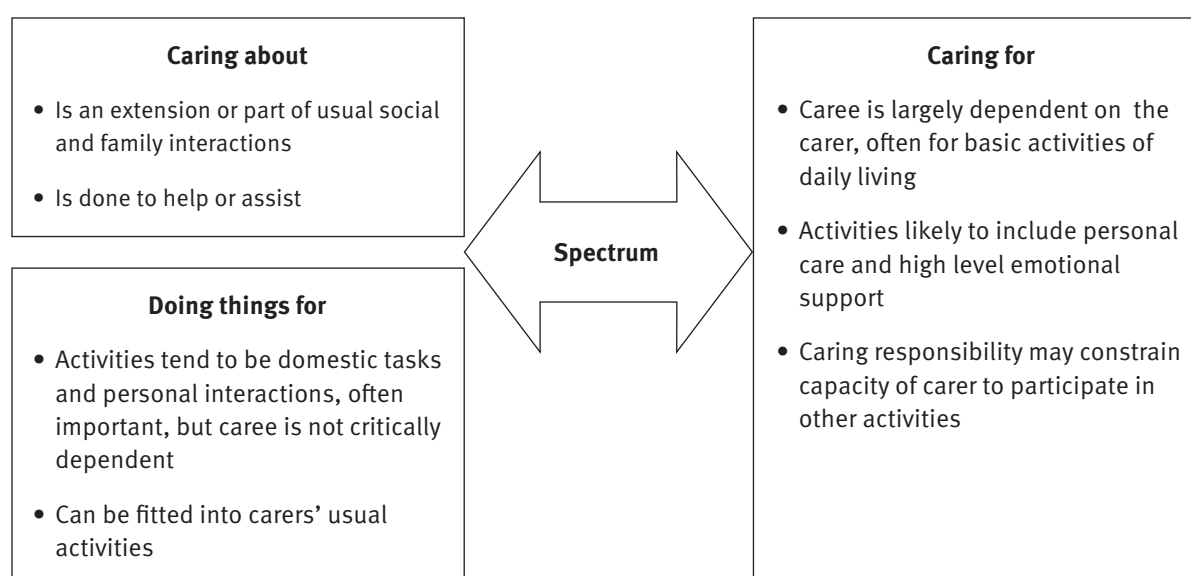
Bittman, Hill and Thomson (2007) looked at the re-entry of carers after a period of caring, again using HILDA data, and concluded ‘women finishing a caring episode are as likely as non-carers to re-enter employment. Among men, on the other hand, a smaller proportion of those finishing an episode of caring re-enter the workforce than non-carers’ (p. 267).

### Estimated number of young carers

Providing support to others in families, and more broadly in the community, is an integral part of day-to-day family and broader social interactions and the web of obligations and benefits these provide. Many aspects of this support can be typified as being caring. While it is appropriate to recognise the contribution that all of these activities make to our society, for other purposes it is important to identify only a subset of these activities and the individuals who provide them. In the context of social policy, this is usually the subset of activity where the nature or level of caring undertaken goes beyond the ‘usual’, or where care giving may have adverse consequences for the care giver.

One way of considering this spectrum is to recognise it, as illustrated in Figure 1, as ranging from caring about people and doing things for them, to a more intense form of caring for a person who is highly, and often wholly, reliant on this care to undertake basic activities of daily living or to achieve a basic level of participation in society.

**Figure 1: The caring spectrum**



Although there is no single cut off point between these concepts, classification is typically based around one or more of the following criteria:

- the characteristics of the person who is being provided with assistance
- the nature of the tasks being undertaken
- the intensity of the activity
- the level of obligation or dependence in the relationship
- the extent to which the activity and obligations impact on the capacity of the carer to participate in other activities, including education and employment.

It is rare for information on all of these aspects to be collected, or for it to be presented in a way that differentiates the additional level of caring implicit in these dimensions relative to what might be considered as the level of usual support activity that a person may provide.

The appropriateness of different conceptual approaches to defining caring varies with the purpose for which the definition is to be used. In some applications a very broad sweep may be appropriate, while in others a much narrower approach may be relevant. For example, in acknowledging the role of caring in society, while clearly it is appropriate to pay greater attention to those who are carrying the heaviest load, it is equally important that all efforts, both large and small, are recognised. In such circumstances a broad definition may be called for.

On the other hand, other applications require a narrower focus. For example, when considering the need for social policy responses, one of the areas of concern may be the extent to which the caring task significantly impinges on the life of the carer, including their ability to independently support themselves. Here, a tighter definition that includes the specific dimension of the impact of caring on the carer would be required.

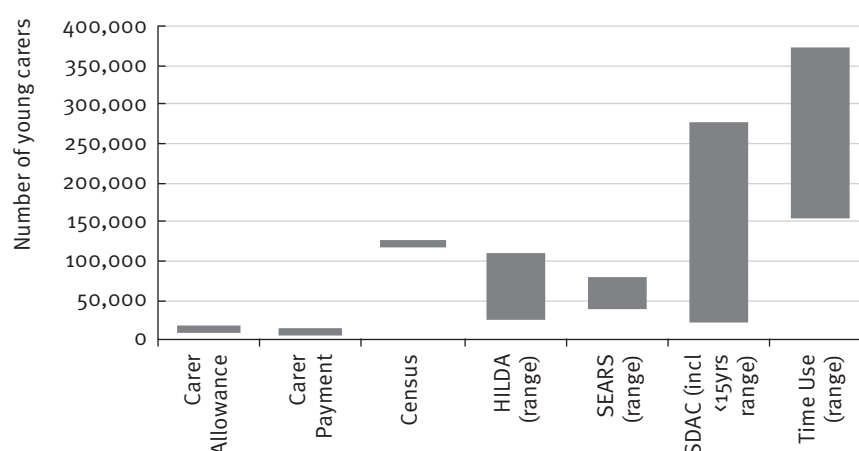
Other policies may require an intermediate grouping. If a policy was to provide access to information and training to help carers better undertake their caring role, the approach might focus on that group of carers who provide personal care, with much less attention to those who mainly provide domestic support.

In the literature, this type of differentiation is not always undertaken. Rather a single count of ‘carers’ is used with little in the way of a precise definition, and often scant attention to whether the definition used is relevant to the particular aspect of caring that is the subject of discussion. Exceptions to this do exist. For example, the work of Morrow (Moore & Morrow 2007) proposed a classification instrument for young carers that separates out domestic tasks, such as cleaning, cooking and shopping as being ‘Instrumental Activities of Daily Living’ and identifies 15 ‘Activities of Daily Living’ (ADLs) that encompass personal care, mobility, and health and related, support activities.<sup>3</sup> This work suggests a threshold of the incidence of one-half of these, along with some indicators of negative educational or psychological outcomes, should be used to identify a young carer.

A similar approach has been used by Hunt, Levine and Naiditch (2005) in research into young carers in the United States. The study found that only 58 per cent of the young carers they surveyed provided direct ‘Activity of Daily Living’ care. However, those who did reported more negative outcomes, including high absenteeism from education, a greater prevalence of severe mood swings and higher levels of stress.

A consequence of these differences in approach to defining a ‘carer’ is that discourse about young carers in Australia uses many diverse estimates and definitions of the number of young carers. The differences in scope of some of these definitions, as well as the practical difficulties in deriving estimates of carers from survey and other data sources, is addressed in detail in Attachment A. Summary estimates of the number of young carers from this analysis are illustrated in Figure 2.

**Figure 2: Estimated number of young carers, and those providing support to a person with a care need, aged under 25 years in Australia**



Source: Carer Payment and Carer Allowance—2010 FaHCSIA administrative data; Census—2006 (ABS 2007a); HILDA—Household, Income and Labour Dynamics in Australia—2009 (MIAESR 2010); SEARS—Survey of Employment Arrangements, Retirement and Superannuation—2007 (ABS 2007d), SDAC—Survey of Disability, Aging and Caring—2009 (ABS 2009); Time Use—2006 (ABS 2006b)—see Appendix A for full details of these surveys.

The chart highlights the considerable differences in estimates of the number of young carers from the various sources and the variety of estimates (even from the same source) that can be derived depending on how caring is defined.

- ▀ As at June 2010, there were 10,931 recipients of Carer Payment or Carer Allowance aged under 25 years of age. Most of these received both payments (5816) although there were 4435 who only received Carer Allowance and 680 who only received Carer Payment.
- ▀ The 2006 Australian Census of Population and Housing asked a single question of people aged 15 years and over as to whether or not they provided 'unpaid care, help or assistance' to a family member or other person because of 'a disability, a long term illness, or problems relating to age'. In response, 119,441 young people aged under 25 years indicated that they did. The HILDA survey contains questions both on whether or not a person provided personal care, and the time they spent caring. However, the scope of these questions excludes those who were caring for a disabled young child. The responses to these can be combined in a number of different ways to estimate groups of carers. Taking a positive response to either of the questions generates, for late 2009, an estimate of around 111,637 young carers, while limiting it to those who stated they provided personal care and spent more than four hours a week caring, generates an estimate of 22,632 young carers aged under 25 years.
- ▀ The ABS Survey of Employment Arrangements, Retirement and Superannuation (SEARS) also has a number of questions on caring, including whether a person provides care and the frequency of this care. A definition that counts those providing daily care to a person with a long-term disability, or a person caring for their own disabled child generates an estimated 37,557 young carers, while extending the definition to those providing less frequent care, and care to those with a short-term need, increases the number to 78,504.
- ▀ A similar wide range of estimates can be derived from the ABS Survey of Disability, Ageing and Carers (SDAC) conducted in 2009. Using the broadest definition, it is estimated that there were 278,182 young carers aged under 25 years, of whom 197,633 were aged between 15 and 24 years of age. Focusing on those who are defined as being a 'primary carer' (that is, they are the person who provided the most informal care to the person with a care need), generates an estimate of 20,657 young carers. Due to the survey methodology any person who was a primary carer but aged under 15 years, was not identified as such.
- ▀ The ABS Time Use Survey also provides estimates of both the time spent on activities and whether a person identifies as a carer. In this survey, 372,231 Australians aged between 15 and 24 years reported that they were a carer (or provided support to a person because of disability or ageing). Of these, 155,900 also reported spending some time caring or doing tasks on behalf of another person with a care need. However, only 6.0 per cent of these reported providing physical care for an adult and 5.2 per cent for a child in the reporting period of the survey, with most of the other reported activity being housework and shopping.

It is rare for these surveys to provide high quality data on the extent of the receipt of payments for caring which would permit more effective investigation of the caring activities of those carers who receive public support for this. In many surveys (for example, the Time Use Survey), data on the receipt of Carer Payment is simply aggregated with a number of other income support payments. Even when estimates are available, they are frequently at odds with administrative records.

In the 2009 Survey of Disability, Ageing and Carers, it was estimated that there were 134,917 Carer Payment recipients and 297,849 Carer Allowance recipients. The administrative data at the time indicated that the actual numbers were 146,870 and 461,086. The HILDA survey for 2009 reports 330,077 Carer Payment and 377,751 Carer Allowance recipients.<sup>4</sup>

A second difficulty with these surveys is that they are based on small samples, which severely limits the capacity to derive reliable estimates of the characteristics for small population groups.

As illustrated in Figure 2, no 'consensus' estimate of the number of young carers can be derived across the range of different data sources. While the upper end estimates provide some insight into the number of young Australians who do things for family members and others who need some support, the other evidence



suggests a much smaller proportion of this activity can be defined as a level of caring which may need to be addressed by public policy and other interventions. Even the lower bound estimates may be of limited guidance. Further, where some information about the time spent caring, and the level of need of the person being cared for, is available there tends to remain insufficient data to identify the actual care activities undertaken. If a tight definition is used, estimates below the lower bounds are quite probable.

Although the use of more sophisticated measures of caring in data collections would enable a clearer understanding of the characteristics of carers and the caring role that they play, and is important, the small sample sizes of most household surveys does mean that the practical level of analysis that can be undertaken on subgroups is likely to remain limited.

### 1.3 Implications

As clearly demonstrated above, the group of young carers in receipt of either Carer Allowance or Carer Payment are only a subset of the whole carer population. However, because of the intensity of the care they provide, and the extent to which this may preclude employment and other activities, they are potentially the group who are most likely to include those most severely impacted by their caring role.

This means that particular caution needs to be exercised in extrapolating the findings of this research as being the experience of young carers, when this group is more broadly defined. It is probable that the very characteristics of the carer and the caree which have resulted in the young carer being eligible for, and in receipt of Carer Allowance or Carer Payment, will also differentiate them from other young people who might be undertaking some caring. For the same reasons, it would be wrong to assume that the existence of a wider group of young carers not in receipt of this assistance is *prima facie* evidence of an inadequacy of the scope of the programs.



## 2 Carer Payment and Carer Allowance

The focus of this analysis is on young carers in receipt of Carer Payment and/or Carer Allowance. There are three reasons for this. The first is to achieve a better understanding of the actual experience of those carers who receive support through both income support payments and/or supplementary payments, as well as the potential impact of this on their longer-term outcomes. The second is that these recipients represent a group of young carers who provide more intensive levels of care, as the eligibility criteria for both payments require the recipient to provide extensive care.<sup>5</sup> The third is the availability of relatively detailed data on their experiences, before, during and after care from the FaHCSIA Carer Dataset.

The inclusion of recipients of either, or both, Carer Payment and Carer Allowance in this analysis was motivated by a number of factors. The first was to identify the widest group of young carers. The second was that, given movements between the two payments, to consider one without the other would give rise to apparent moves in and out of caring which were simply artefacts of the payment structure. The third is that the relationship between the two payments has evolved, both over the time of the study and more recently.<sup>6</sup>

As seen in Section 1, such young carers represent only a relatively small proportion of the total number of young people who may provide some support to others because of illness, disability or frailty. Further, while the time intensity of care may be considered as a key factor in the impact that caring may have on the young person, it is only one dimension and it may not capture the possible impact of the stress or responsibility imposed on a young carer from less time consuming but possibly more intense caring.

### 2.1 FaHCSIA payments to carers

Carer Payment and Carer Allowance are both payments made by the Department of Families, Housing, Community Services and Indigenous Affairs, and delivered through Centrelink. Both payments are available both to young carers and to those who are older. While Carer Payment is an income support payment which is designed to provide a source of income to enable the recipient to achieve an adequate standard of living, Carer Allowance is a supplementary payment, payable on top of an income support payment or any other income source.

#### **Carer Payment**

Carer Payment is a means-tested pension for a person providing constant care for another person with a disability, severe medical condition or who is frail aged.<sup>7</sup>

To qualify for the payment, the person who requires care is required to have their care needs assessed. For adults, this is through the Adult Disability Assessment Tool (ADAT<sup>8</sup>) which combines information on the health, disability and care needs of the person provided by both the carer and a health professional. For children, the arrangements in place at the time under analysis in this report were replaced in June 2009 by a new Disability Care Load Assessment (DCLA) instrument which encompasses an assessment of the functional ability, behaviour and special care needs of a child by a treating health professional and a carer's assessment of the care load. While the program has a series of flexible criteria under which a person may receive the payment if they are caring for more than one person with a moderate disability, in most cases the payment requires the caree to have a severe disability or medical condition.

A person being cared for also needs to receive an income support or service pension, or meet the 'Care Receiver' income and assets limits. (Some exemptions exist for those who would otherwise be eligible for income support but do not receive it because of factors such as not having been a resident for a sufficient period to be eligible for a pension.)

A carer in receipt of Carer Payment need not live with the person being cared for and can participate in employment, education, training or unpaid voluntary work for up to 25 hours a week (including travelling time), without it affecting their eligibility, other than the possible effect of earnings through the income test.

Carer Payment is paid at the standard pension rate (\$358.05 per week, in September 2010, including the Pension Supplement) and is paid at the same rate to carers regardless of their age. In addition to the basic payment, Carer Payment recipients (along with some other pensioners who are in receipt of Carer Allowance) are also eligible to receive an annual \$600 Carer Supplement.

A recipient may also be eligible for Carer Allowance and other supplementary payments including Rent Assistance, and for a pensioner concession card.

### **Carer Allowance**

Carer Allowance is a non-means-tested payment for people who provide daily care and attention at home to a person with a disability or medical condition who is:

- aged 16 years or over with substantial functional impairment, including due to frailty
- a dependent child under the age of 16 years who needs substantially more care than a child without a disability.

In the case of an adult caree, the person needs to be assessed using the same assessment tool as for Carer Payment (although different cut off points may apply). For a child who is being cared for, eligibility is established if the child has a disability which is identified in the 'Lists of Recognised Disabilities' or through the same DCLA as for Carer Payment. A carer who qualifies for Carer Payment (child) receives Carer Allowance automatically for that child.

The value of the allowance, in September 2010, was \$53.35 per week. In addition to this amount, which is paid fortnightly, there is an annual Carer Supplement of \$600 paid to recipients of Carer Allowance for each person being cared for and an annual Child Disability Payment of \$1000 for each child under the age of 16 who is in receipt of care.<sup>9</sup> Carer Allowance is not taxable or income and assets tested. It can be paid in addition to a social security income support payment, including Carer Payment.

Recipients of Carer Allowance may also be eligible for a Health Care Card.

### **Program changes**

Over the duration of the Carer Dataset a number of program changes occurred. These are detailed in Table 1.

### **Receipt of the payments**

Because of the different criteria for these payments<sup>10</sup> a range of different combinations of payments is possible:

- a carer may receive both Carer Payment and Carer Allowance
- they may receive Carer Payment but not Carer Allowance
- they may not be eligible for Carer Payment, but be eligible for, or prefer to claim, another income support payment and receive Carer Allowance
- they may not be eligible for income support (for example, due to their own, or joint—with a partner, level of income or assets, or because of an unwillingness to meet the criteria of programs such as job search for Newstart Allowance) and simply receive Carer Allowance.

**Table 1: Changes in Carer Payment and Carer Allowance from 2001 to 2006**

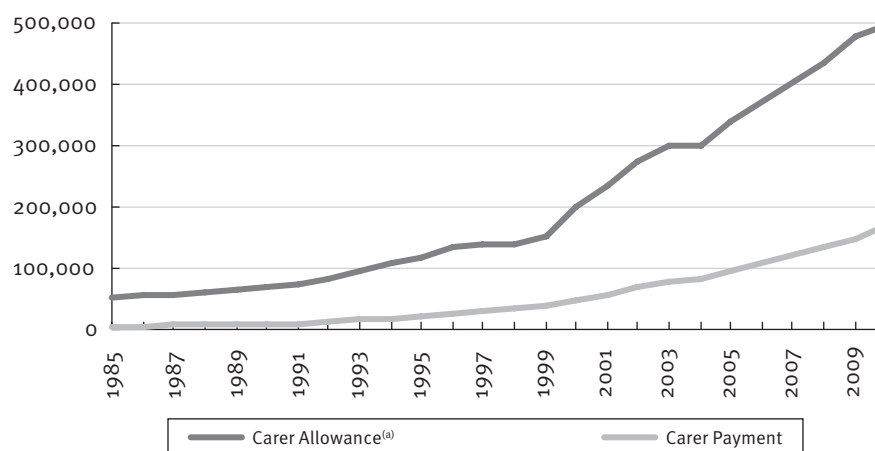
<b>Carer Payment</b>	
2002	Eligibility for Carer Payment extended to carers of children with a terminal illness who receive active treatment.
2004	One-off Carer Bonus of \$1000 to eligible recipients of the Carer Payment.
2005	Hours a carer is permitted to cease providing constant care to work, study or undertake training etc. increased from 20 to 25 hours a week.  One-off Carer Bonus of \$1000 to eligible recipients of Carer Payment.
2006	Eligibility for Carer Payment extended to carers of children with severe intellectual, psychiatric and behavioural disabilities.  One-off Carer Bonus of \$1000 to eligible recipients of Carer Payment for each care receiver.
<b>Carer Allowance</b>	
2002	Amendments to the CDAT resulting from a 1999 review of its effectiveness were implemented on 1 January 2002. Four special care needs criteria were added to take into consideration assessment issues for children with chronic conditions where the effects of those conditions may be variable. A number of minor amendments to refine the operation of the tool were also implemented.
2004	One-off Carer Bonus of \$600 to eligible Carer Allowance recipients.  From 1 September 2004, Carer Allowance eligibility was extended to carers who did not live with the person they were providing substantial levels of personal care to on a daily basis.
2005	One-off Carer Bonus of \$600 for recipients of Carer Allowance for each eligible care receiver.  Some disabilities and medical conditions were added to, or modified in, the Carer Allowance Lists of Recognised Disabilities.
2006	One-off Carer Bonus of \$600 for recipients of Carer Allowance for each eligible care receiver.  Inclusion on the Carer Allowance Lists of Recognised Disabilities of Diabetes Mellitus Type 1 for children under 10 years of age.

Source: Carer Payment Review Taskforce 2008 and Edwards et al. 2008.

In general, if a person is qualified to receive Carer Payment, in most circumstances it is likely that they would prefer to receive this payment rather than other forms of income support. The rate of payment is effectively higher than other pensions due to the Carer Supplement, and there are no additional requirements on the recipient other than the provision of care. For younger carers, the relative attractiveness of the payment is more substantial since it is paid at a common rate regardless of age, unlike Youth Allowance, and is paid at the pension rate rather than the allowance rate—such as Newstart Allowance.<sup>11</sup> One exception to this preference may arise where the person has substantial employment or other activities which would mean that they could not comply with the 25 hour rule. In other cases where, for example, care may be intermittent, they may prefer to remain on another payment they are entitled to rather than having to re-establish eligibility.

## 2.2 Receipt over time

The number of carers in receipt of these payments has increased substantially over past decades as illustrated in Figure 3.

**Figure 3: Total Carer Payment and Carer Allowance recipients, 1985 to 2010**

(a) Carer Allowance was introduced in July 1999. It combined the former Child Disability Allowance and Domiciliary Nursing Home Benefit. Data for periods prior to this date are the sum of the two individual programs.

Source: *Statistical Paper No. 4*. (FaHCSIA 2009), various Annual Reports of the Department of Health and consequent departments and unpublished FaHCSIA administrative data. The data is as at June each year. It is noted that in some years data published in these sources vary from that published in Departmental Annual Reports.

In 1985, there were just 51,872 recipients, of all ages, of the two payments which today form Carer Allowance. This number has increased more than ninefold over the 25 years to June 2010. Over the past decade, the program has grown from 201,059 in June 2000 to 495,733 in June 2010. Many factors have contributed to this, including changes to the program itself and changing public perceptions of caring. In addition, the number of people requiring care has increased. This is a consequence of:

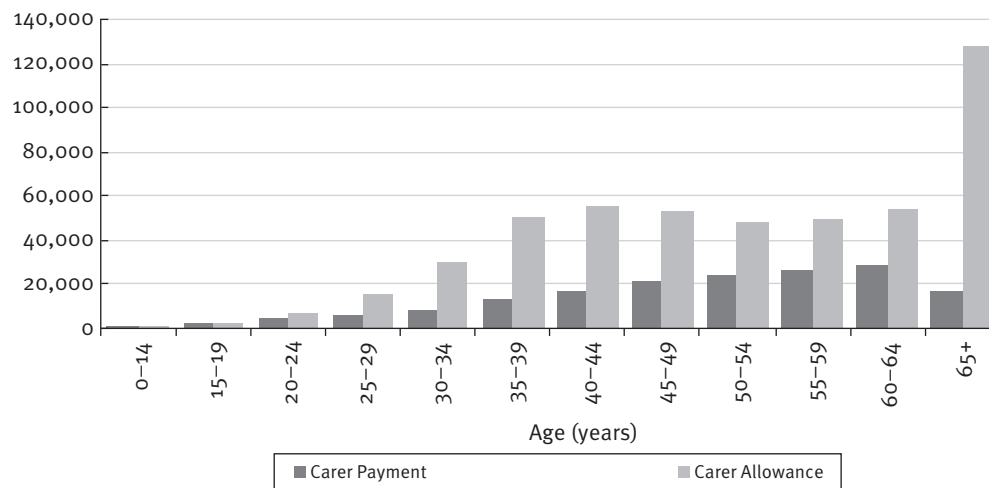
- demographic change, especially the very strong growth in the number of older Australians who have a higher likelihood of needing care
- changing health practices and improved survival rates from various illnesses and disabilities
- changes in the use of institutional and community-based care.

The growth rate in Carer Payment has also been dramatic. The number of recipients increased from 2712 in 1985 to 47,550 in 2000 and then to 168,913 in 2010. This growth, as well as being a consequence of the factors identified in the growth of Carer Allowance, is also likely to have been stimulated by the relative benefits that this payment provides in comparison with other income support payments.

## 2.3 Young carers

Young carers only account for a small proportion of Carer Payment and Carer Allowance recipients. As illustrated in Figure 4, recipients of Carer Allowance are predominantly aged 65 years and over, while most (60 per cent) of Carer Payment recipients are aged between 45 and 64 years.

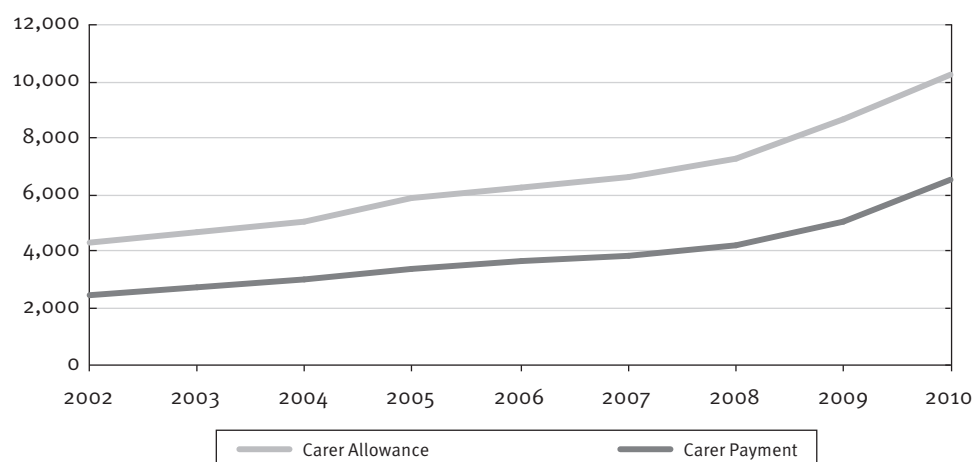
In June 2010, there were 71 recipients of Carer Allowance aged under 15 years, 2719 aged 15 to 19 years and 7461 aged 20 to 24 years. These respectively accounted for 0.01 per cent, 0.55 per cent and 1.51 per cent of Carer Allowance recipients, giving a total youth share of 2.07 per cent. In the case of Carer Payment, there were only a few recipients under the age of 15 years, 1868 aged between 15 and 19 years and 4624 aged 20 to 24 years. In aggregate, these young carers account for 3.85 per cent of all Carer Payment recipients.

**Figure 4: Age composition of Carer Payment and Carer Allowance recipients, July 2010**

Source: Unpublished FaHCSIA administrative data, June 2010.

### Growth in the number of young carers in receipt of Carer Payment and Carer Allowance

While more limited data are available on the age of recipients over time, that which is available shows that the number of young carers in receipt of Carer Payment and/or Carer Allowance has also grown strongly. As illustrated in Figure 5, between June 2002 and June 2010, the number of Carer Allowance and Carer Payment recipients aged under 25 years have more than doubled. Specifically, the number of Carer Allowance recipients aged under 25 years increased from 4,320 in June 2002 to 10,251 in June 2010 with Carer Payment recipients in this age range increasing from 2,458 to 6,496. This increase has well outstripped the growth in the population in these age groups. As a consequence, the number of Carer Allowance recipients per 1000 young Australians aged 15 to 24 years is estimated to have increased from 1.6 to 3.3 between 2002 and 2010.

**Figure 5: Number of recipients of Carer Allowance and Carer Payment aged under 25 years, 2002 to 2010**

Note: Data as at June each year.

Source: FaHCSIA administrative data and Carer Dataset.

As with the overall increase in the number of Carer Allowance and Carer Payment recipients, many factors are likely to have contributed to this dramatic shift. This includes increasing demands for caring and changing attitudes to the provision of care by family and other carers.

In this study, the continuing growth in the number of young carers in receipt of transfer payments raises the potential for the contemporary population of young carers to differ from those recorded in the Carer Dataset between 2001 and 2006. As at June 2010, there were 10,931 young carers in receipt of either Carer Payment or Carer Allowance, 5816 of whom received both payments, 4435 who received Carer Allowance only (although possibly in conjunction with another income support payment) and 680 in receipt of Carer Payment only. These compare with 3095 recipients of both payments, 3149 recipients of Carer Allowance only and 514 recipients of Carer Payment only as at 9 June 2006, which is the final date for which data are available in the Carer Dataset.

A reason postulated in some of the literature (for example, Deardon & Becker 2000) for some of the increase in the number of young carers are adverse labour markets, which may result in some young people preferring caring over long-term unemployment. However, over the above period youth unemployment was largely stable, with the total number of unemployed 15 to 24 year-olds increasing marginally from 228,700 in June 2002 to 234,500 in June 2010 and the number of long-term (more than 52 weeks) unemployed in this age group falling from 35,900 to 30,200 (ABS 2010). This suggests that during this period labour markets are highly unlikely to have been a significant driver in the increase in the number of young carers.

## 2.4 Young carers, 21 September 2001 to 9 June 2006

As discussed in the introduction, the focus of this report is on the analysis of young carers as observed in the Longitudinal Dataset of carers and carees over the period from 21 September 2001 to 9 June 2006.

### The FaHCSIA Carer Dataset

The Carer Dataset comprises a series of fortnightly snapshots from the income support system for carers and their carees. In addition to capturing information on carers while they were caring, the dataset also includes records of any other periods the person was on income support, or receiving family payments. The carer component of the dataset also contains records for a carer's partner. The matched caree data provides information on the income support status of the caree and their partner, to the extent this is available in the Centrelink system, as well as information on children as carees.

While the dataset is extensive, there are four issues that need to be taken into account:

- The data in the dataset is 'administrative by-product' data. That is, it comprises items that are collected for the purpose of determining an individual's eligibility for income support, including identifying the most appropriate payment for their circumstances. In addition to this resulting in some gaps in the information available for analysis, it can mean that certain items are only collected for subgroups of the population, and that some data items are not updated over time. Examples of this include: the non-collection of information on housing arrangements for people in receipt of Carer Allowance only (as there is no housing component to this payment); and information on educational attainment which is only available for the recipients of some payments and which may not have been updated for those who have transferred from these payments to others which do not relate to educational participation.
- It only records individuals (and their partners) at the time they are in receipt of assistance through Centrelink. This has particular implications for evaluating outcomes such as post-care employment.
- Because it is only concerned with income support recipients paid through Centrelink, it excludes transfer payments made by the Department of Veterans Affairs. For most of the analysis of the young carer population this is not a significant issue, but it does impinge on the analysis in Section 4.5 on the nature of income support of both carers and their carees.

- The data relates to administrative entitlement, not actual status. That is, a person may be suspended from payment for failing to provide information, notwithstanding the fact that they are continuing to provide care, or may continue to receive a payment while no longer caring as a result of bereavement or some other circumstance.

The databases used in this study are large. The main ‘driver’ file which links carers and carees contains over 72 million fortnightly records, while the individual file has almost 114 million records.

The dataset provided for this research was made available under strict provisions to maintain confidentiality. Before being made available for this research, all individual records were stripped of their main identifiers, including individuals’ names, their Customer Reference Number and detailed addresses (only the postcode was provided). This confidentialised data was stored, and was only able to be accessed, in a secure facility. The data was only accessed by individually approved analysts who operated under signed deeds of confidentiality.

Similar restrictions apply to the Longitudinal Dataset 1 per cent sample which is drawn on in Section 6.

The introductory ‘Note to readers’ identifies some cautions concerning the interpretation of the data presented in this report.

### **Approach to analysis**

Analysing the experience of a diverse and dynamic population over time is complex, as many characteristics of the population, such as marital status, educational achievement, and age, change. In addition, there is a vast diversity in individual experiences, and very often there are complicated and multiple transitions between different states of activity or status.

Reflecting this, the main analysis of young carers in receipt of Carer Allowance or Carer Payment is presented in three slices:

- a largely cross-sectional analysis of the characteristics of young carers and their carees (Sections 3 and 4)
- an analysis of some of the dynamics—focusing on the time spent caring and transitions between various combinations of income support and caring (Section 5)
- a more detailed examination of the post-caring experience of young carers. Central to this is the extent to which young carers utilise income support after the completion of caring (Section 6).

In the initial cross-sectional analysis, the main focus is on the status of individuals at the start of their period of caring. Some of the analysis however goes beyond this to also consider changes over the time the person was caring.

Because the population is all people who were young carers at some point in time over the five years for which data are available, some of these individuals may no longer be ‘young’ carers at the end of the period. To include these in the analysis has been a deliberate choice, as the impact of having been a young carer on the longer-term outcomes for these individuals is an important part of this research.

This approach also means that the ‘population’ under analysis, while being presented as a ‘snapshot’ of young carers, does not represent the actual population of young carers at any one time. Rather, it is the total of all of those who were a young carer over the period.

It is also important to note that, in extracting data for this type of analysis, a range of different approaches can be adopted to determine how to treat particular records, such as records that show a person as being on a payment but where no payment is made in the fortnight. In general, our strategy in this research has been to attempt to obtain the broadest population of young carers.

Furthermore, in the construction of the dataset, records were drawn not only from the key files on carers themselves but also from files on carers, with these files not necessarily having the full complement of matching fields, or in all cases a matching record being found. As a result, the actual counts used in this analysis will often not match either administrative data which has been extracted in accordance with specific rules regarding who is strictly a recipient at a particular point in time, or more simple cross-sectional cuts from any one single data file. However, comparisons with independently drawn counts suggest that the overall differences are not large and do not alter the substance of the analysis.

### **The population of young carers**

There were 20,363 young carers in the Longitudinal Dataset. These are young Australians who, at some point over the five-year period, were in receipt of either Carer Payment or Carer Allowance at a time when they were aged under 25 years.<sup>12</sup>

Of these:

- ▶ 13,228 were in the dataset as at 21 September 2001:
  - although only one-third of these (4480) were carers at the time
  - of the balance, 7385 were on income support but not in receipt of either Carer Payment or Carer Allowance, 596 were in receipt of Family Tax Benefit (FTB) without any income support payments and 767 were on record without any transfer payments<sup>13</sup>
- ▶ 16,470 were in the dataset as at 9 June 2006:
  - over two-thirds (11,369) were carers at that point
  - of the balance, 4179 were in receipt of income support, 655 were on Family Tax Benefit without any income support payment and 267 had no payment information
- ▶ over one-half of the population (11,052) were in the dataset at its commencement and end, with 2090 being carers at both points in time (although not necessarily continuously across the whole period). That is, almost one-half of the population of young carers in September 2001 were also carers in June 2006.

A consequence of this is that only 44.2 per cent of young carers identified in this study had completed their spell of caring within the period for which these data are available.

## **2.5 Summary**

Carer Payment and Carer Allowance are both rapidly expanding programs. However, young carers are only a very small proportion of the total recipients of the programs which are largely dominated by older Australians. Reflecting overall program growth, the number of young carers has increased strongly and there has been an increased propensity for young Australians to be in receipt of these payments.

The Carer Dataset covers the period from September 2001 to June 2006. While being a rich source of information on young carers, because of this strong growth and the duration of care provided by many carers, it is dominated by young carers who have incomplete spells of care. In addition, it is possible that the growth in the number of young carers over the period of the dataset, and since, may mean that there are changes in the young carer population which are not fully reflected in this analysis.



### 3 Characteristics of young carers

This section is concerned with the characteristics of young carers, including demographic features such as age, country of birth, gender and family status. It also considers where they live and their living circumstances, the types of income support they receive and their level of education. Although the characteristics of their careers will largely be considered in the following section, some of the analysis here will address the relationship between the carer and the caree.

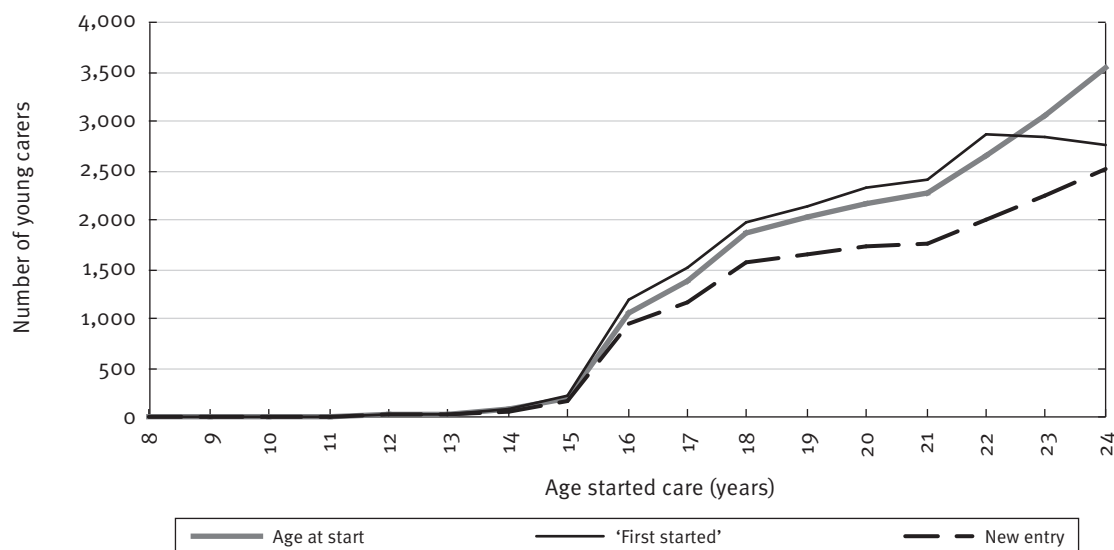
#### 3.1 Age when commencing caring and gender

Figure 6 plots the age at which young carers commenced caring. Three series are shown, these are:

- ‘Age at start’: The age of the carer at the time they were first recorded in the dataset as a carer. For those who were caring at the time of the creation of the dataset, this age is their age as at the date on which the dataset commenced. Unless otherwise indicated, this is the age definition which has been used as the reference age in this paper and in the classification of young carers into age categories.
- ‘First started’: This is a series that seeks to address the problem of the left censorship<sup>14</sup> of records and estimates. For those on the dataset as at September 2001, it is an estimate of the age they were when they commenced caring based on the period they had already been in receipt of support at the time the dataset was established.<sup>15</sup>
- ‘New Entry’: A series that is composed only of those young carers who entered caring after September 2001. This represents the flow of new young carers, rather than the total stock. Their age is simply that when they commenced their period of caring.

While there are some differences between these three series, it is clear that while the number of young carers increase across all ages there are two age points where there is particularly strong growth in the entry of young carers into caring with the support of Carer Payment or Carer Allowance. The first is seen in the rapid increase in the number of young carers between the ages of 15 years and 18 years, and the second commences around the age of 21 years.

**Figure 6: Young carers by age at commencement of caring, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

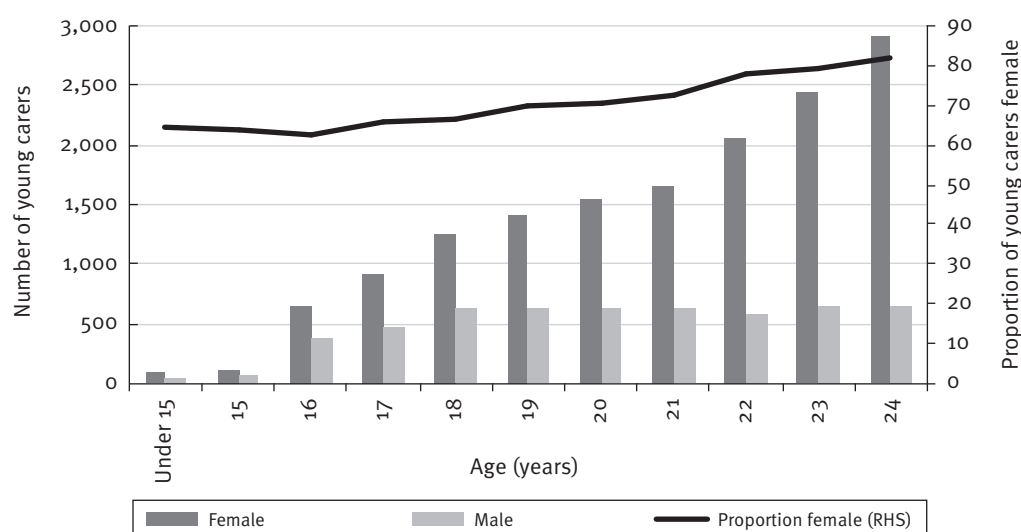
In aggregate, the young carer population is dominated by 'older' young carers. While the youngest carers recorded in the dataset are aged 8 years, only 1.5 per cent of young carers were first recorded as being aged under 15 years when commencing care.

Almost three-quarters of young carers are female. However, this proportion varies with the age at which they commence caring (see Figure 7).

Of the young carers who commenced caring at age 16 years, 62.9 per cent are girls. This proportion increases by age until the age of 24 years, at which 81.9 per cent of young people commencing caring are women. In absolute terms, the number of young males commencing caring is relatively stable by age of commencement of care from age 16 years onwards. In contrast, the number of female young carers increases steadily for each year of age from age 16 years onwards.

As a consequence, while 15,001 or 73.7 per cent of the total 20,363 young carers were girls and women, 34.8 per cent of the young carers commencing care aged under 19 years and only 23.9 per cent of those aged 19 to 24 years were male.

**Figure 7: Young carers by age at commencement of caring, by gender, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Given the relative older age at which many of these young carers start caring, and the length of time spent caring, many of the young carers identified in this analysis are no longer 'young' when they end caring. Indeed, 17.7 per cent of the young carers in the dataset who finished caring within the time scope of the dataset were aged over 24 years when they finished, as were 40.5 per cent of those still caring at the end of the dataset.

### 3.2 Family relationship to caree<sup>16</sup>

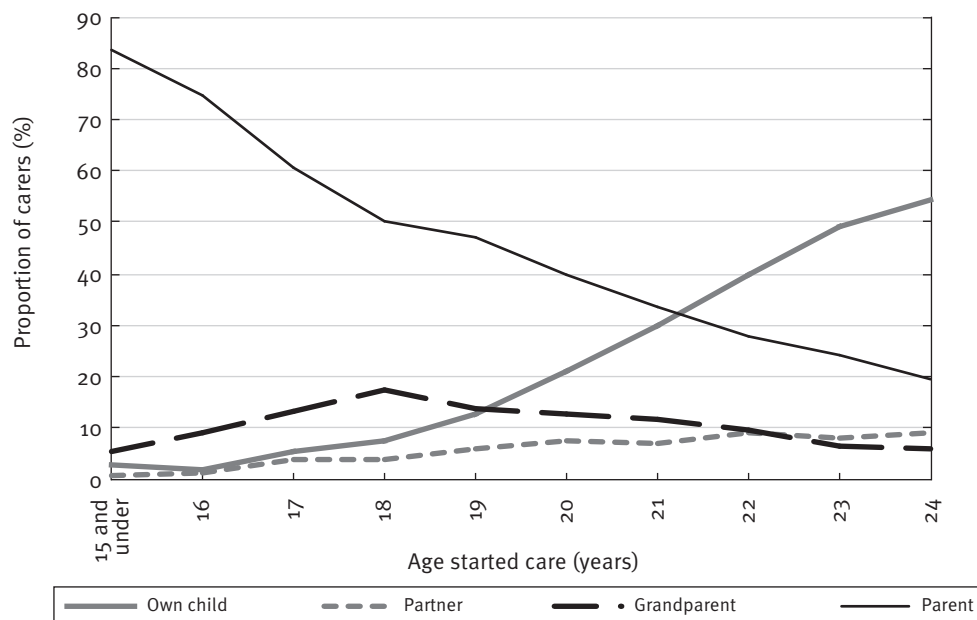
Young carers predominantly care for relatives. Within the timeframe of the dataset, 37.2 per cent of records indicate that the first person a young carer cared for was a parent, 30.1 per cent a child of their own, 10.5 per cent a grandparent and 6.9 per cent a partner.<sup>17</sup>

These shares differ considerably by the age group of the young carer when entering care, as illustrated in Figure 8. Taking this into account, as well as other differences discussed elsewhere in this section, most of the following analysis is based on three groups of young carers:

- those aged under 19 years—‘youth’
- those aged 19 to 20 years—‘young adult’
- those aged 21 years and over—‘adult’.

Given the considerable differences in the care giving focus of the different groups of young carers, considerable caution needs to be exercised in treating young carers under the age of 25 years as a meaningful and coherent classification of carers. Indeed a strong case exists to limit the classification to those aged under 21 years as the 21 to 24 year age group would appear to have much more in common with those carers aged 25 to 34 years than with those of a younger age. In addition, in the transitional age group (those aged 19 and 20 years) there may be value in considering those caring for their own children as having more in common with the older age groups.

**Figure 8: Relationship of first caree to carer by age at commencement of caring, young carers, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The structure of the relationship between the carer and caree, using this classification is presented in Table 2. Caring by ‘youth’ (those young carers under the age of 19 years) was overwhelmingly for parents (61.1 per cent) and grandparents (13.5 per cent). The transitional ‘young adult’ group (those aged 19 and 20 years), while still predominantly caring for these two groups, who accounted for 56.5 per cent of carees, also had an increasing proportion of carers (17.1 per cent) who were caring for their own children.

Caring by the oldest, ‘adult’, group of young carers (those aged 21 to 24 years) was primarily focused on their own children (44.8 per cent) and their own partners (8.5 per cent). The proportion caring for a parent or a grandparent was down to around one-third, compared to the almost three-quarters seen for the youngest group of young carers.

**Table 2: Relationship of first carer to carer by age at commencement of caring, detailed relationship by age group, 2001 to 2006**

	Young carer age group			Total <sup>(a)</sup>
	Youth (under 19)	Young adult (19–20)	Adult (21 and over)	
Number of carers				
Own child	250	711	5,105	6,066
Parent	2,797	1,798	2,896	7,491
Partner	149	276	968	1,393
Grandparent	618	555	932	2,105
Relative (parental generation)	286	237	438	961
Relative (same generation)	149	180	375	704
Relative (younger)	0	3	20	23
Unrelated	331	402	660	1,393
<b>Total</b>	<b>4,580</b>	<b>4,158</b>	<b>11,398</b>	<b>20,136</b>
Composition of carees (per cent)				
Own child	5.5	17.1	44.8	30.1
Parent	61.1	43.2	25.4	37.2
Partner	3.3	6.6	8.5	6.9
Grandparent	13.5	13.3	8.2	10.5
Relative (parental generation)	6.2	5.7	3.8	4.8
Relative (same generation)	3.3	4.3	3.3	3.5
Relative (younger)	0.0	0.0	0.2	0.1
Unrelated	7.2	9.7	5.8	6.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) In a small number of cases, a relationship between the carer and caree could not be derived at the point of the first record of a caring period.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

In the 37.2 per cent of cases where a young carer was caring for a parent, 81.3 per cent of these parents did not have a partner. This proportion was even higher for those young carers under the age of 19 years where 83.6 per cent of their parent carees were not partnered. There was a slight tendency for younger parent carees not to be partnered—82.3 per cent of parents aged under 55 years were unpartnered, as opposed to 78.3 per cent of those over this age. Mothers accounted for 72.2 per cent of unpartnered parents who were being cared for, a proportion little different to the 70.5 per cent of partnered parent carees who were female.

### 3.3 Receipt of Carer Allowance and income support

Section 2 noted the different forms of financial support carers may receive. Among young carers, over the period of the dataset, the most common arrangements at the time the young carer commenced caring, were:

- both Carer Allowance and Carer Payment (7317)
- Carer Allowance in association with another income support payment (6959)
- Carer Allowance alone, with no income support payment (3808)
- and Carer Payment alone (2279).<sup>18</sup>

The proportion of young carers receiving these payments varied by the carers' age group. Young carers aged under 19 years were much more likely to be in receipt of Carer Payment and Carer Allowance, with almost one-half (48.0 per cent) of the young carers in the age group receiving this combination. In contrast, this group was less likely to receive combinations of Carer Allowance and other income support payments. There are several possible explanations for this and these include, but are not limited to:

- because of the lower 'youth rates' paid by some other forms of income support, or indeed ineligibility for some payments such as Disability Support Payment, which is not accessible to those aged under 16 years, Carer Payment is likely to be a preferred option
- as fewer of this group are parents, a lower proportion are on a combination of Parenting Payment and Carer Allowance
- because they are less likely to be partnered, their eligibility for income support is less likely to be affected by partner income.

Also notable in this youngest age group are the 12.9 per cent who commenced caring as students in receipt of Youth Allowance.<sup>19</sup> In contrast, only 3.7 per cent received Youth Allowance for other reasons such as unemployment.

The pattern of receipt of assistance by the adult young carers is quite different, with a much smaller proportion in receipt of Carer Payment, either alone or in combination with Carer Allowance, and a very significant proportion in receipt of Carer Allowance and Parenting Payment Single. Indeed, this particular combination accounts for 24.8 per cent of the commencing payment for this age group, just a little below the 27.7 per cent in receipt of Carer Payment and Carer Allowance. This eldest group also had the highest proportion receiving Carer Allowance without any income support payment. These differences would appear to reflect the extent to which this age group, in contrast to younger carers, are caring for their own children with a disability.

While 65.8 per cent of young carers were on the same combination of payments at the end of their caring record as they were in the beginning, the balance changed payments. Table 4 highlights some of the major changes. Among key payment combinations, those receiving Carer Allowance along with Parenting Payment Single, and those on Carer Payment only, were among the most stable with 77.7 per cent and 75.6 per cent respectively being on the same payment at the end of caring as they were on at the beginning. In addition, while only accounting for a small number of young carers, the combination of Carer Allowance and Disability Support Pension was also very stable, with 92.9 per cent of those commencing on this combination remaining on these payments until the end of their caring.

The least stable payments were mainly those with relatively few young carers and have not been shown on the table. Such payments include Youth Allowance (for purposes other than study), Newstart Allowance and Parenting Payment with a low-income spouse. Of those young carers commencing on these payments, only 21.6 per cent of those in receipt of Youth Allowance (other), 26.6 per cent of those on Newstart and 31.1 per cent of those on Parenting Payment with a low-income partner were on the same payment at the end of the caring period.

**Table 3: Young carers, receipt of income support at commencement of caring, by type of payment and age group, 2001 to 2006**

	Young carer age group (years)			Total
	Youth (under 19)	Young adult (19–20)	Adult (21 and over)	
Number of young carers				
Carer Allowance only	752	601	2,455	3,808
Carer Payment only	600	609	1,070	2,279
Carer Allowance and Carer Payment	2,215	1,901	3,201	7,317
Carer Allowance and:				
Disability Support Pension	24	76	308	408
Newstart Allowance	0	0	428	428
Parenting Payment—low income partner	23	55	350	428
Parenting Payment—income support partner	45	112	685	842
Parenting Payment Single	189	478	2,864	3,531
Youth Allowance—Workforce	173	188	0	361
Youth Allowance—Student	596	180	174	954
Other payment	0	3	4	7
<b>Total</b>	<b>4,617</b>	<b>4,203</b>	<b>11,543</b>	<b>20,363</b>
Composition of payments (%)				
Carer Allowance only	16.3	14.3	21.3	18.7
Carer Payment only	13.0	14.5	9.3	11.2
Carer Allowance and Carer Payment	48.0	45.2	27.7	35.9
Carer Allowance and:				
Disability Support Pension	0.5	1.8	2.7	2.0
Newstart Allowance	0.0	0.0	3.7	2.1
Parenting Payment—low income partner	0.5	1.3	3.0	2.1
Parenting Payment—income support partner	1.0	2.7	5.9	4.1
Parenting Payment Single	4.1	11.4	24.8	17.3
Youth Allowance—Workforce	3.7	4.5	0.0	1.8
Youth Allowance—Student	12.9	4.3	1.5	4.7
Other payment	0.0	0.0	0.1	0.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Among those young carers who were initially on Youth Allowance (other) and Newstart there was a marked shift from the receipt of these payments in association with Carer Allowance to the combination of Carer Payment and Carer Allowance. This was such that 45.2 per cent of those initially on Youth Allowance (other) and 36.7 per cent of those on Newstart moved to this combination. For those on Parenting Payment with a low income partner, 29.0 per cent moved to receipt of Carer Allowance only, potentially indicating a rising level of earnings. A further 18.0 per cent moved to Parenting Payment Single in association with Carer Allowance, indicating a breakdown in the relationship.

**Table 4: Young carers, selected first and last payment arrangement while caring, 2001 to 2006**

Commencing payment	Share of all young carers	Final caring payment arrangement <sup>(a)</sup>
Carer Allowance and Carer Payment	35.9%	<ul style="list-style-type: none"> <li>• 69.0% remain on Carer Allowance and Carer Payment</li> <li>• 18.6% to Carer Payment only</li> <li>• 9.7% to Carer Allowance only</li> </ul>
Carer Allowance only	18.7%	<ul style="list-style-type: none"> <li>• 64.3% remain on Carer Allowance only</li> <li>• 15.7% to Carer Allowance and Carer Payment</li> <li>• 7.8% Carer Allowance and Parenting Payment Single</li> <li>• 4.8% to Carer Payment only</li> </ul>
Carer Allowance and Parenting Payment Single	17.3%	<ul style="list-style-type: none"> <li>• 77.7% remain on Carer Allowance and Parenting Payment Single</li> <li>• 11.7% to Carer Allowance only</li> <li>• 6.5% to Carer Allowance and Parenting Payment Partnered. (4.5% income support partners and 2.0% low income partners)</li> </ul>
Carer Payment only	11.1%	<ul style="list-style-type: none"> <li>• 75.6% remain on Carer Payment only</li> <li>• 20.4% to Carer Allowance and Carer Payment</li> </ul>
Carer Allowance and Youth Allowance (Student)	4.7%	<ul style="list-style-type: none"> <li>• 43.7% remain on Carer Allowance and Youth Allowance (Student)</li> <li>• 24.7% to Carer Allowance only</li> <li>• 19.1% to Carer Allowance and Carer Payment</li> </ul>

(a) It is noted that the last payment refers to the last payment on record while they were still a carer. This may not represent the actual end of caring. Over one-half of the young carers identified in the study were still caring at the end of the period, with this table being based on the payment they were receiving at the cut off point of the dataset.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Returning to the larger payment groupings of young carers, of the 4.7 per cent of young carers who commenced caring on a combination of Carer Allowance and Youth Allowance (Student), only 43.7 per cent were on this combination at the end of caring. The largest shift was to receipt of Carer Allowance only (24.7 per cent), an outcome suggesting either some private income or higher household incomes, and to the combination of Carer Payment and Carer Allowance (19.1 per cent). As is the case with other Youth Allowance recipients and those on Newstart, young carers on Youth Allowance (Student) receive a considerably higher rate of payment if they can qualify for Carer Payment.

The aggregate structure of payments at the beginning and end of caring (or the end of the Carer Dataset for those who were still caring) is shown in Table 5. The table indicates that, notwithstanding the various movements between payments, the overall pattern of payments is relatively stable.

The type of payment arrangement with the largest increase was Carer Payment without any Carer Allowance, which was 5.5 percentage points more frequently reported as the 'last' payment type than it was as the 'first' payment type. The declines are mainly in the various allowance payments, especially Newstart and Youth Allowance, as well as partnered parenting payments.

**Table 5: Young carers, distribution of type of first and last payment while caring, 2001 to 2006**

	Number		Distribution (%)	
	Start	End	Start	End
Carer Allowance only	3,808	4,295	18.7	21.1
Carer Payment only	2,279	3,392	11.2	16.7
Carer Allowance and Carer Payment	7,317	6,803	35.9	33.4
Carer Allowance and:				
Disability Support Pension	408	437	2.0	2.1
Newstart Allowance	428	285	2.1	1.4
Parenting Payment—low income partner	428	335	2.1	1.6
Parenting Payment—income support partner	842	626	4.1	3.1
Parenting Payment Single	3,531	3,456	17.3	17.0
Youth Allowance—Workforce	361	168	1.8	0.8
Youth Allowance—Student	953	545	4.7	2.7
Other payment	6	23	0.0	0.1
<b>Total</b>	<b>20,363</b>	<b>20,363</b>	<b>100.0</b>	<b>100.0</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

There was also an increase over the period of caring in the number of young carers who were in receipt of Carer Allowance only.

### Carer partner income support

At the time they commenced caring, 4958 young carers had a partner record. Of these partners, 2523 were in receipt of income support, with the main payments being Disability Support Pension (1035) and Newstart Allowance (882).

The two most common payment combinations for a young carer and their partner was the carer on Carer Payment and their partner on Disability Support Pension (719 cases). This was followed by:

- the carer in receipt of Carer Allowance and Parenting Payment, with their partner on Newstart Allowance (583)
- the young carer on Carer Payment and their partner on Newstart (237)
- the young carer on Carer Payment with a partner on Parenting Payment (193).



The structure of income support arrangements between young carers and their careers and their respective partners is considered in more detail in Section 4.5.

### Youth independence

The independence test for Youth Allowance impacts on both the value of benefit a person may be entitled to and whether or not it is parentally income and assets tested. Independence can be granted for a range of reasons relating to the living circumstances of the individual or their workforce and other history.

In addition to giving an indication of the level and nature of the income support provided to these individuals, the 'reason for grant codes' provide some information on the circumstances of the person. However, only a small proportion of young carers have this information available on their records in the Carer Dataset. In total, 1351 young carer records had a youth independence code at some point while the person was caring. In the majority of cases (998 or 73.9 per cent of those with a code), it indicated that the young carer was not classified as being independent.

**Table 6: Young carers with an identified youth independence classification, 2001 to 2006**

	Youth Allowance		Total <sup>(a)</sup>
	Student	Other	
Housing and related circumstances	34	16	55
Own family independence	9	18	31
Workforce	76	17	95
Family breakdown and related	57	96	157
Total independent <sup>(b)</sup>	191	147	353
Non independent	763	214	998
<b>Total with a record</b>	<b>954</b>	<b>361</b>	<b>1,351</b>

(a) Includes some on other payments.

(b) Includes other independence codes.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Of the 353 who had been granted independent status, the most common reasons were:

- family breakdown, a classification that here encompasses some related areas such as domestic violence (157 young carers and 44.5 per cent of those with an independent status)
- the individual's past workforce engagement (95 young carers and 26.9 per cent)
- as a consequence of housing and related circumstances, such as the parental house being too crowded for study or too distant from appropriate educational facilities or employment opportunities (55 cases and 15.6 per cent)
- because the person had had a child or been married (31 cases and 8.8 per cent).

The relatively small numbers of young carers with these codes limits the opportunity to analyse the impact of these different circumstances on the caring and post-caring experience.

### 3.4 Ethnicity

Most young carers (87.4 per cent) were born in Australia. Of the balance, 3 per cent were born in major English-speaking countries,<sup>20</sup> and 9.6 per cent came from countries where English is not the main language. Young carers from non-English-speaking countries were more likely to be male (30.3 per cent) than those born in Australia (26.1 per cent), or those born in English-speaking countries (21.6 per cent).

#### Young Indigenous carers

Some 10.4 per cent of young carers identified themselves as being Aboriginal or Torres Strait Islanders. This percentage was higher among the youngest carers. The proportion ranged from 9.0 per cent for those young carers who are aged 21 years and over, to 13.1 per cent for carers who commenced caring under the age of 19 years. Looking at gender, 10.7 per cent of male young carers identified themselves as being Indigenous, compared with 10.3 per cent of female young carers.

**Table 7: Indigenous young carers, 2001 to 2006**

Indigenous status	Age group (years)			Gender		Total
	Youth (under 19)	Young adult (19–20)	Adult (21 and over)	Male	Female	
ATSI	596	465	986	563	1,484	2,047
Non-ATSI	3,961	3,635	10,021	4,688	12,929	17,617
Not identified	60	103	536	111	588	699
<b>Total</b>	<b>4,617</b>	<b>4,203</b>	<b>11,543</b>	<b>5,362</b>	<b>15,001</b>	<b>20,363</b>
<b>Indigenous Australians as a proportion of those with an identified ATSI status (%)</b>						
	13.1	11.3	9.0	10.7	10.3	10.4

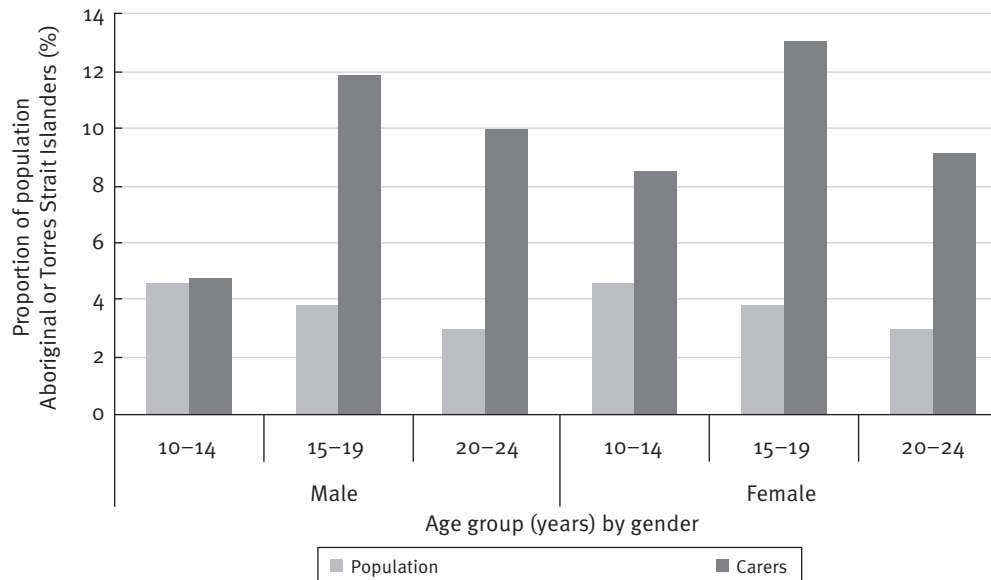
Note: ATSI = Aboriginal and Torres Strait Islander.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Figure 9 compares the proportion of young carers who identify as being Indigenous with ABS estimates of the Indigenous status of the overall youth population in 2006. This clearly shows that young Indigenous Australians are disproportionately represented among the caring population. While Indigenous Australians represent 3.5 per cent of the population aged 15 to 24 years, they account for 10.4 per cent of young carers in this age range. This pattern of over-representation was present across all age groups, with the exception of young males aged 10 to 14 years where the proportion of young carers who were Indigenous Australians was consistent with the population share. Across the other age and gender combinations, the level of over-representation ranged from 1.9 times for females age 10 to 14 years to 3.4 times for those aged 15 to 19 years.

Indigenous young carers are also more likely to be in receipt of income support than non-Indigenous young carers (12.1 per cent of Indigenous young carers were in receipt of Carer Allowance without an income support payment, compared with 19.5 per cent of non-Indigenous young carers).

**Figure 9: Aboriginal and Torres Strait Islanders as a proportion of young carers, and of the total youth population, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and Experimental Estimates and Projections, Aboriginal and Torres Strait Islander Australians, 1991 to 2021 (June 2006 estimates used) (ABS 2009a).

### Country of birth

After Australia, the most common regions<sup>21</sup> in which young carers were born were North Africa and the Middle East (3.2 per cent), Southern and Eastern Europe (2.5 per cent) and Oceania–other (2.4 per cent).

Young carers aged under 19 years were more likely to be born in Australia than young carers overall (90.4 per cent compared with 87.4 per cent). They were less likely to be born in any other region than other young carers, with the exception of Southern and Eastern Europe, which was the region of birth of 2.5 per cent of young carers.

The proportion of Australian-born young carers fell to 88.0 per cent for the 19 and 20 year age groups and then to 86.0 per cent for those aged over 21 years when they commenced caring. This pattern is consistent with overall demographic patterns and reflects the lesser likelihood that a younger person will have migrated to Australia.

Young carers from Other Oceania were more likely to be female (78.8 per cent) than young carers as a whole, while those from Southern and Eastern Europe were much less likely (62.8 per cent) as, to a lesser degree, were those from North East Asia (65.0 per cent).

Table 9 presents, for the most common countries of birth of young carers, the numbers of young carers from these countries and the population aged 15 to 24 years who gave this as their country of birth in the 2006 Census (where this data is available). It also presents the number of young carers per 1000 population from this country. This ratio is not an actual point-in-time estimate of the proportion of the population who are currently caring, but is rather an expression of the relative size of the population of young carers who provided care at some point in the five years covered by the Carer Dataset to the population.

**Table 8: Young carers by age group and region of birth, 2001 to 2006**

	Age group (years)			Total	Gender	
	Youth (under 19)	Young adult (19–20)	Adult (21 and over)		Male	Female
Number of young carers						
Australia	4,174	3,698	9,924	17,796	4,637	13,159
Other Oceania	77	98	311	486	103	383
North-West Europe	32	35	146	213	51	162
Southern and Eastern Europe	122	116	262	500	186	314
North Africa and The Middle East	111	125	416	652	180	472
South-East Asia	42	46	232	320	84	236
North-East Asia	10	20	50	80	28	52
Southern and Central Asia	27	25	84	136	39	97
Number of young carers						
Americas	14	28	64	108	31	77
Sub-Saharan Africa	8	11	49	66	20	46
Total	4,617	4,202	11,538	20,357	5,359	14,998
Distribution of young carers by region of birth (%)					Proportion of young carers female (%)	
Australia	90.4	88.0	86.0	87.4	73.9	
Other Oceania	1.7	2.3	2.7	2.4	78.8	
North-West Europe	0.7	0.8	1.3	1.0	76.1	
Southern and Eastern Europe	2.6	2.8	2.3	2.5	62.8	
North Africa and The Middle East	2.4	3.0	3.6	3.2	72.4	
South-East Asia	0.9	1.1	2.0	1.6	73.8	
North-East Asia	0.2	0.5	0.4	0.4	65.0	
Southern and Central Asia	0.6	0.6	0.7	0.7	71.3	
Americas	0.3	0.7	0.6	0.5	71.3	
Sub-Saharan Africa	0.2	0.2	0.4	0.3	69.7	
Total	100.0	100.0	100.0	100.0	73.7	

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

**Table 9: Incidence of young carers by selected countries of birth, 2001 to 2006**

<b>Selected countries only:</b>	<b>Young carers (2001 to 2006)</b>	<b>Population 15–24 years (2006 Census)</b>	<b>Young carers per 1000</b>
Australia	17,796	2,108,985	8.4
New Zealand	362	45,586	7.9
Iraq	253	5,985	42.3
Lebanon	182	5,076	35.9
Bosnia and Herzegovina	170	4,480	37.9
UK	165	35,964	4.6
Vietnam	127	12,884	9.9
Serbia	83	n.a.	n.a.
Afghanistan	82	n.a.	n.a.
Philippines	80	16,199	4.9
Croatia	56	2,846	19.7
Fiji	56	6,151	9.1
China (excludes SARs )	44	47,235	0.9
Thailand	44	7,223	6.1
Iran	42	3,208	13.1
Turkey	39	2,008	19.4
Egypt	37	1,819	20.3
FYRO Macedonia	35	2,071	16.9
USA	30	7,403	4.1
South Africa	30	14,374	2.1

Note: n.a. = not available. SAR = special administrative region.

Source: Carer numbers derived from the FaHCSIA Carer Dataset, September 2001 to June 2006. Population estimates from the Census, Expanded Community Profiles (ABS 2007b).

Analysis of this ratio reveals considerable variation in the propensity for being a young carer in receipt of financial assistance from Carer Payment or Carer Allowance by country of birth. The 17,796 young carers born in Australia were drawn from a population of some 2.1 million and represent an estimated 'caring rate' of 8.4 per 1000. This compares with a rate of: 42.3 for young people born in Iraq; 37.9 per cent for those born in Bosnia and Herzegovina; and 35.9 per 1000 for those born in Lebanon. There were also well above average rates recorded by young migrants from Egypt, 20.3 per 1000; Croatia 19.7; Turkey 19.4; and FYRO Macedonia, 16.9.

In contrast, young people who were born in China (0.9 per 1000), South Africa (2.1 per 1000), the United States (4.1 per 1000) and the UK (4.6 per 1000) had very low rates of caring.<sup>22</sup>

The nature of the caring undertaken by young carers also varies considerably by country of birth. Some three-quarters of the young carers who were born in Croatia, Bosnia and Herzegovina and Afghanistan were caring for their parents, compared with 35.8 per cent of those born in Australia. Lower, but still elevated rates of caring for parents were also recorded for those young carers born in Serbia (66.3 per cent) and Iraq (61.0 per cent). In contrast, while 31.2 per cent of young carers born in Australia were caring for their own child, the proportion was much higher for those born in the Lebanon (44.5 per cent) and the UK (41.0 per cent).

There were also differences in the main medical conditions of the carers: 38.2 per cent of the carers from Bosnia and Herzegovina, 35.7 per cent of those from Croatia, 33.7 per cent of those from Serbia and 31.6 per cent of those from Turkey were caring for a person with anxiety or depression as their main medical condition; this contrasts with the 10.5 per cent of Australian-born young carers who were doing so.

Caring for a person with a muscular-skeletal condition accounted for 46.3 per cent of the young carers born in Afghanistan, 43.9 per cent of those from Iran and 31.3 per cent of those from Iraq. These rates compare with 13.5 per cent of Australian-born young carers.

These differences are likely to be the result of many different factors. Some, such as the higher rates of caring for children may reflect the age composition of the migrant group, with a larger proportion falling into the early child bearing ages. In other cases, such as the concentrations in caring for other family members such as parents, it may reflect the migration of family groups. As such the young carers are more likely to be caring for a parent as a wider family group may not be present. Further, to the extent migrant selection may impact, there may be a lesser likelihood of other caring arrangements being required, such as caring for a sibling with a disability.

In the case of refugees, and other humanitarian migration, the circumstances from which people migrate, and the trauma they might have faced, both prior to leaving and in the process of migrating to Australia, may have a major impact. The low rates of caring for some birthplaces may also reflect the extent to which individuals may be in Australia as young singles, including as students.

### **Immigration status**

Some 1100 young carers had a visa type attached to their records. The most common type of visa held was a humanitarian visa (529 young carers, representing 48.1 per cent of those with visas). This was followed by 472 holding a family visa and 99 with some other form of visa. There was little variation in the type of visa held by age group of young carers, and the limited coverage of this data makes analysis by country of birth potentially unreliable.

Of those young carers with a recorded date of arrival in Australia, some 2552 persons (30.2 per cent) had been in Australia for less than five years before they commenced caring, and a further 28.8 per cent had been in Australia for between five and nine years.

## **3.5 Family relationship status of young carers**

The age range in which most young carers are concentrated is a period during which, as young people transition into adulthood, they start forming relationships and potentially their own family. This pattern of transitions is reflected in the relationship status of young carers.

### **Relationship status**

Almost three-quarters of young carers were unpartnered when they commenced caring. This comprised 62.5 per cent of young carers who were single (that is never married or not in a defacto relationship) and 12.4 per cent who were separated, divorced or widowed. Partnered young carers were more likely to be living in a defacto relationship (14.4 per cent) rather than being married (9.9 per cent).

The proportion of young carers who were partnered increases across the age group of entry into care. Of those who were under 19 years when they commenced caring, 5.9 per cent were partnered. This rate increased to 17.1 per cent for the 19- and 20-year-old group and 34.4 per cent for those aged 21 to 25 years.

The pattern of relationship status of partnered and unpartnered young carers also varied across age groups. Of those who were partnered, the proportion living in a defacto relationship fell from 94.1 per cent for those who commenced caring under the age of 19 years, to 77.6 per cent for those who did so aged 19 or 20 years and 53.5 per cent for those who started aged 21 years or over. Within the population of unpartnered young carers, the proportion who were separated, divorced or widowed increased from 2.1 per cent for youth, to 9.5 per cent for the young adults and 27.9 per cent for adult young carers (those aged 21 years or over).

**Table 10: Young carers by age they commenced care and relationship status at the beginning of care, 2001 to 2006**

	Age group (years)			Total	Age group (years)			Total
	Youth (under 19)	Young adult (19–20)	Adult (21 and over)		Youth (under 19)	Young adult (19–20)	Adult (21 and over)	
	Number				Composition (%)			
Unpartnered								
Single	4,173	3,131	5,432	12,736	90.4	74.5	47.1	62.5
Separated/ Divorced/ Widowed	88	327	2,107	2,522	1.9	7.8	18.3	12.4
Total	4,261	3,458	7,539	15,258	92.3	82.3	65.3	74.9
Partnered								
Defacto	258	558	2,120	2,936	5.6	13.3	18.4	14.4
Married	15	162	1,846	2,023	0.3	3.8	16.0	9.9
Total	273	720	3,966	4,959	5.9	17.1	34.4	24.4
<b>Total<sup>(a)</sup></b>	<b>4,617</b>	<b>4,203</b>	<b>11,543</b>	<b>20,363</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) Total includes persons for whom a relationship status was not available.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

These patterns tend to reflect the demographics of these age groups and the changing nature of caring responsibility across these cohorts. In particular, the youngest group largely comprised children looking after a parent or a grandparent, while more of the oldest entry group were looking after a child of their own or a partner. As such these age-related differences do not reflect the actual changes in relationship of young carers, but rather the differing groups of young carers entering care. The evolution of relationship status can be considered by looking at their relationship at the beginning and the end of their care period.

Over the period of caring (or for those who were still caring, to the point the dataset finished), there were relatively small changes in the aggregate relationship status of young carers. The proportion who were single fell from 62.5 per cent when they commenced care, to 58.5 per cent when they completed caring (or the end of the Carer Dataset). The proportion who were divorced, separated or widowed increased from 12.4 per cent to 15.4 per cent with a resultant fall in the proportion who were unpartnered of just 1.2 percentage points (with this being reflected in an increase in the proportion who were partnered). The proportion living in a defacto relationship fell slightly from 14.4 per cent to 14.2 per cent between the start and end of care, and the proportion who were married increased from 9.9 per cent to 11.5 per cent.

Looking at the actual experience of individual young carers, 92.7 per cent of those who were single when they commenced care remained single. Similarly, 85.4 per cent of those who were married and 71.0 per cent of those living in a defacto relationship at the start of care were still in this type of relationship at the end of the dataset. Within the population, 62 (0.3 per cent) changed their partner, 1136 (5.6 per cent) gained a partner, 875 (4.3 per cent) lost a partner, 14,252 (70.1 per cent) remained without a partner and 4018 (19.8 per cent) had the same partner.

### Children of young carers

Over one-third (36.4 per cent) of young carers had a child at the time when they commenced caring. Of these carers, 82.5 per cent were aged 21 years and over, with 53.0 per cent of carers in this age group having a child. Most frequently young carers with children at the commencement of care had only one child (47.3 per cent). Of the balance, 36.6 per cent had two children, 12.3 per cent had three, 3.1 per cent had four and 0.7 per cent had five or more.

Most (54.1 per cent) of the young carers with children were unpartnered, this mainly comprised 27.1 per cent who were separated and 26.7 per cent who were single with the balance being widowed or divorced. The 45.9 per cent who were partnered comprised 19.8 per cent who were married and 26.1 per cent living in a defacto relationship. All but 2 per cent of the young carers with children were female.

Of the young carers with a child at the commencement of care, 82.4 per cent were receiving support as a carer of one or more of their own children.

Over the recorded caring period on file the proportion of young carers with a child increased by 2.5 percentage points. Also, there was a marked tendency for those carers with children to have additional children, to the extent that the proportion of carers with only one child dropped from 17.2 per cent of all carers to 14.6 per cent.

**Table 11: Young carers by age commenced care, number of children at the beginning and end of care, 2001 to 2006**

Number of children	Age group (years) of young carer at beginning of care:						Total	
	Youth (under 19)		Young adult (19–20)		Adult (21 and over)			
	Start	End	Start	End	Start	End	Start	End
Number of young carers								
0	4,284	4,095	3,236	3,084	5,421	5,253	12,941	12,432
1	293	378	668	611	2,549	1,989	3,510	2,978
2	33	108	256	354	2,424	2,292	2,715	2,752
3 or more	7	36	43	154	1,149	2,009	1,197	2,201
Total	4,617	4,617	4,203	4,203	11,543	11,543	20,363	20,363
Distribution of young carers								
0	92.8	88.7	77.0	73.4	47.0	45.5	63.6	61.1
1	6.3	8.2	15.9	14.5	22.1	17.2	17.2	14.6
2	0.8	2.3	6.1	8.4	21.0	19.9	13.3	13.5
3 or more	0.1	0.8	1.0	3.7	10.0	17.4	5.9	10.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.



The adult young carer group were the most likely to have had a first, or additional, child after commencing care, with 19.6 per cent having done so. Among those aged 19 to 20 years when they commenced care, 11.3 per cent had an additional or first child as did 6.3 per cent of those aged under 19 years. (It should be noted that as some of these carers cared for a number of years, their age of entry into caring may not be reflective of their actual age when they had these children.) In most (78.9 per cent) cases where a carer had an additional child while caring, they had only one additional child.

There was only a small change in the proportion of young carers with children who were partnered between the beginning and end of the caring period. The proportion increased marginally from 45.9 per cent to 46.1 per cent. While data on child custody is not comprehensively available across all carers with children, for those for whom information was on the file, 98.4 per cent of the young carers had 100 per cent care of the child, with most of the balance being spread between having 50 per cent to 85 per cent of care.

### 3.6 The location of young carers

Young carers live in locations across Australia, with the incidence of caring differing between these locations. Some of this variation may be related to the incidence of health and related problems by location. This may in turn be driven by the nature of the location, the demographic characteristics of its population and the location's economic circumstances. For example, factors such as housing costs and availability may make a location relatively attractive for a person with a health condition and poor, or no, labour market prospects.

Similarly, to the extent to which young caring reflects both demand and supply pressures, it is possible that the relative propensity of a young person to care will vary by location, depending on labour market and educational opportunities and aspirations.

To enable analysis of the distribution of young carers by location, data on the postcode of the young carers in the Carer Dataset was combined with a series of locational concordances, derived using resident populations recorded in the 2006 Census to allocate the young carer population to different sets of geographic boundaries. Overall, 98.5 per cent of young carers were able to be allocated to locations on this basis. (In the analysis of the socioeconomic disadvantage of locations, data has been used directly at the postcode level without the need for reallocation.)

While location analysis based on postcodes provides an insight into the geography of caring, because some postcode areas and some regions for which these data are reported are very large, some loss of detail is inevitable, especially where populations are not homogeneous. As such, these results may underestimate the actual degree of difference between locations. Finer geographic analysis may reveal even stronger levels of concentration.

Nationally, using this data, it is estimated that there were 7.4 young carers in the Carer Dataset per 1000 young people aged 15 to 24 years of age.<sup>23</sup> (As previously discussed, this does not represent a point-in-time estimate of the proportion of young people caring, but rather the number of people who were a young carer at some time over the five year period of the dataset expressed as a proportion of the population in the location.)

This ratio varied considerably across states and territories. The lowest rate was in the Australian Capital Territory where there were 4.2 young carers in the Carer Dataset per thousand young people. The highest was in Tasmania with 11.2 per thousand. In New South Wales it was 8.2 per thousand, Victoria 6.3, Queensland 7.6, South Australia 8.9, Western Australia 6.3 and the Northern Territory 6.9. This Northern Territory result is somewhat surprising given the generally high level of caring by young Indigenous people and the analysis by Hill et al. (2009) which identified very high levels of young carers in regional Northern Territory.

### Statistical Regions

The main geographic locations used for a more detailed examination of the variations in propensity of young Australians to care are Statistical Regions. These have the merit of being more uniform in size than many other geographic classifications. One of the historical goals of the ABS in constructing Statistical Regions was to draw together more homogeneous locations. A disadvantage in this analysis is that Tasmania, the Northern Territory and the Australian Capital Territory each comprise a single Statistical Region.

Five Statistical Regions had ratios of young carers to youth populations of above 12.5 per 1000. These were:

- ▀ Mid-North Coast of New South Wales, with an estimated 15.1 young carers per 1000
- ▀ Wide Bay–Burnett in Queensland, with a ratio of 14.8 young carers identified in the Carer Dataset per 1000 youth aged 15 to 24 years as at the time of the 2006 Census
- ▀ Far West–North Western New South Wales, with a ratio of 14.5 per 1000 youth
- ▀ Ipswich City in Queensland, with a ratio of 13.9 per 1000
- ▀ Northern and Western South Australia where there were an estimated 12.9 young carers per 1000 young people
- ▀ the Fairfield–Liverpool and Richmond–Tweed regions, both in NSW, that had rates above 12 per 1000.

**Table 12: Distribution and incidence of young carers by Statistical Region, 2001 to 2006**

Statistical Region	Estimated number of young carers (2001 to 2006)	Resident population aged 15–24 years (2006)	Young carers per 1000 population
Inner Sydney	185	45,562	4.1
Eastern Suburbs	118	31,397	3.8
St George–Sutherland	234	56,397	4.1
Canterbury–Bankstown	456	40,701	11.2
Fairfield–Liverpool	636	51,215	12.4
Outer South Western Sydney	405	35,896	11.3
Inner Western Sydney	72	23,069	3.1
Central Western Sydney	417	44,610	9.4
North Western Sydney	831	84,707	9.8
Lower Northern Sydney	62	36,320	1.7
Central Northern Sydney	93	59,202	1.6
Northern Beaches	46	25,077	1.8
Gosford–Wyang	317	36,110	8.8
Hunter	789	77,037	10.2
Illawarra	471	50,295	9.4
South Eastern	203	22,112	9.2
Richmond-Tweed	320	25,549	12.5

**Table 12: Distribution and incidence of young carers by Statistical Region, 2001 to 2006 (continued)**

Statistical Region	Estimated number of young carers (2001 to 2006)	Resident population aged 15–24 years (2006)	Young carers per 1000 population
Mid-North Coast	468	30,925	15.1
Northern	218	22,021	9.9
Far West–North Western	227	15,619	14.5
Central West	245	22,194	11.1
Murray–Murrumbidgee	280	34,014	8.2
<b>Total New South Wales</b>	<b>7,093</b>	<b>870,029</b>	<b>8.2</b>
Outer Western Melbourne	654	84,767	7.7
North Western Melbourne	410	40,230	10.2
Inner Melbourne	152	48,698	3.1
North Eastern Melbourne	353	59,687	5.9
Inner Eastern Melbourne	218	83,706	2.6
Southern Melbourne	161	48,515	3.3
Outer Eastern Melbourne	215	54,074	4.0
South Eastern Melbourne	417	55,885	7.5
Mornington Peninsula	188	31,529	6.0
Barwon–Western District	335	45,412	7.4
Central Highlands–Wimmera	228	24,742	9.2
Loddon–Mallee	275	32,183	8.6
Goulburn–Ovens–Murray	316	34,557	9.1
All Gippsland	338	28,776	11.7
<b>Total Victoria</b>	<b>4,259</b>	<b>672,761</b>	<b>6.3</b>
Brisbane City Inner Ring	241	72,425	3.3
Brisbane City Outer Ring	390	78,343	5.0
South and East BSD Balance	464	49,873	9.3
North BSD Balance	355	41,364	8.6
Ipswich City	284	20,427	13.9
Gold Coast	447	65,286	6.8
Sunshine Coast	265	31,903	8.3
West Moreton	93	7,894	11.8
Wide Bay–Burnett	405	27,421	14.8

**Table 12: Distribution and incidence of young carers by Statistical Region, 2001 to 2006 (continued)**

Statistical Region	Estimated number of young carers (2001 to 2006)	Resident population aged 15–24 years (2006)	Young carers per 1000 population
Darling Downs–South West	288	31,689	9.1
Mackay–Fitzroy–Central West	317	47,346	6.7
Northern–North West	263	34,474	7.6
Far North	250	28,596	8.8
<b>Total Queensland</b>	<b>4,063</b>	<b>537,041</b>	<b>7.6</b>
Northern Adelaide	597	50,254	11.9
Western Adelaide	296	26,405	11.2
Eastern Adelaide	110	33,742	3.3
Southern Adelaide	355	44,309	8.0
Northern and Western SA	219	16,995	12.9
Southern and Eastern SA	215	28,693	7.5
<b>Total South Australia</b>	<b>1,791</b>	<b>200,398</b>	<b>8.9</b>
Central Metropolitan	45	20,139	2.2
East Metropolitan	194	34,164	5.7
North Metropolitan	332	63,713	5.2
South West Metropolitan	260	43,372	6.0
South East Metropolitan	319	53,025	6.0
Lower Western WA	240	32,149	7.5
Remainder—Balance WA	340	28,638	11.9
<b>Total Western Australia</b>	<b>1,730</b>	<b>275,200</b>	<b>6.3</b>
<b>Total Tasmania</b>	<b>688</b>	<b>61,627</b>	<b>11.2</b>
<b>Total Northern Territory</b>	<b>202</b>	<b>29,222</b>	<b>6.9</b>
<b>Total Australian Capital Territory</b>	<b>213</b>	<b>51,002</b>	<b>4.2</b>
<b>Australia<sup>(a)</sup></b>	<b>20,042</b>	<b>2,697,553</b>	<b>7.4</b>

(a) Includes external territories, but excludes some young carer records with missing or unmatchable postcodes.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and Census 2006, Basic Community Profile (ABS 2007c).

In contrast to these very high ratios of young carers to the youth population in these locations, other regions had quite low proportions. Such areas include: Central Northern Sydney where there were 1.6 young carers in the Carer Dataset for each 1000 young people at the time of the Census; Lower Northern Sydney 1.7; the Northern Beaches of Sydney 1.8; Central Metropolitan Perth 2.2; Inner Eastern Melbourne 2.6; Inner Western Sydney and Inner Melbourne each with 3.1; and Eastern Adelaide and the Brisbane City Inner Ring each with 3.3 per 1000.

These regional differences point to a marked disparity in the propensity of a young person to be in receipt of Carer Allowance or Carer Payment across geographic locations, especially in inner urban locations and in parts of regional Australia.

### Type of location

Underlying the Statistical Region data there are some more systematic patterns in the incidence of caring by young Australians who receive Carer Payment or Carer Allowance based on the nature of their location. These are seen more clearly when the population is classified by the type of its urban settlement as illustrated in Table 13.

Analysis of the dataset identified a much higher concentration of young carers in non-capital city locations, especially in smaller regional towns, and in non-urban centres. The highest level of incidence was in towns with a population of between 10,000 and 50,000 people, where there were some 11.1 young carers per 1000 young people aged 15 to 24 years. These locations were followed by: towns with a population of 1000 to under 10,000 with a rate of 10.2; and non-urban locations where there was an average of 9.7 young carers per 1000 young people.

As well as having lower rates of caring overall, there was a distinct pattern of variation within the capital cities. The inner suburbs of the capital cities had an average of 4.4 young carers per 1000 people aged 15 to 24 years. This increased to 6.3 in the middle ring of suburbs and 8.5 in the outer suburbs. The peri-urban surrounds of the capitals, major non-capital cities and towns with a population of over 50,000 people all had rates similar to the outer suburbs.

**Table 13: Distribution and incidence of young carers by type of location**

Location type <sup>(a)</sup>	Number of young carers	Resident population aged 15–24 years (2006)	Young carers per 1000 population
Capital city inner	2,724	614,811	4.4
Capital city middle	3,754	599,812	6.3
Capital city outer	5,008	588,858	8.5
Within 75km of capital city	1,010	124,917	8.1
Major non-capital city	989	116,763	8.5
Town pop 50,000 and over	1,101	131,613	8.4
Town pop 10,000–<50,000	1,972	177,217	11.1
Town pop 1,000–<10,000	1,612	157,394	10.2
Non-urban	1,872	192,880	9.7
<b>Total</b>	<b>20,042</b>	<b>2,704,265</b>	<b>7.4</b>

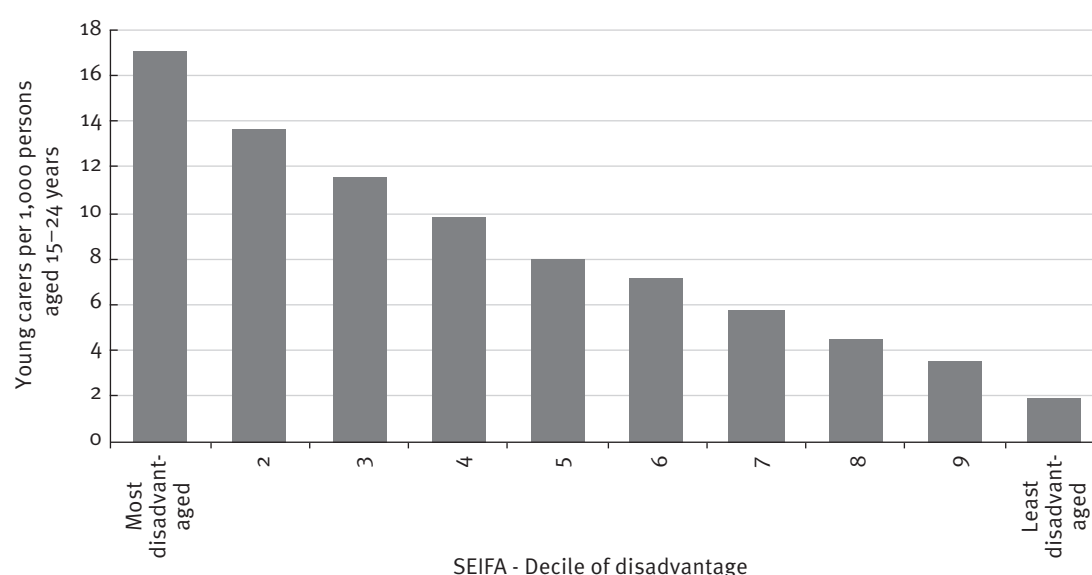
(a) Location type is based on a classification that allocates an urban type to each Statistical Local Area (SLA) based on its main urban form using the ABS Urban Centre and Locality classification. Within the capital cities, SLAs are grouped into three categories based on the distance from the centroid of the SLA to the central business district (CBD).

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and Census 2006, Basic Community Profile (ABS 2007c).

### Socioeconomic status

A third approach to the analysis of the geographic location of young carers considers the socioeconomic characteristics of the postcode region in which they live. The ABS Index of Relative Socio-Economic Disadvantage (IRSD) has been used for this purpose (ABS 2008b). This index has been constructed by the ABS, using data from the 2006 Census, as a general socioeconomic index that summarises a wide range of information about the economic and social resources of people and households. This information includes the incidence of low income, low educational attainment, unemployment, low rent, and dwellings without motor vehicles in each area, and is used to generate an index of the location's relative disadvantage.<sup>24</sup> In this analysis, locations have been ranked according to their level of disadvantage, weighted by population, and divided into 10 segments, representing the decile of most disadvantage to the decile of least disadvantage.

**Figure 10: Incidence of young carers by SEIFA decile of disadvantage, 2001 to 2006**



Note: SEIFA = Socio-Economic Indexes for Areas.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and SEIFA (ABS 2008a).

Figure 10 shows a very strong relationship between the incidence of young carers and disadvantage. In the 10 per cent of locations with the highest level of relative disadvantage, there were 17.1 young carers per 1000 young people aged 15 to 24 years. This rate of incidence declines, monotonically across the deciles with the least disadvantaged decile having a rate of just 1.9 young carers per 1000 young people aged 15 to 24 years. This is almost a nine fold difference between the most disadvantaged and least disadvantaged groupings of locations.<sup>25</sup>

### Educational achievement

Data on the educational qualifications of young carers is not consistently available on the Carer Dataset. The data are collected for those on Youth Allowance and Austudy, with the variable being maintained, but not necessarily updated, for individuals who move onto other payments. In general terms, between 15 and 25 per cent of the records of young carers under the age of 23 years have missing data with this proportion rapidly rising above this point.

The records of young carers on Youth Allowance who commenced caring at age 18 show that one-half (51.1 per cent) had Year 10 or lower as their highest level of education. Of those who received Youth Allowance as a student, the proportion was 41.3 per cent, and for those in receipt of Youth Allowance for other reasons it was 68.2 per cent.

Selecting from the whole dataset of those young carers who commenced care aged 18 years<sup>26</sup> (and based on records with a known value), the proportion whose highest level of educational qualification at the time of commencing care was Year 10 or lower is 63.7 per cent. For those young carers in this group who were on

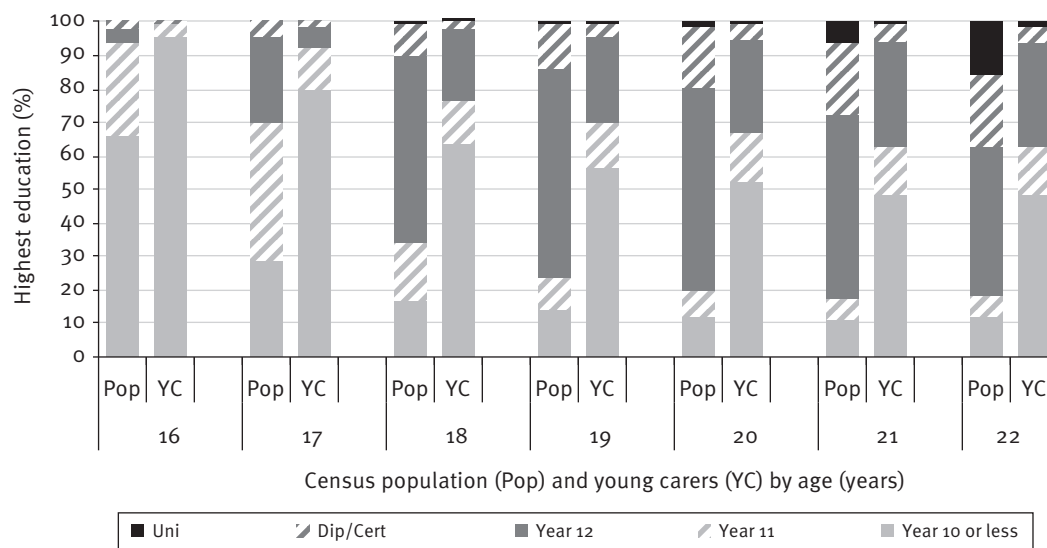
a parenting payment, or in receipt of Disability Support Pension, this rose to over 80 per cent. While it is possible that this high rate of low educational achievement is because the level of education came from a much earlier record that had not been updated, it remains likely that this level is reflective of their actual level of achievement. These proportions can be compared with the proportion of all young Australians aged 18 years of whom, at the time of the 2006 Census, just 16.6 per cent had Year 10 or lower as their highest level of education (ABS 2008).

While recognising these limitations, Figure 11 presents a comparison of the level of educational attainment of those young carers for whom this data was available with overall population data from the 2006 Census. This shows a very large gap in levels of educational attainment between young carers and other young Australians across all ages.

A further feature of the table is an increase in the level of educational achievement of older young carers. While some of this may be ascribed to the effect of further educational participation, it is more likely to reflect differences in the levels of educational attainment of different cohorts of young carers. That is, those who commence being a young carer at an older age are more likely to be individuals who have higher levels of educational attainment than those who have entered at a younger age.

On balance, while the quality of the data on education in the Carer Dataset makes it difficult to be conclusive, the findings in this section are consistent with those of Hill et al. (2009) who reported: 'Data from both the SDAC and the Census indicates that young carers are less likely to complete Year 12 than their peers.'

**Figure 11: Young carers, 2001 to 2006, level of education and age when commencing care, comparison with 2006 Census population**



Source: Population level statistics derived from 2006 Census 1% Sample File (CURF on CD) (ABS 2006a). Young carers derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

### Education participation

Although the focus in this section is on presenting a cross-sectional picture of the characteristics of young carers, it is useful in the context of looking at the educational achievements of young carers, to also consider the extent to which young carers participated in education prior to, during and after caring. In doing so, an important caveat is that the data on this activity is likely to be understated in the Carer Dataset. This is because participation in education can only be observed where a person is in receipt of Austudy or Youth Allowance and is a full-time student.

The Carer Dataset does not contain information, for example, on the participation in education of a young person who is not on income support, such as a student who is being supported by their family (who may be receiving Family Tax Benefit). Similarly information is not usually available when a young person is studying while on a non-study income support payment such as Carer Payment or Parenting Payment Single.

As has been noted, where a person has eligibility for a pension payment such as Carer Payment or Parenting Payment Single, there is a marked financial benefit in receiving these payments rather than education-related payments. Balanced against this incentive, a decision to take up Carer Payment would preclude a young carer from being able to continue full-time study, as the '25 hour rule' limits them to spending less than a total of 25 hours a week in education, training, voluntary work or in employment (including travel time). While designed to ensure that income support is directed at those who are unable to support themselves while caring, the consequence of this policy was identified as a disincentive to education and employment in a number of submissions to the House of Representatives Inquiry into support for carers (2009). It was described by Access Economics (2010, p. 32) as 'another important barrier to education for young carers'.

Just over one-quarter (27.9 per cent) of young carers received income support from an education-related payment (Youth Allowance Student or Austudy) in the period during which they were in the Carer Dataset. These young carers comprised: 21.8 per cent who received such a payment only when they were not caring; 5.0 per cent who received such a payment both while they were caring and not caring; and 1.1 per cent who only received a payment while they were caring. However, as noted above, these estimates of combined caring and study may be understated as some may be studying while on other payments.

Combining education (as measured by receipt of an education-related payment) and caring tended to be more frequent among those young carers who entered caring with higher levels of education. Of those who had a university degree when they commenced caring, 12.2 per cent were in receipt of an education-related income support payment. This compares with 10.4 per cent of those with Year 12, 8.3 per cent of those with Year 10 or 11, and 6.4 per cent of those with Year 9 or less, as their highest level of education.

Those young carers who studied both while they were a carer and a non-carer, received study-related income support for an average of 115.8 weeks.<sup>27</sup> An average of 42.3 weeks of this was while they were caring. Those who were only recorded in the dataset as being on an education-related payment while they were caring, received such income support for an average of 51.2 weeks.

**Table 14: Young carers, time in receipt of an education-related income support payment by caring and study arrangements, 2001 to 2006**

Combination of care and study:	Number of young carers	Average period <sup>(a)</sup> on income support for study, and whether this is associated with caring (weeks):		
		Care and study	Study no caring	Total
No 'student' income support	14,689	0.0	0.0	0.0
Had support for study in both caring and non-caring	1,014	42.3	73.5	115.8
Time as student only while caring	220	51.2	0.0	51.2
Student only in non-care time	4,440	0.0	56.5	56.5
<b>Total</b>	<b>20,363</b>	<b>2.7</b>	<b>16.0</b>	<b>18.6</b>

(a) Average of completed and uncompleted spells of study recorded over the duration of the Carer Dataset.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.



Table 15 shows the patterns of study in the pre-caring, caring and post-caring phases for young carers who were a student at any point in time on the Carer Dataset. Of these, 3.5 per cent were a student in all three phases, representing 12.1 per cent of those who were a student at some time and for whom data on all three phases are available. While the data shows that the majority of those who had some student record prior to caring did not study while caring, a sizeable group engaged in study post-care, either picking up the study they stopped prior to caring, or commencing study. (Although again, as discussed, non-receipt of a student-based payment while caring does not necessarily imply that they are not undertaking some study.)

There is little evidence from the Carer Dataset of marked educational gains while young carers are on record. Comparing the first and last record of young carers shows that the proportion who had Year 12 or higher education increased from 30.8 per cent to 32.8 per cent, and the proportion who had Year 9 or lower as their highest level of education declined from 21.6 per cent to 20.9 per cent.

**Table 15: Young carers who received some education-related payment prior to, during or after care, pattern of study, 2001 to 2006**

Student status in: <sup>(a)</sup>			Young carer	Distribution (%)
Pre-care	Caring	Post-care		
Observed pre-care, caring and post-care				
Student	Student	Student	196	3.5
Student	Student	No	74	1.3
Student	No	No	902	16.0
Student	No	Student	282	5.0
No	Student	Student	13	0.3
No	Student	No	6	0.1
No	No	Student	141	2.5
Observed caring and post-care				
	Student	Student	60	1.1
	Student	No	52	0.9
	No	Student	291	5.2
Observed pre-care and caring				
Student	Student		642	11.4
Student	No		2,787	49.4
No	Student		34	0.6
Observed caring only				
	Student		157	2.8
Total undertaking study			5,637	100.0

(a) Greyed out segment indicates record is not available for this period.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

### 3.7 Housing

Data on the housing tenure of young carers is not available consistently across the young carer population. This is because this information is predominantly collected for the purposes of assessing eligibility for Rent Assistance, and this supplementary assistance is not comprehensively available to all young carers. In particular, it is not paid to those in receipt of Carer Allowance only. As a result, around 11 per cent of the young carer records do not have tenure data on them at the beginning of caring.

The most frequently reported tenure was living in private rental housing (30.8 per cent), followed by living rent free (27.1 per cent). The use of different tenures is very much associated with carer age. The proportion reporting that they were living rent free when they commenced caring declined from 41.5 per cent for young carers aged under 19 years to 31.3 per cent for the 19- to 20-year-old group and 19.7 per cent for the oldest group of young carers. Conversely, the role of private rental increases strongly with age. The percentage of young carers living in private rental housing increased from 11.4 per cent for those aged under 19 years, to 26.0 per cent for those aged 19 to 20 years and 40.4 per cent for those aged 21 years and over.

**Table 16: Young carers tenure by age at commencement of care, 2001 to 2006**

	Age group (years)			Total	Age group (years)			Total
	Youth (under 19)	Young adult (19–20)	Adult (21 and over)		Youth (under 19)	Young adult (19–20)	Adult (21 and over)	
	Number				Distribution %			
Home owner	29	87	995	1,111	0.6	2.1	8.6	5.5
Board	662	731	1,477	2,870	14.3	17.4	12.8	14.1
Rent free	1,915	1,317	2,278	5,510	41.5	31.3	19.7	27.1
Public rent	139	331	1,372	1,842	3.0	7.9	11.9	9.0
Private rent	525	1,092	4,658	6,275	11.4	26.0	40.4	30.8
Other—parents	256	122	122	500	5.5	2.9	1.1	2.5
Not known	1,091	523	641	2,255	23.6	12.4	5.6	11.1
Total	4,617	4,203	11,543	20,363	100.0	100.0	100.0	100.0

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Across the recorded period of caring, there was only moderate mobility in tenure, with around three-quarters of young carers remaining in the same tenure as they were in at the beginning of the period. The main exceptions were the relatively small group that were home owners and those who were boarders at the commencement of caring. The home-owner group was much more stable, with 83.2 per cent remaining in the tenure. The boarder group was much more inclined to change tenure, with only 66.0 per cent still boarding at the end of their caring period. The main flow for this group was to private rental.

Because of the age of young carers, and the extent to which many are caring for family members (with such care usually, but not always, taking place in the same dwelling), it is also useful to consider the tenure of both the carer and the caree.

**Table 17: Young carers and their first caree, tenure, 2001 to 2006**

Tenure of young carer	Tenure of first caree						Total	Composition of tenure of young carers (%)
	Home owner	Board	Rent free	Public rental	Private rent	Other/not available		
Home owner	176	32	29	19	30	825	1,111	5.5
Board	496	288	139	564	531	852	2,870	14.1
Rent free	1,369	193	469	1,081	1,110	1,288	5,510	27.1
Public rent	14	28	43	620	42	1,095	1,842	9.0
Private rent	317	190	218	326	1,609	3,615	6,275	30.8
Other—parents	147	22	31	124	125	51	500	2.5
Not known	658	92	134	503	398	470	2,255	11.1
<b>Total</b>	<b>3,177</b>	<b>845</b>	<b>1,063</b>	<b>3,237</b>	<b>3,845</b>	<b>8,196</b>	<b>20,363</b>	<b>100.0</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

While this data cannot be considered to be definitive, it can be seen that the large group of young carers who were living in rent-free accommodation were mainly associated with carees who lived in owner-occupied housing (1369), private rental (1100) and public rental (1081). A not dissimilar pattern is seen for those young carers who were recorded as boarders.

As the dataset only provided the postcode of location rather than actual address, it was not possible to complement the analysis of change in tenure with change in dwelling.

### 3.8 Mortality of young carers

Some limited data are available in the dataset on the deaths of young carers. While this section presents analysis of this, it is only tentative. The number of deaths is quite small, and indeed is generally so small as to be under the FaHCSIA guidelines for publication in other than aggregate and where perturbation may tend to distort results.

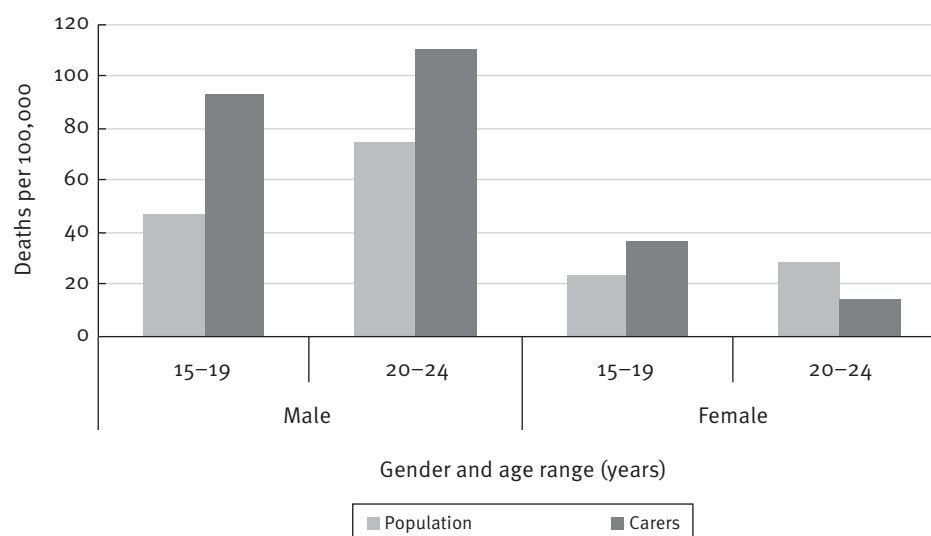
Notwithstanding these cautions, it is considered appropriate to present such analysis as can be done. Over the period for which data are available, just over 40 such deaths were recorded, although not all of these occurred while the young carer was caring and almost one-half of the deaths (43.9 per cent) were recorded after the young carer had turned 25 years of age. Despite young carers being predominantly female, the majority of recorded deaths were for males.

There may also have been additional deaths that have not been recorded in the dataset. These might include individuals who were not in receipt of transfer payments at the time of their death.

While the potentially less than complete recording of deaths, and the quite small number of deaths of young carers as recorded in the Carer Dataset makes demographic analysis difficult, it is possible to attempt to compare the mortality rate of young carers relative to the population as whole. The results of this are shown in Figure 12.

This analysis has been limited to the population of young carers when they were aged 15 to 24 years and relates to the period between July 2002 and June 2006. Although considerable caution needs to be exercised given the relatively small dataset available, the data suggests that the mortality rate of young male carers was somewhat higher than young males as a whole. For females the rate among those aged 15 to 19 years was a little higher than the population, while in the 20 to 24 age group the rate was lower.

**Figure 12: Age specific death rates, total youth population and young carers, 2002 to 2006**



Source: Young carer mortality rates derived from the FaHCSIA Carer Dataset. Analysis is restricted to deaths under the age of 25 years, and for the period from July 2002 to June 2006. Population mortality rates derived from Life Tables, Australia, 2006–2008 (ABS 2009b).

Given the very limited number of cases of death this analysis is based on, and the lack of any additional information on the causes of death or on how comprehensively this data picks up all deaths, it would be purely speculative to attempt to make any explanation of these results, or even with any degree of certainty to conclude that there is a higher death rate among young carers. However, it does highlight a potential need for this aspect of the experience of young carers to be subject to greater scrutiny.

### 3.9 Summary

Young carers aged under 25 years have shown considerable heterogeneity in their demographic and other characteristics. However, there was a clear demarcation in the data between younger and older carers in a number of respects. For this reason, it is useful to divide the population into several age segments. Most importantly such a division should be made between those aged under 21 years of age and those older.

- Younger carers were mainly involved in providing care to their parents or grandparents. They were overwhelmingly single and only a small proportion had children of their own. While the majority of these younger carers were female, there was a higher proportion of males among them when compared with older groups.
- Over three-quarters of carers aged 21 years and over were women who were most likely to be caring for either a child of their own, or their partner. The majority of carers in this age group had children, and most were either partnered or separated. One-quarter of these carers were on Parenting Payment Single.

Across all young carers, around 36 per cent received both Carer Allowance and Carer Payment, 19 per cent received Carer Allowance alone, and 11 per cent Carer Payment only. The balance received a combination of Carer Allowance and other income support payments when they commenced caring. Over the duration of care,

while there was some shift in the pattern of receipt, just under two-thirds of young carers remained on the same payments as when they commenced caring. To the extent change did occur, there was a tendency for the number of young carers in receipt of allowance payments and Parenting Payment Partnered to decline and the proportion in receipt of Carer Payment only and, to a lesser degree, in receipt of Carer Allowance without any income support to increase.

Indigenous Australians were significantly over-represented among young carers at a rate over triple their share of the population. This was seen even more strongly among young carers aged 15 to 19 years.

Young carers were overwhelmingly Australian born, but among those born overseas, there were quite diverse experiences for the different migrant groups. While those born in some countries showed rates of caring of one-quarter or less of the level among those born in Australia, in other cases the rates of caring were four or five times the rate of Australian born. Associated with these high concentrations, there were markedly different patterns of care depending on the family relationship and the types of health conditions experienced by the caree.

Young carers in receipt of Carer Allowance or Carer Payment were much more concentrated in some locations than others. This was most noticeable when locations are classified by their level of socioeconomic status. Young Australians in the most disadvantaged 10 per cent of locations had a rate of caring eight times that of the least disadvantaged locations. Caring was also more frequent outside of the capitals, and within the capitals was more frequent in the outer suburbs.

Notwithstanding the limitations in the quality of the data on education in the Carer Dataset, the analysis of this indicates, as with other research using other data sources, that levels of educational qualification among young carers were low compared to other young Australians. While some young carers studied in the period covered by the dataset, three-quarters did not (either while they were caring or at other times). Of those who had completed caring, only a relatively small proportion undertook further study.

## 4 Young carers and their carees

Section 3.2 presented an analysis of the relationships between young carers and their carees. This section considers the characteristics of the carees of young carers further, paying particular attention to the health conditions that led to their need for care. The section also considers three specific and more complex caring arrangements:

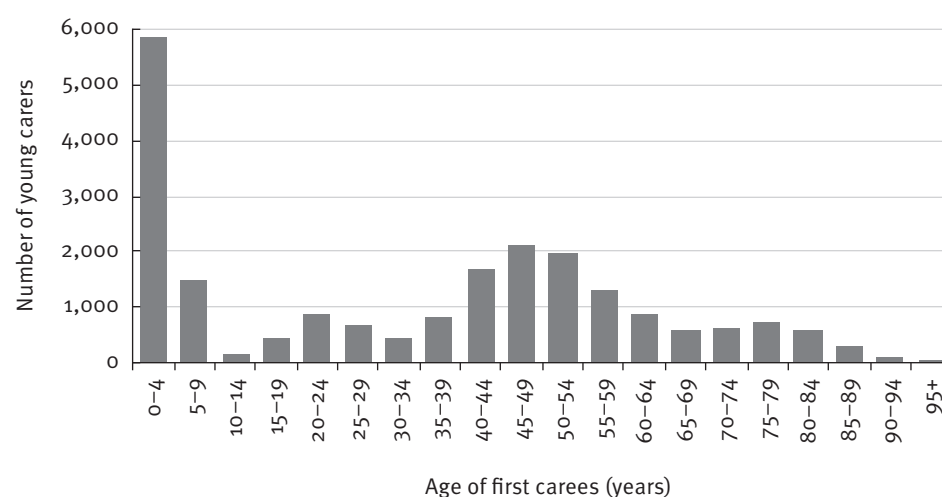
- multiple caring by young carers
- the extent to which young carers may not be the only carer of a caree
- a group of young carers who themselves have been, or subsequently are, a caree.

### 4.1 Age of carees

The relationships between young carers and their carees are detailed in Section 3.2, and to a large degree the age structure of the caree population reflects this. Children under the age of 10 years accounted for 34.2 per cent of carees, and most of these were aged under 5 years (27.3 per cent of all carees). These were largely the ‘own child’ carees of the carer.

The age distribution of carees then shows a secondary concentration of just under one-third of carees who were aged between 40 and 59 years. This group of carees is largely comprised of the parents of young carers. A further 17.2 per cent of the carees were aged over 60 years. These carees were mainly the grandparents of the young carers, although a significant proportion of those in the 60–69 years age range were the parents of the young carers.

**Figure 13: All carees of young carers, age at beginning of care, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Most unrelated carees were between the ages of 20 and 49 years while partners being cared for by young carers were mainly in the 20 to 29 year age bracket.

## 4.2 Health conditions of careers

The need for care of a caree can arise from a wide range of health conditions and disabilities. Often individual careers may be affected by a number of these, with the need for care not simply being the consequence of any single condition or disability, but the cumulative impact of multiple problems. Notwithstanding this, for analytical purposes, the primary focus has been placed on the first identified health or disability condition of careers.

### Main health conditions

Table 18 shows the distribution of the first health condition of the first caree of young carers by the age group of the young carer. Table 19 presents the same data on main condition by the relationship between the young carer and the caree. The data has been grouped using a modified version of the International Classification of Disabilities with the objective of providing a maximum level of sub-classification from the available data.

The most common group of health and disability conditions were behavioural and mental conditions. These were reported as the first condition for 29.1 per cent of all the first careers of young carers. Within this group, the dominant specific conditions were depression (6.5 per cent), learning difficulties (4.3 per cent), anxiety (4.2 per cent) and attention deficit disorder (ADD) (3.2 per cent).<sup>28</sup> The group also contained 9.1 per cent of careers with 'other' mental and behavioural conditions. This groups together a wide range of other conditions including: 2.3 per cent of careers with a diagnoses of schizophrenia; 1.9 per cent with an IQ of under 55; 1.7 per cent with a speech disorder (other than total loss of speech); and 1.7 per cent with Alzheimers disease.

There was variation in the actual conditions, within this classification, of the careers of different age groups of young carers. Young carers aged under 19 years were much more likely to be caring for a person with depression (9.4 per cent) and anxiety (6.2 per cent). These rates are approximately 50 per cent as high again as the average of all young carers.

The dominant conditions of the careers of adult young carers were conditions associated with children. This includes learning difficulties (6.7 per cent), ADD (4.8 per cent) and autism (2.7 per cent). These older young carers also had an elevated proportion of careers with other mental and behavioural conditions.

As detailed in Table 19, learning difficulties, ADD and autism were identified as the main condition for 27.6 per cent of the 'own child' careers of young carers, with a further 11.4 per cent having other mental and behavioural conditions. These conditions were also disproportionately represented among the careers of young carers caring for a relative who was the same age as themselves, or younger.

The second major group of conditions of the careers of young carers was muscular-skeletal conditions (14.0 per cent). The main specific condition identified in this grouping was arthritis, which was reported by 8.0 per cent of the first careers of young carers. Arthritis was particularly common among grandparent careers of young carers (16.8 per cent) and among parent careers and other related careers of the parental generation (with 13.1 per cent of each of these groups of careers reporting this as the first of their health conditions). The careers of young carers aged under 19 years were more likely to have these conditions recorded than those of older young careers. This reflects the extent to which this younger group of young carers was more likely to be caring for parents and grandparents.

The third group was nervous system conditions, which were reported by 13.9 per cent of careers. The largest of these was paralysis, which was the main condition for 2.0 per cent of careers. No other single condition dominated this grouping with the most frequently occurring other specific conditions being: epilepsy (1.4 per cent); severe multiple disability mobility conditions (1.3 per cent); multiple sclerosis (1.2 per cent); and cerebral palsy (1.2 per cent).

**Table 18: Young carers by age group, health condition of first caree, 2001 to 2006**

Health condition of caree <sup>(a)</sup>	Age group (years)			Total	Age group (years)			Total
	Youth (under 19)	Young adult (19–20)	Adult (21 and over)		Youth (under 19)	Young adult (19–20)	Adult (21 and over)	
Number of carers								
Per cent of carers								
Behavioural and mental conditions								
ADD	29	59	555	643	0.6	1.4	4.8	3.2
Anxiety	282	221	361	864	6.2	5.2	3.1	4.2
Autism	11	29	312	352	0.2	0.7	2.7	1.7
Depression	435	315	576	1,326	9.4	7.5	5.0	6.5
Learning difficulties	20	80	771	871	0.4	1.9	6.7	4.3
Other	333	371	1,158	1,862	7.2	8.8	10.0	9.1
Musculoskeletal—arthritis	549	376	699	1,624	11.9	8.9	6.1	8.0
Musculoskeletal—other	398	276	559	1,233	8.6	6.6	4.8	6.1
Nervous system—paralysis	102	102	196	400	2.2	2.4	1.7	2.0
Nervous system—other	600	516	1,309	2,425	13.0	12.3	11.3	11.9
Circulatory	614	522	959	2,095	13.3	12.4	8.3	10.3
Respiratory—asthma	69	93	518	680	1.5	2.2	4.5	3.3
Respiratory—other	132	147	378	657	2.9	3.5	3.3	3.2
Neoplasms	353	369	853	1,575	7.6	8.8	7.4	7.7
Endocrine, digestion etc.	162	136	484	782	3.5	3.2	4.2	3.8
Ear/eye	120	144	477	741	2.6	3.4	4.1	3.6
Congenital and perinatal	51	110	511	672	1.1	2.6	4.4	3.3
Injury/external causes	229	215	423	867	5.0	5.1	3.7	4.3
Not elsewhere classified	113	100	363	576	2.5	2.4	3.1	2.8
Missing	15	22	81	118	0.3	0.5	0.7	0.6
Total	4,617	4,203	11,543	20,363	100.0	100.0	100.0	100.0

(a) Health condition has been derived from a range of different fields in the Carer dataset. A hierarchical approach has been adopted which takes account of the different approaches to the coding of adult and child caree information. The sequence is to take the first of: the first listed 'caree medical condition', the first listed 'caree non-recognised disability' code and the first listed 'caree recognised disability code'. In most cases the health condition is that of the caree at the beginning of the care period. Where this data was not available, the health condition at the end of the care period is used.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The incidence of caring for a person with a nervous system disorder was relatively consistent across young carer age groups. However, this reflects a series of more diverse distributions of the incidence of particular conditions. For example, while paralysis was concentrated among carees who were grandparents, parents or



relatives of the parental generation of the young carer, the incidence of other nervous system conditions was more concentrated among partners, relatives of the same or younger generation and unrelated persons, as well as in own children being cared for.

Circulatory disorders represented 10.3 per cent of the main health conditions of the careers of young carers. The incidence of these disorders was most concentrated among careers who were the grandparents of the young carer (this was the prime health condition for 30.8 per cent) and parents and other relatives of the parental generation (13.3 per cent and 18.9 per cent respectively). The youngest group of carers had the highest incidence of providing care to people with circulatory conditions. Notwithstanding this, given the higher rate of caring by the older age group of young carers, the 21 year and over age group were the carers of almost one-half of those with a circulatory condition.

**Table 19: Young carers by caree relationship, health condition of first caree, 2001 to 2006**

Health condition of caree	Own child	Parent	Partner	Relative grand parent	Relative parent generation	Relative same generation	Relative younger generation	Un-related	Total
Behavioural and mental conditions									
ADD	8.8	0.2	2.9	0.0	0.1	5.8	4.3	1.7	3.2
Anxiety	0.1	6.8	10.3	1.2	4.5	5.8	0.0	5.9	4.2
Autism	6.2	0.1	0.4	0.0	0.0	3.6	4.3	0.6	1.7
Depression	0.2	10.4	16.4	2.4	8.4	5.4	0.0	11.3	6.5
Learning difficulties	12.6	0.1	0.5	0.0	0.0	1.8	21.7	0.4	4.3
Other	11.4	6.5	12.6	6.3	10.1	26.0	21.7	11.5	9.1
Musculoskeletal—arthritis	0.0	13.1	5.2	16.8	13.1	1.1	0.0	7.4	8.0
Musculoskeletal—other	1.7	8.5	9.4	5.6	6.5	5.4	4.3	7.8	6.1
Nervous system—paralysis	0.3	2.6	0.9	4.0	3.9	0.6	0.0	2.7	2.0
Nervous system—other	14.4	9.5	13.1	8.6	9.6	18.8	17.4	19.0	11.9
Circulatory	0.8	13.3	2.9	30.8	18.9	1.0	4.3	9.7	10.3
Respiratory—asthma	7.6	1.4	1.1	1.0	1.6	0.3	8.7	1.4	3.3
Respiratory—other	6.0	2.0	0.1	4.5	3.0	0.0	0.0	1.7	3.2
Neoplasms	2.3	13.6	6.1	6.7	7.6	4.1	0.0	4.5	7.7
Endocrine, digestion etc	6.0	3.2	2.2	3.4	4.0	1.4	0.0	2.3	3.8
Ear/eye	6.5	1.9	2.1	4.2	1.8	3.0	0.0	2.4	3.6
Congenital and perinatal	9.4	0.1	1.1	0.3	0.2	2.8	8.7	0.9	3.3
Injury/external cause	1.0	1.6	5.1	0.4	2.2	6.7	0.0	3.2	4.3
Not elsewhere classified (NEC)	4.0	2.4	2.6	1.2	2.8	1.8	0.0	1.9	2.8
Missing	0.5	2.6	5.0	2.3	1.9	4.5	4.3	3.6	0.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Neoplasms were identified as being the main condition by 7.7 per cent of the carees. There was a particularly high incidence among carees who were the parents of the young carer. In this group, 13.6 per cent identified cancers as the primary condition. Carees with neoplasms were cared for relatively consistently across young carer age groups.

Asthma (3.3 per cent) and other respiratory conditions (3.2 per cent) were the next major grouping. These conditions were mainly exhibited by carees who were the children of young carers (7.6 per cent and 6.0 per cent of all of these own children carees having these conditions) and there was a particularly high incidence of asthma as the condition of carees who were younger than the young carer. There was a slight concentration of 'other' respiratory conditions among grandparent carees.

Endocrine, digestive, metabolic and related conditions were the main condition for 3.8 per cent of the carees, with the main condition being insulin dependent diabetes (1.1 per cent). These conditions were largely reported for carees who were the children of the young carer, with 6.0 per cent of this group having such a condition. This was also the case with ear and eye conditions (3.6 per cent of all carees and 6.5 per cent of own child carees), although there was also a spike among grandparent carees (where 4.2 per cent had this as their primary condition). A similar concentration was seen in congenital and perinatal conditions which, while accounting for 3.3 per cent of all of the main conditions, accounted for 9.4 per cent of the conditions for own child carees. The main subgroup within this classification was those with Down syndrome, representing 1.0 per cent of all carees.

A caring need arising from an injury or similar external cause was identified as the main condition for 4.3 per cent of carees of young carers, including 1.4 per cent of carees who suffered from a traumatic brain injury. When classified by relationship, these carees were concentrated in two groups: carees who were the partners of the young carer (5.1 per cent of such carees had this as the main condition); and carees who were relatives of the same generation as the carer (6.7 per cent). Caring for persons with this cause was relatively more frequent among carers aged under 21 years and may have involved caring for a sibling.

As discussed in the introduction, caution needs to be exercised in interpreting these conditions as simply being the causes of a care need, especially as a care need may arise from the existence of multiple conditions, rather than being driven by just one of these.

### **Incidence of depression and substance abuse**

In the literature, one area of concern which is often raised is the extent to which young carers are caring for carees, especially parents, who suffer from depression or substance abuse. Noble-Carr, Moore and McArthur (2009), for example, report that some 60,000 young Australians live in a household where a parent has an alcohol or drug problem and argue that too often attention focuses on these children as being passive victims, whereas many of them are active carers of their parents and often of siblings.

As detailed above, around 6.5 per cent of the young carers cared for a carer who had depression as their main health or disability condition. In addition, 0.4 per cent of the carees of young carers had alcohol dependence as their first identified condition and 0.2 per cent had drug dependence. More detailed examination of individual carer records, which can have up to 9 different codes for health and disability conditions, provides more insight into the actual incidence of these conditions and the extent they may have contributed, as part of a multiple set of conditions, to the care need of the carer.

At this more comprehensive level, 20.7 per cent of young carers were looking after a carer who had depression as one of their health or disability conditions. This was highest among the youngest group of young carers (those aged under 19 years) at 31.5 per cent, declining to 23.5 per cent for those aged 19 to 20 years and 15.3 per cent for those aged under 25 years.

In contrast, the incidence of caring due, even in part, to substance abuse remained low. Alcohol dependence was only identified as a reason on 1.4 per cent of caree records, with drugs being cited on 0.8 per cent. Again the incidence was higher for the youngest group of young carers, with 1.9 per cent of the carees of young carers aged under 19 years having alcohol dependence and 1.2 per cent drug dependence. These rates declined among the carees of young carers aged 19 and 20 years to 1.8 per cent and 0.8 per cent respectively, and to 1.0 per cent and 0.7 per cent for the carees of young carers aged 21 years and over.

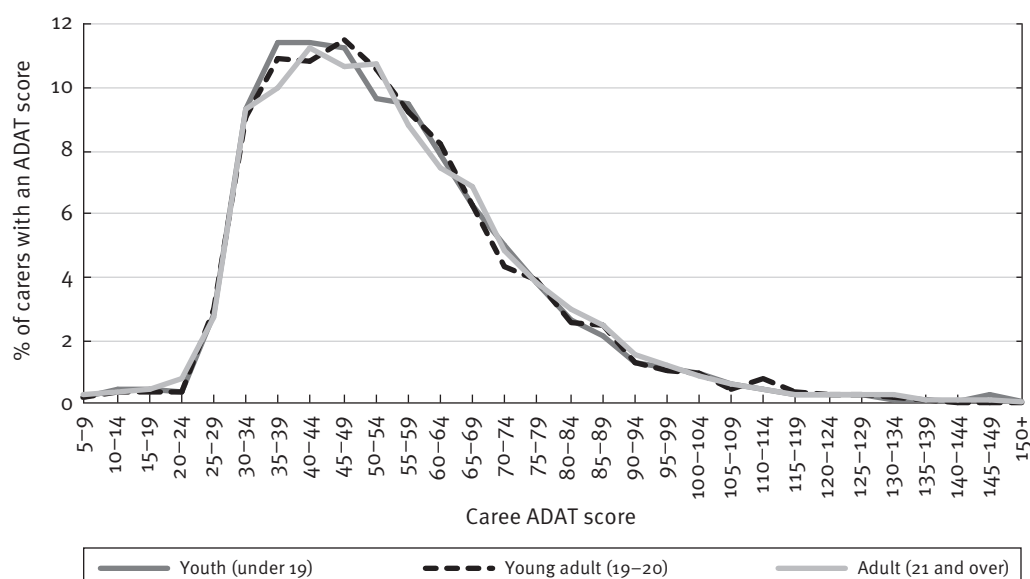
The impact of different health and disability conditions on the duration of care, and the post-care experiences of young carers, is examined in more detail in Sections 5 and 6.

### ADAT scores

The role of the Adult Disability Assessment Tool (ADAT) as an assessment instrument for both Carer Payment and Carer Allowance was discussed in Section 2.1. The distribution of the total ADAT scores for those carees who were subject to this assessment are shown in Figure 14. This chart shows the abrupt bottom cut off associated with the eligibility criteria for assistance<sup>29</sup> and then a long upper tail representing those with the highest level of caring needs.

While the chart suggests that the adult carees of young carers under the age of 19 years had slightly lower ADAT scores, the differences between the age groups are relatively minor.

**Figure 14: Distribution of ADAT scores for carees aged 16 years and over by age group of young carer, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Similarly, there is not much difference in the distribution of ADAT scores by the relationship between the carer and the caree, although carees who were parents or partners tended to have fewer very high scores than other groups. The relationship between ADAT scores and the duration of caring is complex, in large part because of the impact of mortality and the extent to which higher mortality is not necessarily associated with higher ADAT scores.

**Table 20: Carees with an ADAT score, duration and mortality, 2001 to 2006**

Total ADAT score	Distribution of projected caring spells (Weeks at quartile points)		Estimated mortality rate (%)
	25%	50%	
25–<30	19	49	25.2
30–<50	35	97	13.9
50–<80	41	125	11.4
80+	37	111	15.8

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

This is illustrated in Table 20 which shows, for groupings of total ADAT scores, the modelled duration of caring spells and the estimated mortality rate of carees. The durations are taken from a survival function (which will be discussed in more detail in Section 5) and represents the ‘survival’ of the caring spell. In the table, the 25th and 50th percentile points are shown. These are the duration cut offs at the points at which one-quarter and one-half of caring spells are complete. (Only the first two of these quartile cut offs are shown as, in most cases, over 25 per cent of carers are still caring and, therefore, the 75th percentile and higher points cannot be calculated.)

The final column of the table shows an estimated mortality rate for the group of carees. This is the proportion of carees within each group who were recorded in the Carer Dataset as having died (an issue looked at in more detail in Section 4.7).

Taking the first group of young carers, those caring for people with an ADAT score of 25 to 29, the table shows that one-quarter of estimated completed caring spells were of a duration of less than 19 weeks, and one-half were for less than 49 weeks. These were the shortest durations recorded for any of the groupings of ADAT scores. In contrast, the carees with these scores have the highest mortality rate of carees grouped by ADAT scores, with 25.2 per cent being recorded as having died during the duration of the dataset.

More generally, the table shows that durations of care increased with increasing ADAT scores, until they reached a peak for those with scores of 50 to 79. The durations then declined for the group of carees with ADAT scores of 80 and above. Of the young carers who cared for people with ADAT scores of 50 to 79, 75 per cent cared for more than 41 weeks and 50 per cent cared for more than 125 weeks.

In contrast to the durations of care, mortality broadly showed an inverse pattern. Mortality, as noted above, was highest for those with the lowest range of ADAT scores, falling with increasing ADAT scores until the second-to-top category. After this it moves up slightly for carees with the highest ADAT scores, although remaining well below the rate for those with the lowest scores.

### 4.3 Multiple caring by young carers

Almost one in 10 (1994) young carers cared for more than one caree. In most cases this involved an overlapping period of care with the young carer having multiple carees at the same time. While most multiple caring usually involved having two carees (85.1 per cent), some young carers reported more than this, with 11.9 per cent having three carees, and some records indicating up to seven carees. As with some of the other phenomena reported here, while the carer has been identified as a young carer when they commenced caring, not all of this multiple caring need have taken place while they were still under the age of 25 years.

Multiple caring most frequently involved the carer caring for a number of their own children. For the multiple young carers in the dataset, 32.9 per cent of cases involved a carer caring for two of their own children, 6.0 per cent for three of their children and 1.2 per cent for four of their own children. Other frequent

combinations are shown in Table 21, and include caring for two parents, for two grandparents, or caring for both a child and a partner.

**Table 21: Young carers, multiple caring, most frequent combinations of careers by relationship, 2001 to 2006**

Most frequent combinations of careers:	Number of carers	As a proportion of multiple carers (%)
Two own children	655	32.9
Two parents	272	13.6
Three own children	120	6.0
Two grandparents	99	5.0
Own child and partner	78	3.9
Own child and parent	77	3.9
Parent and grandparent	77	3.9
Parent and other relative	69	3.5
Two unrelated people	39	2.0

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The extent of multiple caring varies considerably by age. Just 6.0 per cent of young carers aged under 19 years had multiple careers, with this rising to 7.1 per cent for those who were first recorded as caring aged 19 or 20 years, and 12.3 per cent for those who commenced caring after this age.

There was also a clear difference in the incidence of multiple caring by gender. Only 6.0 per cent of male young carers were identified as having multiple careers, compared with 11.2 per cent of females. Further, while 72.6 per cent of young carers with a single career were females, this rose to 84.0 per cent of those with multiple careers.

There was relatively little difference between young carers with multiple careers in other demographic characteristics such as Indigenous status or whether or not they were Australian born.

## 4.4 Multiple carers

Around one-quarter of the careers of young carers (5070), have more than one carer recorded in the Carer Dataset, indicating that over the five year period more than one person had received financial assistance for their care. Further, 5951 young carers (29.2 per cent of all young carers) were involved in providing care for a career with multiple carers. This multiple caring usually involves sequential caring where two or more carers care for a person at different times. To the extent that the Carer Dataset only provides a five-year timeframe of caring, it is probable that this analysis underestimates the extent to which this occurs.

Being one of multiple carers was much more frequent among the youngest group of young carers. Of the 4617 young carers aged under 19 years, 1938 (42.0 per cent) were part of a multiple carer arrangement. This compares with 1461 (34.8 per cent) for carers aged 19 and 20 years and 2552 (22.1 per cent) for those aged 21 years and over.

Most multiple caring within the timeframe of the Carer Dataset involved two carers (79.1 per cent of multiple caring arrangements). This compares with 15.8 per cent involving three carers, 3.5 per cent four carers, and the balance involving five or more carers. Multiple caring by young carers most frequently involved a situation where the other carer (or carers) were non-young carers.

### Multiple carers by relationship

The incidence of multiple carers varied considerably according to the family relationship of the caree to the young carer. As shown in Table 22, the most frequent form of caring was where a young carer provided care to a person who was either a relative of the same generation as the young carer or an unrelated person. In these two types of relationships only 38.1 per cent and 44.8 per cent of the carees were cared for solely by the young carer.

There was also a high incidence of multiple carers in the care of a relative (other than a parent) of the carer's parent's generation (46.6 per cent) and of a grandparent (42.8 per cent). In contrast, only 8.2 per cent of the cases of a young carer looking after their own child involved multiple caring, as did 18.8 per cent of cases of caring for a partner. Notwithstanding these incidence rates, the most frequent care situation involving multiple carers involved the young carer caring for a parent, with this accounting for 41.5 per cent of multiple care situations.

**Table 22: Multiple carers, by caree's relationship with first young carer, 2001 to 2006**

Caree's relationship with first young carer	Caring arrangement—distribution (%)				Composition of caring arrangements	
	Single carer	2 carers	3 or more carers	Total	Single carer	Multiple carers
Own child	91.8	7.5	0.7	100.0	39.3	8.7
Parent	67.5	25.8	6.7	100.0	34.6	41.5
Partner	81.2	16.1	2.7	100.0	7.7	4.4
Relative—grandparent	57.2	33.2	9.6	100.0	8.4	15.6
Relative—parental generation	53.4	31.3	15.3	100.0	3.6	7.9
Relative—same generation	38.1	43.3	18.6	100.0	2.1	8.5
Unrelated	44.8	27.6	27.6	100.0	4.4	13.3
<b>Total</b>	<b>71.3</b>	<b>21.4</b>	<b>7.2</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

High intensity multiple caring (that is with three or more carers) most often involved caring for an unrelated person (27.6 per cent of cases), for a relative of the same generation (18.6 per cent) and for a non-parent relative of parental age (15.3 per cent).

Table 23 presents the most frequent combinations of multiple carers by the relationship of the different carers to the caree and whether or not the carer was a young carer. The table limits the presentation to the first two young carers and the first two non-carers.

The most frequent situation (14.6 per cent of all cases) of multiple carers involved a young carer caring for a parent with their other parent (or the carer's parent's partner) also being a carer.<sup>30</sup> This was followed by a young carer caring for their grandparent with the young carer's parent (or possibly aunt or uncle) also providing care (6.7 per cent of cases). The third most frequent situation involved two young carers (siblings or possibly partners depending on how the relationship was stated)<sup>31</sup> both looking after a parent (6.5 per cent of cases). A further 5.0 per cent of cases involved a young carer and an older sibling, or partner, providing the care.

A further 4.7 per cent of multiple carer arrangements involved a young carer and their older partner both looking after their own child, and an additional 1.1 per cent of cases involved the same relationship but with the partner also being under the age of 25 and, therefore, being classified as a young carer.

**Table 23: Most common relationships between multiple carers and their carees, 2001 to 2006**

Combination of carers (the first two young carers and first two non-young carers) by the caree's relationship with the carer <sup>(a)</sup>				Freq.	Percentage of multiple carer situations
1st young carer	2nd young carer	1st non-young carer	2nd non-young carer		
Parent		Partner		738	14.6
Grandparent		Parent		341	6.7
Parent	Parent			327	6.5
Relative same gen.		Own child		255	5.0
Parent		Parent		254	5.0
Own child		Own child		236	4.7
Parent		Unrelated		178	3.5
Partner		Own child		123	2.4
Grandparent		Rel. parent gen.		118	2.3
Unrelated		Unrelated		110	2.2
Own child		Rel. same gen.		100	2.0
Parent		Rel. same gen.		84	1.7
Grandparent		Partner		83	1.6
Unrelated		Own child		82	1.6
Rel. parent's gen.		Partner		69	1.4
Parent		Own child		64	1.3
Unrelated		Unrelated	Unrelated	62	1.2
Grandparent	Grandparent			58	1.1
Own child	Own child			55	1.1
Rel. parent's gen.		Parent		53	1.1

(a) Up to two young carers and up to two adult carers are shown, although as seen in most cases the combinations involve one young carer and one non-young carer.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

### The timing of multiple carer caring episodes

The introduction to this section noted that most multiple carers situations involved discrete sequential caring. Table 24 presents, for the most common subset of multiple carer arrangements involving a young carer and a non-young carer<sup>32</sup> caring for the same caree, the different combinations of timing of care. For the purposes of this examination, a spell of care is defined as being the time between the first time the carer commenced caring for that caree and the last time they cared for the caree. Given the dataset does not take account of any breaks in care between these two dates, an overlapping period of care does not necessarily mean that both carers were caring at the same time.

**Table 24: Timing of care provided by first young and first non-young carers in multiple carer situations, 2001 to 2006**

Sequencing of care by first young carer (YC) and first non-young (older) carer (OC)	Cases		Average <sup>(a)</sup> time (weeks) spent caring by:	
	Number	Distribution (%)	Young carer	Older carer
YC episode after OC finishes	1,710	39.4	63.5	77.9
YC episode within OC episode	371	8.6	39.9	188.7
YC starts & finishes after OC	131	3.0	75.5	108.4
YC start after OC same end	141	3.2	72.2	170.5
YC & OC same start & finish	25	0.6	135.7	135.7
Same start YC finishes first	46	1.1	62.0	155.1
Same start OC finishes first	30	0.7	113.2	62.5
OC episode after YC finishes	1,521	35.1	61.7	73.8
OC episode within YC episode	174	4.0	185.9	46.0
OC starts & finishes after YC	103	2.4	89.0	111.6
OC start after YC same end	87	2.0	162.9	70.0
<b>Total<sup>(b)</sup></b>	<b>4,339</b>	<b>100.0</b>	<b>69.8</b>	<b>90.3</b>

(a) Average of completed and uncompleted spells.

(b) This total relates only to combinations of care between a young carer and an older carer. It excludes those cases where multiple carers were both young carers.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Notwithstanding this very broad definition of a spell of care, the patterns of care were dominated by two combinations. In 39.4 per cent of cases the young carer commenced providing care after the older carer had completed caring, and in 35.1 per cent of cases this situation was reversed with the young carer initially providing care and the older carer taking over when they had finished. These two combinations were followed by 8.6 per cent of cases where the caring spell of the young carer was contained within the beginning and end dates of the spell of the older carer.

While on average,<sup>33</sup> across these arrangements, the older carer spent more time caring than the young carer (90.3 weeks compared with 69.8 weeks), overall it can be argued that the young carer played an equal, rather than a subordinate, role as a care giver.

### Multiple carers and health conditions

The incidence of careers of young carers having multiple carers varied across health conditions. It is particularly common for careers with paralysis (43.8 per cent), circulatory problems (33.7 per cent), those with arthritis (32.4 per cent) and those with other conditions of the nervous system (30.7 per cent).

Careers with paralysis were also associated with high intensity multiple caring. Of the careers with this condition, 11.1 per cent were recorded as having three or more carers within the duration of the Carer Dataset. Other conditions associated with this type of more intensive multiple caring included circulatory problems (7.5 per cent), depression (7.4 per cent) and other conditions of the nervous system (7.3 per cent).



In contrast, it was relatively unusual for careers of young carers to have multiple carers when their main health or disability condition was a learning difficulty (9.1 per cent of whom had multiple carers), congenital and perinatal disorders (10.3 per cent), or asthma or autism (both 11.0 per cent). As previous analysis has shown, careers with these conditions were mainly children being cared for by a parent who was a young carer aged 21 years and over.

**Table 25: Multiple caring by health condition of caree, 2001 to 2006**

Health condition of caree	Caring arrangement of health condition (%)				Composition of single and multiple caring arrangements (%)	
	Single carer	Two carers	3 or more carers	Total	Single carer	Multiple carers
Behavioural and mental conditions						
ADD	80.0	16.9	3.1	100.0	3.7	2.8
Anxiety	73.5	22.5	4.0	100.0	4.0	4.3
Autism	89.0	8.9	2.1	100.0	2.5	0.9
Depression	71.0	21.6	7.4	100.0	6.1	7.6
Learning difficulties	90.9	7.7	1.4	100.0	5.1	1.5
Other	71.4	22.5	6.2	100.0	9.2	11.2
Musculoskeletal—arthritis	67.6	25.5	6.9	100.0	7.1	10.2
Musculoskeletal—other	71.9	21.2	6.9	100.0	5.5	6.5
Nervous system—paralysis	56.2	32.7	11.1	100.0	1.4	3.3
Nervous system—other	69.3	23.4	7.3	100.0	10.6	14.2
Circulatory	66.3	26.2	7.5	100.0	9.0	13.8
Respiratory—asthma	89.0	8.8	2.2	100.0	4.2	1.6
Respiratory—other	82.6	14.5	3.0	100.0	3.6	2.3
Neoplasms	83.4	14.6	2.0	100.0	8.6	5.2
Endocrine, digestion, etc	82.3	15.3	2.4	100.0	4.2	2.8
Ear/eye	76.2	18.8	5.0	100.0	3.7	3.5
Congenital and perinatal	89.7	8.3	2.0	100.0	3.8	1.3
Injury/external causes	73.0	21.4	5.6	100.0	4.0	4.5
Not elsewhere classified (NEC)	82.5	14.5	3.0	100.0	3.1	2.0
Missing	71.9	22.9	5.2	100.0	0.5	0.5
<b>All</b>	<b>75.1</b>	<b>19.7</b>	<b>5.2</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

### Multiple carers summary

A very significant proportion of young carers, especially younger young carers, are not the sole carers of their carees. It is probable, if a longer time period of data was available, that the incidence of recorded multiple carers would have been higher.<sup>34</sup> The data also does not inform analysis about the quality of the relationships between the multiple carers and the circumstances in which caring responsibilities move from one carer to another. This information is important to help understand the implications of these results.

Two patterns can be hypothesised. The first is that the existence of multiple carers represents a web of caring support, potentially for both the caree and the carers. The second is that these data reflect a less constructive set of circumstances where carers become burnt out and the task of caring is passed to others who may have limited choice in the decision.

A further possibility is that the pattern of multiple carers seen in the data has less to do with the actual levels of care that different individuals provided to a caree and more to do with the way in which decisions were made between a group of ongoing carers as to who would claim particular payments at any particular time.

The incidence of multiple carers also suggests a need for the analysis of duration of care to go beyond the simple 'carer-caree' episode to consider the duration of care when a caree may receive care from a number of different carers. Given the specific focus of this analysis on the experience of young carers, rather than on the recipients of care, this has not been examined here.

## 4.5 Income support and the 'caring unit'

The nature of the data available does not allow a full examination of the financial resources and wellbeing of young carers and their carees. However, some insight into these circumstances can be gained by examining the extent of provision of income support to the 'caring unit'.<sup>35</sup> The caring unit is made up of the young carer and their partner, if any, and the caree and, if they have one, their partner.<sup>36</sup>

The high level of income support reliance among the group of young carers identified in this analysis is to be expected given that most young carers receive an income support payment, and because the payment of Carer Payment with respect to adult carees is contingent, with some exceptions, on the caree's receipt of income support. At the same time there may be some underestimation of the extent of income support receipt as the data only contains details of those who received a payment through Centrelink and excludes recipients paid through the Department of Veterans Affairs. Further, as the analysis simply considers whether or not a person received any income support, it does not take account of the other income a person may have received. Therefore, while the term 'reliance' is used, in some cases people may have only received a part-payment and have been primarily reliant on another source of income.

Table 26 provides a mapping of young carers by the number of 'adult' members of the caring unit (those eligible to receive an income support payment in their own right) and the actual number of income support payments made to the unit.

In the period covered by the dataset, 3644 carees lived in a single adult 'caring income unit'. These represent 17.9 per cent of the young carers and were predominantly single parents looking after a child. Of these carers, 97.1 per cent were on income support, with the balance receiving Carer Allowance only. The largest group (14,209 young carers or 69.9 per cent) lived in a two person 'caring income unit'. Such units comprise either the carer and their caree, or the carer and their partner, along with children. Of these two person units, 67.4 per cent had both people on income support, 20.3 per cent had one person receiving such payments and 12.3 per cent had none. A further 11.4 per cent of young carers (2310) were in three person 'caring income units'. In 56.1 per cent of these, all three people were on income support, 31.7 per cent had two people on income support, 9.5 per cent had one and just 2.8 per cent had none. The remaining 0.8 per cent lived in four person 'caring income units'. Of these, 34.8 per cent had all four members on income support, 42.7 per cent had three people on income support, 20.1 per cent two and 2.4 per cent one.

**Table 26: Income support reliance at the commencement of care, young carers, their careers and partners, 2001 to 2006**

Number of adult <sup>(a)</sup> people in caring unit	Number of people on income support					Total <sup>(b)</sup>
	0	1	2	3	4	
Number of young carers						
1	107	3,537				3,644
2	1,745	2,885	9,579			14,209
3	64	217	734	1,295		2,310
4	0	6	31	70	57	164
Total	1,916	6,646	10,346	1,368	61	20,327
Proportion of young carers by number of people in ‘caring unit’ (%)						
1	2.9	97.1				100.0
2	12.3	20.3	67.4			100.0
3	2.8	9.5	31.7	56.1		100.0
4	0.0	2.4	20.1	42.7	34.8	100.0
Total	9.4	32.7	50.9	6.7	0.3	100.0

(a) 'Adult' in this table refers to people of an age eligible to receive an income support payment in their own right.

(b) A small number of records were not able to be fully coded.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Overall this means that 71.2 per cent of all young carers were in a circumstance where all members of the potential 'caring income unit' (that is the young carer and the carer, as well as their respective partners, if they have one) were all in receipt of income support payments.

Table 27 illustrates the most common combinations of the actual payments provided as income support to these 'caring income units' by the four types of relationship which could exist. As noted above, the single person units were dominated (88.0 per cent) by single parents, most of whom were in receipt of Parenting Payment Single and also Carer Allowance. The balance involved 4.7 per cent in receipt of Carer Payment (either with or without Carer Allowance), 3.4 per cent receiving a Disability Support Pension and Carer Allowance, and 2.9 per cent in receipt of Carer Allowance only.

Of the two-person income units, 28.1 per cent comprised a young carer on Carer Payment caring for a non-partner who was in receipt of a Disability Support Pension, with a further 4.9 per cent being young carers on Carer Payment with partners receiving Disability Support Pension. Those in receipt of Carer Allowance with no other person receiving income support constituted 12.3 per cent. These young carers are likely to have been a partnered parent whose partner had sufficient earnings to preclude receipt of income support. A further 8.8 per cent of these two person income units had a carer in receipt of Carer Payment and a carer in receipt of the Age Pension.

Of the three person units the most frequent combination was the carer on Carer Payment and the carer on Disability Support Pension, with the other person (either the carer's or the carer's partner) not in receipt of income support through Centrelink (17.1 per cent). This was followed by a carer on Carer Payment looking after a carer (and possibly the carer's partner) both of whom were on Disability Support Pension (10.6 per cent). A further 8.6 per cent of three person units comprised a carer in receipt of an income support payment with the carer and the carer's partner on the Age Pension.

Table 27: 'Caring unit' income support receipt at commencement of care, 2001 to 2006

Person by income support type <sup>(a)</sup>				Number	% of type of caring unit	% all young carers
Carer	Carer partner	Caree <sup>(b)</sup>	Caree partner			
All single person ‘caring units’						
PPS	—	—		3,208	88.0	
CAR	—	—		173	4.7	
DSP	—	—		125	3.4	
C/A only	—	—		107	2.9	
Other payments				31	0.9	
Total				3,644	100.0	17.9
All two person ‘caring units’						
CAR	—	DSP	—	3,997	28.1	
C/A only	—	—	—	1,745	12.3	
CAR	—	AGE	—	1,247	8.8	
CAR	—	—	—	1,219	8.6	
CAR	DSP	—	—	694	4.9	
Other combinations				5,307	37.3	
Total				14,209	100.0	69.9
All three person ‘caring units’						
CAR	—	DSP	—	395	17.1	
CAR	—	DSP	DSP	246	10.6	
CAR	—	AGE	AGE	199	8.6	
CAR	—	—	—	86	3.7	
C/A only	—	DSP	—	79	3.4	
Other combinations				1,305	56.5	
Total				2,310	100.0	11.4
All four person ‘caring units’ <sup>(c)</sup>						
All combinations				164		0.8
Total				20,327		100.0

(a) The table includes Carer Allowance only carers under the heading of income support for informational purposes despite this being a supplementary payment. Where a carer is shown as being on a payment other than Carer Payment, they are also in receipt of Carer Allowance.

(b) Data are only shown for persons eligible for income support payments. Therefore, records without a caree payment involve a child caree.

Note: PPS = Parenting Payment Single; CAR = Carer Payment; DSP = Disability Support Pension; AGE = Age Pension; C/A only = Carer Allowance without any income support payment.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

There were insufficient records to conduct a detailed analysis of the payment combinations in those units comprising a carer, their partner and the caree and their partner.

In aggregate, of the 13,750 carees aged over 15 years, 10,702 first carees (77.8 per cent) had an income support payment record in the first period that a young carer is on record as providing care to them. The most common payment received was a Disability Support Pension which was paid to 7206 carees (67.3 per cent), and the Age Pension which was received by 2312 carees (21.6 per cent).

## 4.6 Carers who were also carees

Of the young carers identified in the dataset, 441 (2.2 per cent) were identified as also being carees. That is, while at some time in the five years covered by the Carer Dataset they were providing care to another person, at some other point they were a recipient of care, although not necessarily from a young carer.

In most cases these young carers received care prior to themselves becoming a carer, specifically:

- 274 were carees prior to being a carer, 140 of whom were first cared for while they were aged under 15 years
- 51 were first identified as being a carer and were later a caree
- 116 had overlapping periods of being a carer and a caree.

In 47 cases where the carer was a caree after, or during, the period when they provided care, while the person had been a young carer, their receipt of care did not occur until after they turned 25 years of age.

The proportion of these carers who were female was similar to the population of young carers as a whole, although they were one-half as likely as young carers overall to be Indigenous Australians. While the proportion born in non-English-speaking countries was much the same as the total young carer population, they were somewhat more likely than other young carers to have been born outside of Australia in an English-speaking country, and slightly less likely to be Australian born.

In 38.3 per cent of cases, the young carer was cared for by the same person they provided care for. In almost all cases this involved the parent of the young carer, usually in a situation where the young carer had been a caree who then went on to be their parent's carer. In the balance of cases a wider set of relationships occurred. The largest of these were 65 young carers who cared for their own child while at some time they themselves received care from a partner. This was followed by 39 cases in which the carer was caring for their own child and had been, or were still being, cared for by their parents.

In the majority of cases (248), the young carer received care because of mental or behavioural problems, with the most common reason being ADD. The range of care needs of their carees was much more diverse. As with some of the other characteristics identified in this paper, it is probable that the relatively short timeframe covered by the Carer Dataset will have resulted in an under-estimate of the extent to which young carers have been, or are later, recipients of care, as where this occurs outside of the timescale of the dataset it cannot be observed.

## 4.7 Deaths of carees

In many cases young carers were involved in the caring of people with very severe health impairments or terminal diseases. A consequence of this is, as observed in Section 4.2, that some of these young carers had to face the death of the person they had cared for.<sup>37</sup> Over the period of this analysis, 2522 (12.4 per cent) of the young carers identified in the Carer Dataset experienced this outcome. In 80 per cent of cases the death occurred during, or within three months of, the end of the caring period.

These deaths were dominated by the death of a parent (51.0 per cent) and that of a grandparent (25.4 per cent).

**Table 28: Young carer relationship with a caree who died in the period and young carer's age at the time of death, 2001 to 2006**

	Age group of carer at time of death of caree:				Total
	Under 19 years	19–20 years	21 years and over	25 years and over	
Own child	10	20	110	20	160
Parent	270	300	645	72	1,287
Partner/relative of same generation	10	20	66	14	110
Grandparent	136	167	296	42	641
Relative (parental generation)	31	26	87	11	155
Unrelated	30	52	73	14	169
<b>Total</b>	<b>487</b>	<b>585</b>	<b>1,277</b>	<b>173</b>	<b>2,522</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The most common health condition of a caree who died was neoplasm (cancer)—this was associated with 1030 deaths. A further 391 had circulatory problems as their main health condition and 222 'other' nervous system conditions. While there is no data on the actual cause of death, it is reasonable to assume that in a large proportion of cases the death was a consequence of the recorded health condition.

## 4.8 Summary

The diversity of situations in which young carers provide care is reflected in many of the characteristics of the carees of young carers. While over one-third of the carees of young carers in the dataset were children aged under 10 years, there were major groupings of carees in their 40s and 50s (mainly young carers looking after parents) and in their 70s (young carers caring for grandparents). This distribution is also echoed in the health and disability conditions young carers respond to.

Across all the young carers in the dataset, around 30 per cent provided care for carees with mental or behavioural conditions, and between 10 and 20 per cent (depending on age) cared for carees with musculoskeletal conditions (especially arthritis), problems of the nervous system and circulatory problems. Young carers who were looking after their own children, mainly older young carers, most frequently were caring for children with mental and behavioural conditions, including learning difficulties, ADD and autism. Those caring for parents and grandparents were more likely to be younger carers and were more frequently caring for people with musculoskeletal and circulatory conditions, or cancer.

Around 20 per cent of the carees of young carers were identified as suffering depression, even if this was not their major health or disability condition. However, the incidence of reported substance abuse among carees was low. The youngest group of young carers were more likely to be dealing with depression and substance abuse than older young carers.

The main instrument for the assessment of disability, the ADAT, provides a measure of the degree of disability. There was little difference in the intensity of disability cared for by the different groups of young carers.

While the time spent caring tended to increase with higher disability levels, the relationship between duration of caring and the level of disability is complex. One reason for this is associated with the mortality

of careers. The mortality rates of careers were highest among those with the lowest and the highest rate of disability, and somewhat lower for those with more moderate levels of disability. The probable explanation of this is that many career deaths are associated with terminal illnesses and do not always involve disabling conditions. This analysis found that 12.5 per cent of young carers had experienced the death of a career, with over 80 per cent of these deaths occurring while they were caring, or within three months of the end of the care period.

One in 10 young carers cared for more than one career. This most frequently involved a parent caring for a number of their own children. Other situations included young carers caring simultaneously for two parents or two grandparents.

In over one-quarter of cases, young carers were not the sole carer for a career. For the youngest group of young carers (those who started care aged under 19 years) this proportion increased to over 40 per cent. Where a career had multiple carers, the most common experience was a young carer discretely providing care either before, or after, a period of the career having been cared for by an older carer. For example, a young carer caring for one of their parents for a period after that parent had been cared for by their partner. Although the time spent caring by a younger carer was on average lower than that the time spent by the older carer, the extent of the difference is not sufficient to conclude the young carer carried anything other than an equal caring load.

There is a high degree of income support reliance not just by young carers but by their partners, their careers and their careers' partners. Analysis of the dataset found that overall around 70 per cent of these, where present, were on income support, with careers (other than children) tending to be on a Disability Support Pension or the Age Pension.

## 5 Durations and dynamics

This section is concerned with the dynamics of the experience of young carers, their transitions into, and out of, caring and the time they spend caring. The analysis considers how the duration of care varied with the characteristics of young carers and with their careers. In addition, the duration of caring provided by young carers is compared with that provided by carers of other ages. The initial analysis is descriptive; the second half introduces some more technical approaches to better examine the duration of care and the factors that are associated with this.

One aspect of the experience of young carers during caring, that of employment, is considered at the end of the section. This encompasses analysis of the employment of young carers prior to and after caring.

### 5.1 The young carer population

A young carer will have a record in the Carer Dataset for any fortnight in which they received a transfer payment, whether this was income support, a supplementary payment such as Carer Allowance or Family Tax Benefit, or other family payment. They will also have a record if their partner is in receipt of a transfer payment. In some cases, a record will exist for fortnights in which they do not receive a transfer. This will occur where the period is relevant to the administration of the program, such as periods of earning.

As noted in Section 2.4, most of the young carers analysed in this study were on the Carer Dataset at the time of its commencement in September 2001 and its completion in June 2006, although only 10.3 per cent were carers at both points in time.

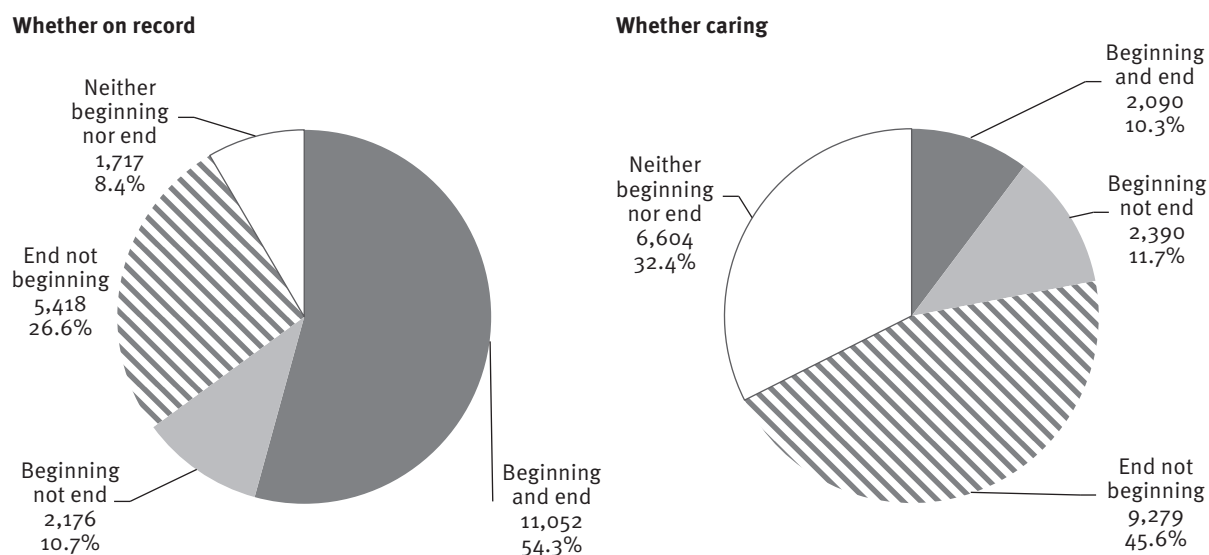
These patterns are shown in Figure 15. Looking at the experience of young carers across the whole of the period of the Carer Dataset:

- 11,052 (54.3 per cent) were on the record at the beginning and the end
- 2176 (10.7 per cent) were on record at the beginning of the dataset on 21 September 2001, but not on at the end
- 5418 (26.6 per cent) were on the dataset on its final date of 9 June 2006, but were not on at the beginning
- 1717 (8.4 per cent) were neither on at the beginning or end.

With regard to caring, only a small group of 2090 (10.3 per cent) were carers at the beginning and end of the dataset. An almost equal number of young carers while also caring at the beginning of the dataset were no longer doing so at the end (2390 or 11.7 per cent). This group, reflecting the growth in carer numbers over the period of the dataset, is little more than one-quarter of the 9279 who were caring at the end of the dataset, but not at the beginning. In addition, there were 6604 young carers who, while caring at some point over the life of the dataset, were neither caring at the beginning or the end. These represent 32.4 per cent of all of the young carers in the study.

A distinct feature of the charts in Figure 15 is the relatively small proportion of records of either a complete period on record, or a period of caring where this is wholly contained within the timeframe of the Carer Dataset. As noted above, only 8.4 per cent of young carers were on record for a period fully contained within the timeframe covered by the dataset, and only 32.4 per cent of the caring periods were fully contained within these dates.



**Figure 15: The Carer Dataset, beginning and end status of young carers, 2001 to 2006**

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

## 5.2 Composition of activity

The maximum available record period in the Carer Dataset is 248 weeks, with this being recorded by the 11,052 young carers who were on the record at the beginning and the end of the dataset.

These young carers spent an average of 233.9 weeks 'on record', of which 123.2 weeks (49.7 per cent of the available time) were caring. On average, this caring comprised 102.7 weeks on income support and 20.4 weeks without. However, such a population-wide average does not reflect the diversity of experience of individual carers.

Of the balance of the available time, 96.2 weeks (38.8 per cent) was spent on average on other income support payments (with 12.4 weeks as a student and 30.7 weeks on an employment-related payment), 10.5 weeks on Family Tax Benefit (FTB) without any income support and 4.1 weeks on record without payment, possibly when in receipt of a concession card or while a partner might have been receiving some support. Aggregating all the periods in which these young carers received income support indicates that those young carers who were on the Carer Dataset at the beginning and the end, even if they were not caring at these points, spent 80.2 per cent of the almost five-year span of the record on income support.

**Table 29: Young carers, composition of time spent while on record (from first to last record), 2001 to 2006**

		Whether on record <sup>(a)</sup> at:				Total
		Beginning and end	Beginning not end	End not beginning	Neither beginning nor end	
Time spent (weeks)						
Income support and caring	Student	1.5	3.2	4.7	2.1	2.6
	Unemployed	1.7	1.9	1.5	0.9	1.6
	Other	99.5	49.1	48.9	32.4	75.0
	<i>Total</i>	<i>102.7</i>	<i>54.2</i>	<i>55.2</i>	<i>35.5</i>	<i>79.2</i>
Non income support caring		20.4	12.6	15.0	13.8	17.6
<b>Total caring</b>		123.2	66.8	70.2	49.2	96.8
Income support no care	Student	12.4	21.3	21.2	13.9	15.8
	Other	53.1	5.0	15.0	1.5	33.5
	Unemployed	30.7	36.0	27.6	22.0	29.7
	<i>Total</i>	<i>96.2</i>	<i>62.3</i>	<i>63.8</i>	<i>37.4</i>	<i>79.0</i>
Non income support or caring	FTB	10.5	0.7	5.6	0.6	7.3
	Other on system	4.1	6.2	5.1	4.9	4.6
	Not recorded	14.1	31.4	19.1	22.3	18.0
	<i>Total</i>	<i>28.6</i>	<i>38.3</i>	<i>29.8</i>	<i>27.8</i>	<i>29.9</i>
<b>Time 'on record'</b>		248.0	167.4	163.8	114.4	205.7
Number		11,052	2,176	5,418	1,717	20,363
Composition of time spent on record (%)						
Income support and caring	Student	0.6	1.9	2.9	1.9	1.3
	Unemployed	0.7	1.1	0.9	0.8	0.8
	Other	40.1	29.3	29.9	28.3	36.5
	<i>Total</i>	<i>41.4</i>	<i>32.4</i>	<i>33.7</i>	<i>31.0</i>	<i>38.5</i>
Non income support caring		8.2	7.5	9.2	12.0	8.5
<b>Total caring</b>		49.7	39.9	42.9	43.0	47.1
Income support no care	Student	5.0	12.7	12.9	12.2	7.7
	Other	21.4	3.0	9.2	1.3	16.3
	Unemployed	12.4	21.5	16.8	19.2	14.4
	<i>Total</i>	<i>38.8</i>	<i>37.2</i>	<i>39.0</i>	<i>32.7</i>	<i>38.4</i>

**Table 29: Young carers composition of time spent while on record (from first to last record), 2001 to 2006 (continued)**

		Whether on record <sup>(a)</sup> at:				Total
		Beginning and end	Beginning not end	End not beginning	Neither beginning nor end	
Non income support or caring	FTB	4.2	0.4	3.4	0.5	3.5
	Other on system	1.6	3.7	3.1	4.3	2.3
	Not recorded	5.7	18.8	11.6	19.5	8.7
	<i>Total</i>	<i>11.5</i>	<i>22.9</i>	<i>18.2</i>	<i>24.3</i>	<i>14.5</i>
<b>Time on record</b>		100.0	100.0	100.0	100.0	100.0

(a) Date on record is based on the first and last date in the Carer Dataset. Over this period, they may have been in receipt of assistance, had records in other fortnights for administrative and related purposes, or may have been absent. These are the periods classified as 'Not recorded'.

Note: FTB = Family Tax Benefit.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The 2176 young carers who were on file at the beginning, but not the end of the file, were on record for an average of 167.4 weeks (67.5 of the potential time of the dataset), with 39.9 per cent of this time being spent caring. The complementary, but larger, group (5418) who were on record at the end of the period but not at the beginning, had a slightly lower average time on record (163.8 weeks or 66.0 per cent of the time between their first record and the end of the file). However, they spent a little longer caring (an average of 70.2 weeks which represents 42.9 per cent of the time they were on record). While these young carers were not on record at the beginning of the dataset, this does not mean that they had not previously been on income support, or in receipt of other transfer payments. Therefore, they should not all be considered 'new entrants'.

This also applies to the 1717 young carers who were neither on the record at the beginning nor the end of the Carer Dataset. These young carers had the shortest average period on record from the date of their first to last appearance (114.4 weeks representing 46.1 per cent of the available time) and spent an average of 49.2 weeks providing care.

Across all young carers, over the duration of the record an average of 96.8 weeks were spent caring. This included 79.2 weeks on income support. A further 79.0 weeks were spent on income support payments without care and 11.9 weeks on FTB or having a record for some other reason.

As a proportion of the time these young carers were on record, 76.9 per cent was spent on income support. This was almost equally split between caring (38.5 per cent) and non-caring (38.4 per cent). A further 8.5 per cent of time was spent caring without income support, giving a total proportion of time spent caring of 47.1 per cent.

### 5.3 Entry into caring

Most young carers enter caring after a period on an income support payment. Of the 20,363 young carers in the Carer Dataset:

- 4480 (22.0 per cent) were already caring at the commencement of the dataset
- 3231 (15.9 per cent) commenced caring without a spell on an income support payment within the time scope of the dataset, although a number of these were on other transfer payments such as FTB
- 12,652 (62.1 per cent) were on another income support payment before they started caring.

Of the 12,652 young carers with a previous income support payment:

- 25.0 per cent were in receipt of Youth Allowance (other), for purposes other than full-time study (usually job search)
- 22.5 per cent received Parenting Payment Single
- 19.8 per cent received Newstart Allowance
- 17.6 per cent were on Youth Allowance (Student) as a full-time student.

In 81.8 per cent of cases where a young carer was on another payment prior to caring, the gap between their last receipt of that payment and caring was less than four weeks, indicating an effective direct transition between payments.

These proportions, and the types of income support received by those who transitioned into caring from an income support payment, vary for different groups of young carers. Table 30 shows the major transitions by age group.

Of those young carers who commenced care under the age of 19 years, or were aged under 19 years and were caring when the dataset was established, 14.2 per cent were caring at the beginning of the dataset. This is the lowest proportion of any of the age groups. A further 25.6 per cent moved directly to caring without a recorded period of income support (although as noted above they may have had a period prior to the commencement of the dataset), and 60.3 per cent were on another income support payment prior to caring. This latter group were split between 48.7 per cent on Youth Allowance (other), 41.8 per cent on Youth Allowance (Student) and the remaining 9.5 per cent on other payments.

A slightly higher proportion of young carers aged 19 and 20 years of age (19.7 per cent) were already caring at the commencement of the dataset, with a further 14.1 per cent moving directly to caring without an income support record. Of the balance:

- Youth Allowance (other) was again the main payment, with 56.4 per cent of all young carers in this age group who had previously been on income support coming from this payment. In three-quarters of these cases, there was a gap of less than four weeks in the transition.
- 18.3 per cent had received Youth Allowance (Student). A slightly lower proportion of this group (72.0 per cent), moved with a gap of less than four weeks between this income support and caring.
- 15.0 per cent were on Parenting Payment Single prior to caring.
- 10.3 per cent were on other payments.

Young carers who were aged over 21 when commencing care were the most likely to have already been on record when the dataset was established (26.0 per cent). There may be two reasons for this: the first is, as seen later, the longer durations of care associated with this age group; the second is the extent to which some of the carers in this age group may have commenced care at a younger age but were in this age group at the point at which the record commenced.<sup>38</sup> The proportion of entrants moving directly to caring without prior receipt of income support (17.0 per cent) is similar to that recorded by the previous age group.

Transitions into care from other income support for this group of adult young carers was almost equally split between Newstart Allowance, Parenting Payment Single and other income support payments. These three sources account for 35.4 per cent, 32.1 per cent and 32.5 per cent respectively of those in this age group who transitioned to caring from an income support payment.

**Table 30: Young carers, inflow into caring by previous income support receipt**

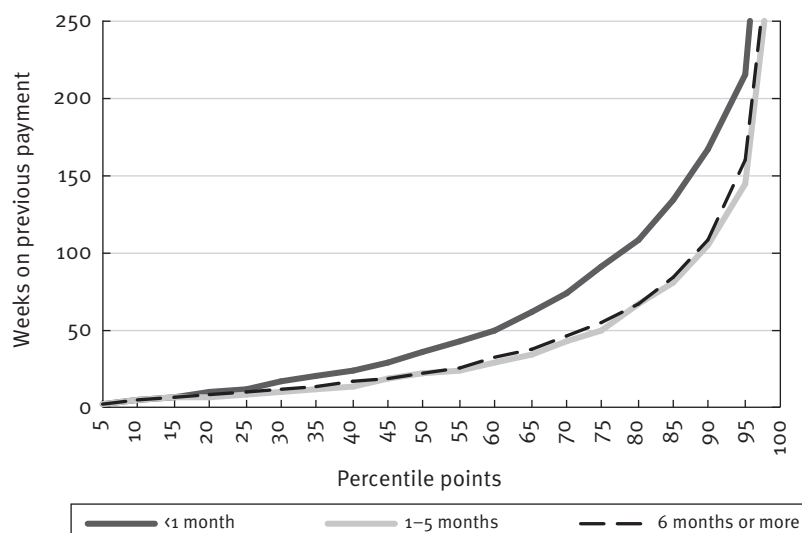
	Gap between previous income support and caring			Total	Composition of inflow (%)	Composition of income support of those on prior income support (%)
	<1 month	1–5 months	6 months or more			
Youth (under 19 years)						
On at start				654		
Direct to caring				1,182	29.8	
Youth Allowance (other)	1,106	167	84	1,357	34.2	48.7
Youth Allowance (Student)	984	103	76	1,163	29.3	41.8
Other income support	255	8	1	264	6.7	9.5
Total	2,345	278	161	4,620	100.0	100.0
Young adult (19–20 years)						
On at start				828		
Direct to caring				593	17.6	
Youth Allowance (other)	1,195	161	214	1,570	46.5	56.4
Youth Allowance (Student)	367	42	101	510	15.1	18.3
Parenting Payment Single	400	9	9	418	12.4	15.0
Other income support	264	18	4	286	8.5	10.3
Total	2,226	230	328	4,205	100.0	100.0
Adult (21 years and over)						
On at start				2,998		
Direct to caring				1,456	17.0	
Newstart Allowance	2,062	202	246	2,510	29.4	35.4
Parenting Payment Single	2,095	72	106	2,273	26.6	32.1
Other income support	1,622	174	505	2,301	26.9	32.5
Total	5,779	448	857	11,538	100.0	100.0

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Across all of the age groups, of those who entered after being on another income support payment, 25.0 per cent were on Youth Allowance (other), 22.5 per cent on Parenting Payment Single, 19.8 per cent Newstart Allowance, 17.6 per cent Youth Allowance (Student), 11.9 per cent various other parenting payments, 2.8 per cent Disability Support Pension and the balance from Special Benefit and Sickness Allowance.

In most cases, as has been seen within some of the specific age groups, those young carers with a prior history of income support receipt transitioned into caring directly from their previous payment or with a minimal gap. For young carers as a whole, this proportion was 81.8 per cent. A further 7.6 per cent had a gap of one to five months, with the balancing 10.6 per cent having gaps of six months or more.

**Figure 16: Young carers entering from another payment, distribution of time on previous payment, by gap between payment and caring, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Not only did most young carers who had been on income support prior to caring have a relatively short, if any, gap between this income support and caring, but many had been on the previous payment for a considerable period of time. This is illustrated in Figure 16. This chart shows, for young carers grouped by the duration of the gap between receipt of previous income support and caring, the distribution of time spent in this prior spell on income support for those with such prior payments. (To determine this duration, the analysis uses the additional information on prior time on payment as well as the actual time recorded in the Carer Dataset, rather than simply the period on payment within the timeframe of the dataset.)

The main feature of the result is that those who moved directly from income support to caring tended to have longer prior durations on income support than those who had a gap prior to caring. For example, one-half of those who moved into caring with a gap of less than a month between this and their previous income support, had been on their previous payment for more than 36 weeks. For those with longer gaps, the duration at this point was just 22 weeks. Of those coming from another payment with a minimal gap, 25 per cent had been on income support for more than 90 weeks.

This would suggest that those who move directly into caring from another income support tend to be longer-term income support recipients. In contrast those who enter caring after a gap may have had more intermittent use of income support, with shorter spells of income support interspersed with periods of non-receipt. While this latter has not been fully examined here, in part because of the small number of records, more generally the data on the use of other income support prior to caring does not seem to be consistent with a pattern of 'staging' onto these payments prior to taking a decision to care, or at least claim a payment for this.

## 5.4 Caring: duration and dynamics

This section is concerned with the time young carers spend caring. While the Carer Dataset provides a five-year window into the experience of caring, the proportion of young carers who commenced and finished being carers fully within this period is relatively small, and may not be representative of young carers as a whole. Because of this, analysis needs to deal with both completed and uncompleted spells of caring and simple concepts such as average durations of caring should be treated with caution.

Analysis which uses a range of different technical approaches to try to address these limitations is undertaken later in this section and in Section 5.6. Prior to this, a more descriptive approach is used.

### Number of spells

Using a measure of continuous caring which involves being in receipt of either or both Carer Payment or Carer Allowance continuously without gaps of greater than six fortnightly payments, 93.6 per cent of young carers reported one caring spell.

A further 5.9 per cent reported two spells of caring and 0.5 per cent reported more than two. This pattern is quite stable across age groups.

**Table 31: Young carers, number of caring spells by age group, 2001 to 2006**

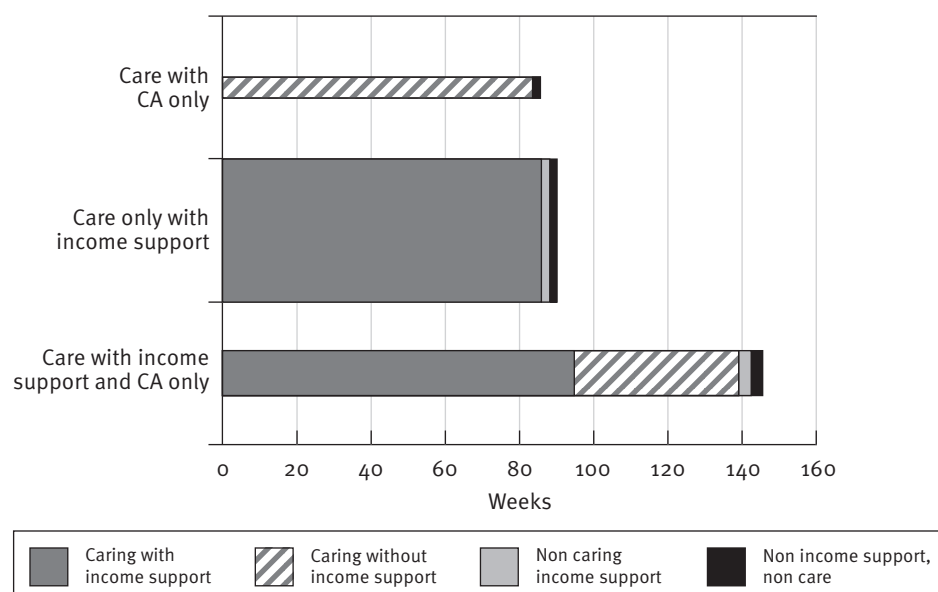
Number of caring spells	Age group (years)			Total
	Youth (under 19)	Young adult (19–20)	Adult (21 & over)	
Number of young carers				
1	4,280	3,921	10,777	18,978
2	275	220	678	1,193
3 or more	31	20	45	96
Total	4,586	4,181	11,500	20,267
Distribution of young carers (%)				
1	93.3	93.8	93.7	93.6
2	6.0	5.7	5.9	5.9
3 or more	0.7	0.5	0.4	0.5
Total	100.0	100.0	100.0	100.0

Source: Derived from FaHCSIA Carer Dataset September 2001 to June 2006.

As this analysis is focused on the experience of young carers, rather than the specific carer–caree relationship, these spells are based on receipt of support for caring, and not the relationship with any particular caree. Therefore, a single spell may have involved the provision of care to different carees without a break being recorded. Equally multiple spells may have involved providing care to the same caree, with breaks arising from changes in the carers or carees circumstances over time.

### Composition of time while caring

To analyse the duration of care, given the relatively small number of multiple spells, most of the following analysis will consider the ‘span of care giving’.<sup>39</sup> This is the period of time between the date when a young carer was first recorded as providing care and the last date in the record at which they provided care. While a relatively crude measure, the data indicates that, on average, 96.0 per cent of time in this interval was spent providing care. Therefore, it is a reasonable approximation of the duration of care. Using this measure, young carers had an average caring span of 100.9 weeks within the timeframe of the Carer Dataset, of which 96.9 weeks involved receipt of a fortnightly payment related to the provision of care.<sup>40</sup>

**Figure 17: Young carers, composition of period of recorded care by type of support, 2001 to 2006**

Note: The width of the bars represent the relative size of the populations in each of the three categories of carers.  
CA = Carer Allowance.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

In Figure 17 and Table 32, the young carer population has been divided into three groups on the basis of the type of financial support they received while caring:

- ▀ those who only received Carer Allowance without any income support
- ▀ those who received income support for all of the time they were caring, either by way of Carer Payment or a combination of Carer Allowance and an income support payment
- ▀ those who spent some of their time caring with income support and other periods in receipt of Carer Allowance only.

**Table 32: Young carers, composition of time while caring by income support status, 2001 to 2006**

Payment received	Caring type			Total
	Care with Carer Allowance only	Care only with income support only <sup>(a)</sup>	Care with income support and CA	
Number of weeks				
CA only	83.8	0.3	44.1	17.6
CA and student	0.0	1.9	6.3	2.7
CA and unemployed	0.0	1.0	4.5	1.6
CP or CA and other payment	0.0	82.6	84.5	75.0
Total caring time	83.8	85.7	139.4	96.9
Non-care				
Unemployed	0.0	1.0	0.9	0.9
Student	0.0	0.1	0.3	0.2



**Table 32: Young carers, composition of time while caring by income support status, 2001 to 2006 (continued)**

Payment received	Caring type			Total
	Care with Carer Allowance only	Care only with income support only <sup>(a)</sup>	Care with income support and CA	
Other income support	0.0	1.6	1.9	1.5
Family Tax Benefit	0.8	0.1	0.7	0.3
Other record	0.1	0.1	0.2	0.1
Not on record	0.6	1.0	2.1	1.1
Total non-caring time	1.5	3.8	6.1	4.0
<b>Total time</b>	<b>85.3</b>	<b>89.5</b>	<b>145.6</b>	<b>100.9</b>
<b>Composition of time (%)</b>				
CA only	98.3	0.3	30.3	17.4
CA and student	0.0	2.2	4.3	2.6
CA and unemployed	0.0	1.1	3.1	1.6
CP or CA and other payment	0.0	92.2	58.1	74.3
Total caring time	98.3	95.7	95.8	96.0
Non-care				
Unemployed	0.0	1.1	0.7	0.9
Student	0.0	0.2	0.2	0.2
Other income support	0.0	1.7	1.3	1.5
Family Tax Benefit	0.9	0.1	0.5	0.3
Other record	0.1	0.1	0.1	0.1
Not on record	0.7	1.1	1.5	1.1
Total non-caring time	1.7	4.3	4.2	4.0
<b>Total time</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of young carers	1,963	14,085	4,300	20,363
Distribution (%)	9.6	69.2	21.1	100.0

(a) A small allowance has been made for this group to include up to four weeks of receipt of Carer Allowance only, this reflects the extent to which this payment may be made during a bereavement period when the person may not be eligible for a primary payment, or up to two payment fortnights where they may have private income which disqualifies them from payment.

Note: CA = Carer Allowance; CP = Carer Payment.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Those young carers who spent some of their time caring in receipt of income support and some without (that is spending part of the time on Carer Allowance without any income support payment), had a longer period of caring than those carers who either received Carer Allowance only, or those who were wholly reliant on income support while caring. The 4300 carers who were in this group (21.1 per cent of young carers) had an average duration from the beginning to end of care (or end of record) of 145.6 weeks, 95.8 per cent of which was spent caring. While almost one-third of the time caring was undertaken on Carer Allowance alone, most was undertaken while on income support (95.3 weeks out of the 139.4 weeks of care). This group had the

longest amount of non-caring in the care span (6.1 weeks). However, in relative terms this is a slightly lower proportion than that recorded by those who cared only on income support.

A range of different circumstances may lead to a young carer being in this category of caring. Typically, these include: being in a low income family with a variable level of earnings; being an individual with intermittent earnings; moving onto a payment such as Parenting Payment Single after a family breakdown; or going off such a payment as a result of a repartnering. A particularly high proportion of the carers of an own child (32.3 per cent) and of a relative who was younger than themselves (43.5 per cent) had this pattern of payment while caring.

The majority of young carers (14,085 and 69.2 per cent) were carers who were wholly reliant on income support payments while caring. These young carers had the second longest average span of care giving (89.5 weeks) and spent 95.7 per cent of this time caring. The income support payments received by these young carers were mainly Carer Payment, or other pensions such as Parenting Payment Single. Only a very small proportion of the support was by way of education or employment-related payments.

Young carers are more likely to be wholly reliant on transfer payments if they are aged under 19 years (74.3 per cent of this age group in the dataset were wholly reliant on caring with income support), or if they are aged 19 and 20 years (75.5 per cent). In contrast, only 64.8 per cent of those young carers who commenced caring over the age of 21 years were in this situation.

Only 53.5 per cent of young carers caring for their own child were wholly reliant on income support while caring. This compares with the 85.1 per cent of carers of unrelated people who received income support for the whole of the caring period and 80.0 per cent of those caring for a partner.

A relatively small percentage (9.6 per cent) of young carers did not utilise income support payments at all while caring. These young carers had an average caring span of 85.3 weeks. Where there was any time not spent caring, this averaged just 1.5 weeks and mostly involved the carer either being in receipt of Family Tax Benefit or not being on record. This group of carers that did not utilise income support payments at all while caring was much more likely to have been drawn from adult young carers (those aged over 21 years of age), with 11.9 per cent from this age group. This proportion is almost double the 6.5 per cent of those aged 19 and 20 years and 6.9 per cent of those aged under 19 years. Carers not in receipt of income support payments accounted for 14.2 per cent of carers of their own child.

### Distribution of the duration of caring

The average duration of completed and non-completed spells of caring by young carers within the window of the Carer Dataset was 100.9 weeks. Taking into account pre-record periods of contiguous caring increases this to 114.0 weeks. The median durations of caring (that is, the point in the distribution of time spent caring where one-half the carers spent more time and one-half spent less time, sometimes referred to as the 'middle carer') are somewhat lower at 80 weeks for the period of 'in record care' and 88 weeks when account is taken of the time spent caring prior to the dataset for those who were already caring when the dataset was established.

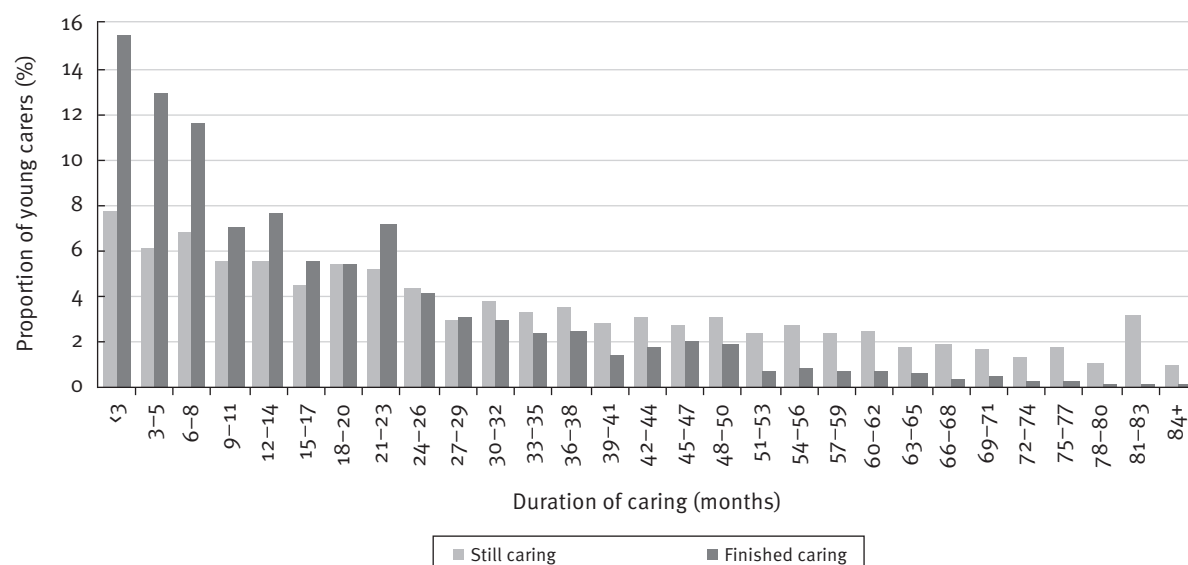
**Table 33: Young carers, mean and median duration of caring, 2001 to 2006**

		Duration (weeks)		Number of carers
		In record period	Including pre-record time	
Still caring	Mean	128.7	140.8	11,369
	Median	116	116	
Completed spell	Mean	65.8	80.0	8,994
	Median	48	58	
Total	Mean	100.9	114.0	20,363
	Median	80	88	

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The length of time spent caring when calculated separately for completed and uncompleted spells is quite different. The average duration of caring, within the timeframe of the dataset, is 128.7 weeks for carers with uncompleted spells of caring, but only around one-half of this (65.8 weeks) for the smaller group of young carers who had ceased caring before the end of the dataset. The median duration of uncompleted spells was 116 weeks, more than double the median duration of completed spells (48 weeks).

**Figure 18: Duration of completed and uncompleted caring spells (including pre-record periods), 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The distributions of durations of care for those with completed and uncompleted spells of caring are shown in Figure 18. In addition to the wide variation in durations across young carers, a feature, not so evident from the average durations of spells, is a relatively large number of quite short spells of caring. For example, 15.4 per cent of completed caring spells, that is from the first to last date of caring, for spells wholly contained within the timeframe of the dataset, were for periods of under three months and a further 12.9 per cent for periods of between three and less than six months. For uncompleted spells, that is where people are still caring at the end of the dataset, the proportions over these two periods were 7.7 per cent and 6.1 per cent respectively.

### Analysis of the duration of care

Earlier discussion has highlighted a number of specific issues with attempting to analyse data on the time young carers spend caring. These include whether or not to include time spent caring prior to the commencement of the Carer Dataset for existing carers, and how to deal with broken and multiple spells of caring and the large number of young carers with uncompleted spells of caring at the end of the dataset.

The approaches adopted to these in the following analysis are:

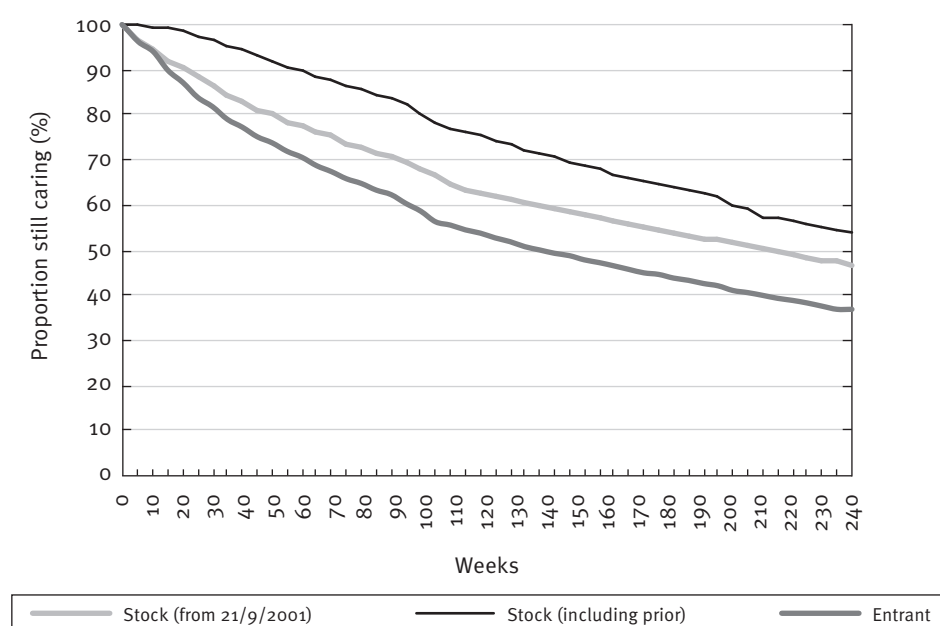
- **Pre-record time spent caring:** Most of the analysis is restricted to the duration of caring observed within the scope of the dataset, rather than utilising the additional information on pre-existing duration of caring for those who were on the record at the beginning.<sup>41</sup> There are two reasons for this. Firstly empirical analysis was more robust when this period was not included, potentially indicating some inconsistency in this data. Secondly it has the potential to introduce bias into the results. That is, by including this prior duration, the analysis essentially seeks to extend the window of analysis backwards. In doing so it only picks up a portion of the actual carers who cared in this previous period—those with long durations and continuous durations which extended into the actual window of analysis provided by the Carer Dataset. As such, it excludes those who had only short durations and those who may have had a small administrative break in their receipt of assistance.

- Multiple and broken spells: The balance of this analysis continues the approach discussed earlier of using a simple, single period of caring that is based on the whole of the period between the first and last record in which a young carer is identified as providing care. Although the 'single spell' approach ignores the extent to which some young carers have multiple spells with breaks in between, as seen under 'Number of spells' and 'Composition of time while caring' earlier in this section, this only impacts on a small proportion of carers and the time spent on such breaks, across carers as a whole, is limited.
- The mix of completed and uncompleted spells of care: In this section the use of 'survival analysis', as introduced in Section 4.2 is extended to overcome this. This involves the use of non-parametric models which consider the proportion of young carers who are still caring at various durations after commencing care. These models are informed both by the experience of those who have completed a period of caring and those whose period is ongoing. (Section 5.6 introduces an additional approach that relies on some further assumptions about the way in which variables act to determine duration over time.)

Figure 19 shows the Kaplan-Meier survival functions<sup>42</sup> for the duration of care provided by young carers classified by whether or not they were already caring at the time the Carer Dataset was established. The series 'entrant' represents those young carers who commenced caring after the start of the dataset in September 2001. For those who were already caring at that point, two series are shown: 'stock (from 21/9/2001)'—this simply uses the duration of care after the commencement of the dataset; and 'stock (including prior)', which includes the period of time for which they had already been caring prior to the commencement of the dataset, to the extent this was recorded on their record.

As plotted, the survival functions provide an estimate of the proportion of the original population that would still be caring at particular points in time. For new entrants to caring after the establishment of the dataset, the plot indicates that 75 per cent would still be caring 47 weeks after they commenced caring and that 50 per cent would still be caring after 141 weeks. (This is the median duration of care—the point at which half the carers care for a shorter period and half for a longer period.) At the end of the period for which estimates can be made (248 weeks), 36 per cent of these carers would have still been caring.

**Figure 19: Young carers, duration of care (Kaplan-Meier survival function) by entry into caring**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

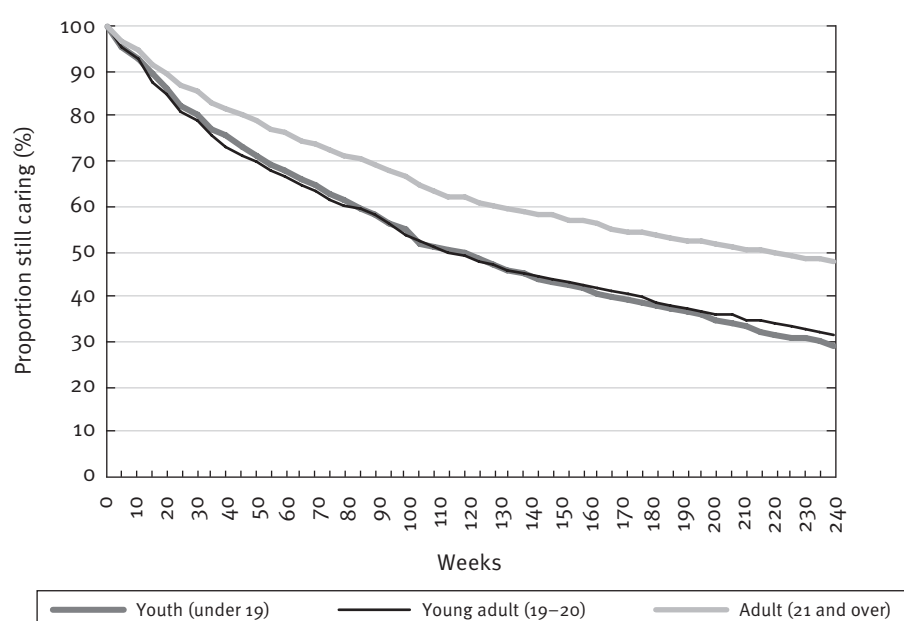
For those who were already providing care when the dataset was established, the durations were 72 weeks from that time to the point where one-quarter had ceased caring and 220 weeks to the median duration. Re-estimating this series and adding in the periods of prior caring for the carers who were already on record, increases these durations to 124 weeks and 282 weeks respectively. This latter is, however, a biased estimate

of expected duration because it only includes observations prior to the timeframe of the Carer Dataset for those with sufficient durations to bring them into the dataset.

The patterns shown in this survival function confirm some of the features of the analysis of time spent caring in previous sections. New entrants as a whole had shorter durations of care than those already caring, but this effect tended to diminish over time (as can be seen from the way in which the series start moving in parallel rather than diverging). When prior caring time is taken into account, not only is there a higher survival function, but the shape of this changes as a result of the effective selection bias that this introduced. (In subsequent analysis these prior periods are not included. The focus is rather simply on the duration of care observed in the Carer Dataset.)

Using the same technique to analyse the duration of caring by the age group of the young carer when they commenced care reveals a marked difference for the two groups of younger carers in comparison to the older young carers. This is illustrated in Figure 20. Young carers who commenced caring under the age of 19 years and those who commenced aged 19 and 20 years, had quite similar patterns of duration. The model indicates that 25 per cent would have caring times of under 41 weeks for the youngest group and under 37 weeks for the 19- and 20-year-old group, and that the 50th percentile of duration would be 115 and 113 weeks respectively. However, the results for older young carers are quite different.

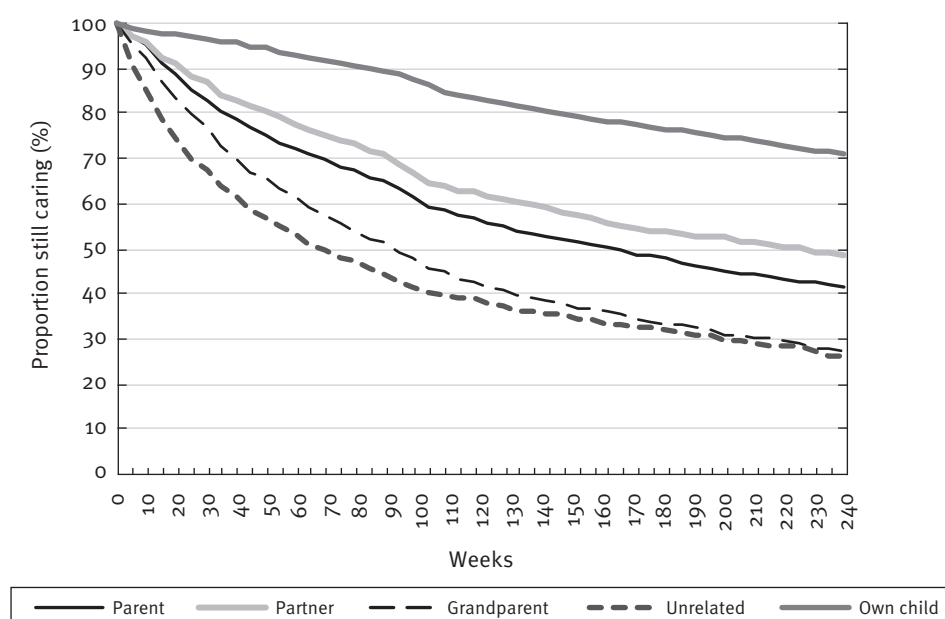
**Figure 20: Young carers, duration of care (Kaplan-Meier survival function) by age group at the commencement of care**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

For older young carers who commenced caring aged 21 years and over, the 25th percentile point is not reached until 65 weeks and the 50th percentile until 219 weeks. These durations are almost double the times of the two younger age groups. That is, while it can be expected that one-half of the younger groups of carers would care for a period of more than two years, for carers in the older age group, one-half can be expected to care for four years or more.

One of the reasons for this result, the care-time associated with different groups of carees, is seen in Figure 21. This plots the survival functions by the carer's relationship to the carer. A very clear feature of this chart is the quite different survival function for those young carers caring for their own child. This shows a very gradual decline, indicative of the fact that very few of these carers cease caring in the short term. Indeed, 75 per cent of young carers who commence caring for a child of their own are still likely to be caring after 167 weeks and some two-thirds would still be caring after 245 weeks, with estimates beyond this point not being possible with these techniques.

**Figure 21: Young carers, duration of care (survival function) by caree relationship, 2001 to 2006**

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

In contrast, the survival function for unrelated persons shows a very rapid initial decline. One-quarter of the spells are for 17 weeks or less and the 50th percentile is reached at 51 weeks. After this strong initial decline, the survival function tends to flatten out. This suggests that while a considerable proportion of the young carers of an unrelated person have relatively short durations of care, there remains a core of longer-term caring. The second lowest survival function is for the care of grandparents, followed by care of a parent and care of a partner.

Table 34 provides the Kaplan-Meier quartile survival estimates for young carers classified by a large number of different caree and carer characteristics. It should be noted that these are not the survival function specifically associated with the particular characteristic, but are the results for the population of carers classified according to the characteristic. As such, they are each independent estimates based on the full range of the combinations of characteristics of the carers who are in each of the categories. For example, the longer durations of older young carers is not just a function of the actual age they started caring, but is also likely to reflect the fact that such young carers are more likely to be caring for a child of their own, and such a child is more likely to have a medical or disability condition such as autism or a learning difficulty which is associated with a long period of caring. The independent role of these different characteristics is considered in Section 5.6.

Some of the key features of the data presented in the table are:

- The modelled durations of care provided by female young carers is much higher<sup>43</sup> than that provided by males. The median survival function for young women and girls is 197 weeks compared to 103 weeks for boys and men. (As discussed in Section 5.6 this is a function of the nature of the caring these women provide, not an issue of gender per se.)
- Non-Indigenous carers have longer durations (median 169 weeks) than those from an Indigenous background (109 weeks).
- The duration of care for young carers living in the most socioeconomically disadvantaged locations is approximately double that of those living in the least disadvantaged locations. In the most disadvantaged decile of locations, the median duration was 185 weeks compared to 95 weeks in the decile of locations with the lowest levels of disadvantage.
- Single young carers with no children have shorter durations of care than those living in other relationship structures (that is married with and without children or being a single parent). One-quarter of these young carers had modelled durations of under 31 weeks, one-half under 95 weeks and 75 per cent under

239 weeks. In contrast, young carers who had children are modelled to have much longer durations. Indeed, from the data only the 25th percentile can be derived for either partnered young carers with children or single parents. At this point the duration of a single parent with a child is 107 weeks (almost 3½ times that of a single young carer), while the duration for a partnered young carer with a child of 135 weeks is more than four times longer.

- Student carers (those who receive any income support as a student while caring) have a longer duration of care than non-students at the 25th percentile (73 weeks compared with 49 weeks), but this is reversed at the 50th percentile (149 weeks compared to 163 weeks). This would reflect a distribution where fewer student carers, compared to non-students, care for quite short periods, but equally few care for very long periods.
- Identified receipt of income support prior to caring, but within the window provided by the Carer Dataset, is associated with slightly shorter durations. This result may be a consequence of the longer durations experienced by those already caring at the commencement of the dataset (a median of 219 weeks compared with 141 for those entering care after this point). Those who were already on record as carers were not able to be recorded as having income support prior to caring.

**Table 34: Kaplan-Meier survival function of care duration by key analytical variables**

		Duration of completed care (at quartiles)—weeks		
		25%	50%	75%
<b>Average</b>				
Age started caring	21.25 years			
Proportion of time caring on income support	82.9%			
<b>Number</b>				
Gender				
Male	5,362	37	103	—
Female	15,001	59	197	—
Carer's relationship to caree				
Own child	6,066	167	—	—
Parent	7,491	41	123	—
Partner	1,393	57	161	—
Relative—grandparent	2,105	29	73	173
Relative—parental generation	961	23	79	211
Relative—same generation	704	29	81	213
Relative—younger generation	23	57	111	165
Unrelated	1,393	17	51	153
Aboriginal or Torres Strait Islander (ATSI)				
Non-ATSI	18,316	53	169	—
ATSI	2,047	37	109	—
Decile of socioeconomic status of location				
1 (most disadvantaged)	3,655	63	185	—
2	2,670	57	177	—
3	2,240	53	165	—

**Table 34: Kaplan-Meier survival function of care duration by key analytical variables (continued)**

		Duration of completed care (at quartiles)—weeks		
		25%	50%	75%
4	2,669	49	165	—
5	2,205	51	167	—
6	1,996	51	161	—
7	1,603	45	141	—
8	1,410	43	141	—
9	1,264	41	137	—
10 (least disadvantaged)	629	33	95	—
Family status when commencing care				
Single	10,868	31	95	239
Married—no children	1,564	51	161	—
Married—with children	3,658	135	—	—
Single parent	4,273	107	—	—
Whether a student (received income support as a student)				
Non-student	19,129	49	163	—
Student	1,234	73	149	—
Whether was on income support (IS) prior to caring				
Not on IS prior to care	7,711	53	173	—
On IS prior to care	12,652	49	151	—
Whether was a carer at beginning of file				
Yes	4,480	71	219	—
No	15,883	47	141	—
Health condition of caree				
Mental/behavioural—ADD	643	143	—	—
Mental/behavioural—anxiety	864	53	147	—
Mental/behavioural—autism	352	—	—	—
Mental/behavioural—depression	1,326	45	119	—
Mental/behavioural—learning difficulties	871	243	—	—
Mental/behavioural—other	1,862	65	187	—
Musculoskeletal—arthritis	1,624	55	157	—
Musculoskeletal—other	1,233	55	131	—
Nervous system—paralysis	400	29	95	—
Nervous system—other	2,425	55	173	—
Circulatory	2,095	39	121	—
Respiratory—asthma	680	97	171	—
Respiratory—other	657	55	159	—
Neoplasms	1,575	15	29	87



**Table 34: Kaplan-Meier survival function of care duration by key analytical variables (continued)**

		Duration of completed care (at quartiles)—weeks		
		25%	50%	75%
Endocrine, digestion etc	782	85	—	—
Ear/eye	741	95	—	—
Congenital and perinatal	672	165	—	—
Injury/external causes	867	37	101	—
Not elsewhere classified (NEC)	576	67	163	—
Missing condition	118	9	27	53
Whether caree died				
No	17,862	73	215	—
Yes	2,501	15	33	79
Region of birth				
Australia	17,795	50	160	—
Other Oceania	487	46	150	—
N.W. Europe	213	36	136	—
S. & E. Europe	500	86	226	—
N. Africa	652	100	242	—
S.E. Asia	320	62	170	—
N.E. Asia	80	32	96	212
S. & Central Asia	136	100	—	—
Americas	108	54	172	—
Sub-Sahara Africa	66	40	128	—
Educational status at end of care				
Year 9 or under	2,744	45	135	—
Year 10 & 11	6,095	45	137	—
Year 12	3,590	43	123	—
Diploma/certificate etc	613	43	135	—
University	117	21	65	149
Not known	7,204	69	229	—
Number of children when last caring				
None	12,432	33	99	—
1	2,978	73	205	—
2 or more	4,953	165	—	—

Note: — = Not estimated as more than one-quarter of the population was still caring for more than the maximum period available in the data.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

- There is considerable variation in duration by the health condition of carees. Where a young carer is caring

for a person with cancer, the 25th percentile of duration is reached within 15 weeks, the 50th at 29 weeks and the 75th at 87 weeks. In contrast, the durations associated with caring for a person with ADD, autism, learning difficulties and congenital and perinatal conditions are very long. In fact, given the timeframe of the dataset, it is not possible to estimate durations beyond the first quartile, but these tend to be in the order of three to five years (in the case of autism it is not even possible to estimate the first quartile).

- The impact of these differences by medical condition are also seen when young carers are classified into whether or not the caree died. Where such a death occurred, the first quartile duration of care is reached after 15 weeks, the second after 33 weeks, and the third after 79 weeks.
- By region of birth, longer durations of care are recorded by carers born in Southern and Eastern Europe (50th percentile duration of 226 weeks), in Northern Africa (242 weeks) and South and Central Asia. In this latter case only the 25th percentile can be estimated and this is 100 weeks.
- Other than those with a university education (who have much shorter durations of care), there is little variation in the duration of care by the level of education recorded at the end of care, although it should be noted that over one-third of records do not provide this data.
- Looking at durations by family status indicates that those young carers who have a child have much longer durations. Further, those with two children have longer durations than those with one only.

## 5.5 Cancellation and termination of support

Being based on administrative data the Carer Dataset also contains some information on a number of operational aspects of the payment of transfers. These include the reasons for termination of payments where this occurs at any point in the period of the record. This data is considered here.

While providing a rich source of information on cancellations and the transitions off, and between, payments, this data is complex. Further, analysis frequently needs to take account not just of the administrative codes, but also the extent to which these are accompanied by real changes in the receipt of payments. One aspect of this is the extent to which cancellations are of a substantive nature, associated with the termination of payments, or involve a short break (and possible some backdated payment) or are simply administrative changes such as transferring a person from one payment to another. These matters are only lightly touched on in this analysis.

### Carer Allowance

In total, 18,722 young carers (91.9 per cent) received Carer Allowance at some time during their period of caring. Of these, 9940 have at least one payment cancellation code, with a total of 11,597 actual cancellation codes being recorded.

While these cancellations were usually associated with a break in the receipt of Carer Allowance, in some cases this was not the case and in others there was a break in the receipt of Carer Allowance without an actual cancellation code. Table 35 considers the circumstances of 11,992 breaks in the payment of Carer Allowance, 8044 of which were associated with the cessation of payment of this allowance within the timeframe of the Carer Dataset.

The most common reason for the termination of Carer Allowance was that the carer did not have a caree (74.7 per cent of terminations) followed by voluntary surrender (6.4 per cent of terminations). While the bulk of these terminations were associated with the complete cessation of receipt of Carer Allowance, this was not always the case. Indeed, 69.7 per cent of the 'NDE'<sup>44</sup> records (that is, cancellations because there was no

caree) were associated with the final payment of Carer Allowance on the record, 10.8 per cent were associated with breaks of two weeks and a further 3.4 per cent with breaks of four weeks.

**Table 35: Young carers, termination of Carer Allowance, 2001 to 2006**

Termination reason and code		Terminations followed by resumption of Carer Allowance (CA), duration of break					End CA	Total
		2 weeks	4 weeks	5–12 weeks	13–25 weeks	Longer		
No caree	(NDE)	970	304	453	362	625	6,239	8,953
Voluntary surrender	(CLR)	19	4	13	31	65	638	770
Whereabouts not known	(WUK)	300	38	22	16	10	66	452
Investigation	(INV)	56	26	26	12	30	255	405
Proof of identity	(POI)	103	25	25	9	8	31	201
Overseas 13 weeks	(O13)	16	7	11	12	10	28	84
Failure to reply	(FRC)	7	3	5	1	4	33	53
Other		32	14	27	29	66	511	679
No code		38	21	31	18	44	243	395
Total		1,541	442	613	490	862	8,044	11,992

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The balance of the reasons for termination tended to be administrative or operational. Two of these termination reasons: because the whereabouts of the carer was unknown; or because they had failed to provide proof of identity, were associated with very short breaks (66.4 per cent of the first of these and 51.2 per cent of the second involved a break of a single fortnight). On the other hand, while 20.2 per cent of terminations due to investigations saw the carer back on payment within two fortnights, 63.0 per cent were associated with the total cessation of the payment of Carer Allowance.

### Cancellation of income support

The picture of terminations of income support among young carers is even more complex than that of Carer Allowance, with some 56,000 termination codes relating to the payment of income support being recorded in the Carer Dataset. This covers periods both when young carers were caring and when they were not.

Over one-quarter of these cancellation codes (26.2 per cent) were associated with changes in the payment type, without any break in the fortnightly pattern of payment of income support. A further 27.4 per cent involved a break of a single fortnight or less and then the ongoing receipt of the same income support payment.

There were also a large number of operational terminations. These included, failure to lodge forms (4600), failure to respond to correspondence (3437) and failure to attend an interview (codes FAI, FTI and FPR) (4054). As with the administrative cancellations of Carer Allowance, the extent to which these different codes resulted in breaks from receipt of income support varied.

**Table 36: Young carers, cancellation of income support payment, all records**

	Changed payment			Same payment				End of income support	Total
	No break	Under 13 weeks	13–26 weeks	2 weeks	Under 13 weeks	13–26 weeks	Other break		
On precluding payment (CPP)	4,499	38	2	16	9	21	91	26	4,712
Did not lodge (DNL)	149	117	107	580	252	486	1,905	994	4,600
Failed to respond to correspondence (FRC)	4	123	55	2,294	284	150	311	213	3,437
Voluntary surrender (CLR)	548	496	129	60	34	97	806	763	2,938
Does not meet age requirement (AGD)	1,540	276	49	70	25	8	92	114	2,191
Benefit transfer (BTR)	2,015	45	4	2	2	0	7	6	2,088
Failed to attend interview (FAI)	2	65	16	1,328	120	46	121	52	1,755
Under 18 no study exemption (NEX)	17	61	23	985	160	117	232	16	1,611
Transfer to PPP (PBT)	1,268	36	10	5	0	9	59	26	1,441
Failed to attend interview (FTI)	0	41	15	942	139	85	128	50	1,401
Not caring for caree (CAR)	243	513	100	76	10	17	185	242	1,391
Investigation (INV)	1	271	58	541	81	90	184	143	1,372
Whereabouts unknown (WUK)	1	47	13	1,006	98	42	57	44	1,318
Other payment more appropriate (COP)	1,030	75	6	6	0	5	51	7	1,190
End bereavement period (BVP)	147	335	102	12	8	4	187	251	1,046
Proof of identity not provided (POI)	8	24	16	640	127	52	123	33	1,023
Transfer to PPS (SBT)	949	25	0	8	2	0	0	0	984
Failed to attend interview (FPR)	0	32	9	602	85	42	68	60	898
Voluntary surrender—marriage like (VMR)	7	403	63	46	11	16	134	149	829
Excess income (INC)	9	41	35	89	63	72	319	162	791

**Table 36: Young carers, cancellation of income support payment, all records (continued)**

	Changed payment			Same payment				End of income support	Total
	No break	Under 13 weeks	13–26 weeks	2 weeks	Under 13 weeks	13–26 weeks	Other break		
Partner status change (PSC)	5	227	39	210	30	28	169	48	756
Returned to work (RTW)	5	8	12	56	28	74	410	84	678
No dependant/no caree (NDE)	136	295	45	43	14	13	54	38	663
Failed to report after non-payment due to earnings (FRP)	6	15	17	177	40	34	109	205	603
Other (OTH)	2,023	1,355	376	5,036	889	857	2,325	1,680	14,588
No code		202	59	464	61	63	182	463	1,494
<b>Total</b>	<b>14,612</b>	<b>5,166</b>	<b>1,360</b>	<b>15,294</b>	<b>2,572</b>	<b>2,428</b>	<b>8,309</b>	<b>5,869</b>	<b>55,798</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The termination reasons associated with the actual termination of payment of income support to young carers while caring are shown in Table 37. The three main cancellation codes<sup>45</sup> that accounted for almost one-half the cancellations were voluntary surrender (CLR), and the cessation of caring, either directly (CAR) or at the end of a bereavement period (BVP). (In addition a number of other codes such as the death of a caree (CDE), ‘no caree’ (NDE) and the caree moving into institutional care (INS) also appear to relate to the cessation of care.)

While there were very few cancellations directly associated with a carer obtaining employment—for example, 192 for working more than 25 hours (25H), 63 for earnings preclusion (E6F) and 55 for full-time employment (FWC)—it is not possible to determine the extent to which other cancellations (such as voluntary surrender) may have been associated with such a shift.

Although it has not been possible to delve extensively into this data on cancellations, and it is unclear as to how many of the apparent cancellations, especially those relating to program transfers, actually impact on young carers and their receipt of support, the incidence of the large number of administrative cancellations of income support would suggest that many young carers did have difficulty meeting all of the obligations associated with maintaining program eligibility.<sup>46</sup> While the high proportion resolved within two weeks suggests that many decisions are effectively reversed after very short periods (such as people lodging documents late, or notifying changes of address) and are unlikely to cause major disruption in the provision of support, it is not clear whether this is the actual case.

Although the research only focused on payment review processes for Carer Payment and Carer Allowance, ORIMA Research (2008) reported that in 2008, after conducting focus groups and telephone interviews of recipients, ‘the general review process was ... perceived as being less difficult for carers than in the previous round of research in 2005’. Whether this means any change in the above pattern of results is not clear.

**Table 37: Young carers, cancellation reason code, termination of income support payment being received while caring**

Cancellation code		Number of cancellations	Distribution of cancellations (records with a code) (%)
Voluntary surrender	(CLR)	1,426	19.4
No longer caring	(CAR)	1,075	14.6
End of bereavement period	(BVP)	988	13.4
Carer absent more than 20 hours pw	(CAB)	317	4.3
Investigation	(INV)	279	3.8
Work/study more than 25 hours pw	(25H)	192	2.6
Failure to respond to correspondence	(FRC)	168	2.3
Failed to report after earnings nil rate	(FRP)	160	2.2
Did not lodge	(DNL)	152	2.1
Internal benefit transfer	(IBT)	143	1.9
No dependant (caree)	(NDE)	137	1.9
Caree in institution	(INS)	128	1.7
Excess income	(INC)	116	1.6
Voluntary surrender—marriage like	(VMR)	91	1.2
Death of caree	(CDE)	77	1.0
Caree respite bank exceeded	(RBE)	76	1.0
Whereabouts unknown	(WUK)	66	0.9
In prison	(IMP)	65	0.9
Earnings preclusion	(E6F)	63	0.9
Full-time employment	(FWC)	55	0.7
Caree income/assets unknown	(IAU)	53	0.7
Other reason codes		1,541	20.9
No reason		2,019	
<b>Total</b>		<b>9,387</b>	<b>100.0</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

## 5.6 Multivariate modelling of the duration of care

As was seen in Section 5.4, durations of care varied when the young carer population was categorised by a wide range of different characteristics. This section looks at these characteristics again to consider the individual contribution each of these make to duration, independent of other characteristics.

For this a Cox Proportional Hazard Model is used. This is a regression technique that identifies the contribution of the independent variables to the underlying hazard rate which is considered to be constant

over time. The hazard rate is an estimate of the probability of ending a caring period in any time interval. That is, a higher hazard rate implies a greater chance of ending caring and, therefore, a lower duration of care.

A specific aspect of the Cox approach, especially in the context of the large number of categorical variables used in this study, is that a base hazard model is calculated using reference values of the independent variables and then other values are ascribed a hazard ratio relative to this base case. In the results, we observe these hazard ratios, but not the underlying model. A hazard ratio of 0.8 means that a particular value of the independent variable is associated with a 20 per cent lower hazard, in this model a 20 per cent lower rate of exiting care over a particular time interval, when compared to the reference case. Conversely a hazard ratio of 1.5 means that the characteristic is associated with a 50 per cent higher rate of exiting care than the base value.<sup>47</sup> This higher hazard rate of exiting care implies a shorter duration of care.

The model results are presented in Table 38. While the diagnostics indicate that the model is valid, its explanatory power is limited. This indicates that much of the variation in the duration of care cannot be explained through a simple linear combination of the characteristics that have been used as explanatory variables. This may be because some other characteristics have been omitted, given the variables are not all independent, or because they have been poorly measured.

Key results include:

- The hazard rate increases with the age at which the carer commenced caring, although at a decelerating rate. This suggests that the longer durations seen in other data for older young carers is not a function so much of the age at which they start caring, but rather the extent to which other characteristics of older carers, such as looking after their own children, and the types of health and disability conditions these carees have, are associated with longer durations of caring.<sup>48</sup>
- The proportion of time that a carer spends on income support while caring is positively and significantly associated with a longer duration of care.
- Relative to male young carers, female young carers have a 5 per cent higher hazard rate of finishing being a carer. Not only is this a relatively trivial difference, but it is only weakly significant.
- The base case for the relationship between the carer and the caree is a parent looking after their own child. Compared with this situation, all other relationships have a much higher, and statistically significant, hazard rate of finishing caring in any time period. These other relationships fall into three categories: caring for an unrelated person (which is associated with a 350 per cent higher hazard rate); caring for a grandparent, or a related person of a parental or same generation (where the hazard rate is around 250 per cent higher); and caring for a parent or a partner (where the hazard rate is some 100 per cent or more higher). These results are consistent with the simpler analysis of the duration of care seen earlier in this section.
- Indigenous carers have a hazard rate of exiting caring around 25 per cent higher than non-Indigenous carers.
- Relative to living in a location in the decile of most socioeconomically disadvantaged locations, living in another location is associated with a shorter duration of care. This relationship is however not statistically significant for all rankings of locations. In the case of the decile of locations with the least disadvantage, the difference with the base case, the decile of most disadvantaged locations, is significant and there is a 25 per cent higher hazard rate for ending care.
- The base case for family status at the commencement of care is a single person. All other family status states have a significantly higher hazard rate for ending care, implying shorter durations. Married carers without children have an 18 per cent higher hazard rate, and married carers with children and single parents have rates 85 to 90 per cent higher. In interpreting this, attention also needs to be given to the estimate of the hazard rate associated with the number of children at the end of care. This, relative to the base case of no children, indicates a statistically significant decrease in the hazard rate of exit of some 35 per cent for a single child and over 60 per cent for two or more children. The result though suggests that the long durations of care associated with single parents is not a result of single parenthood per se, but rather the combination of other characteristics associated with those single parents who are young carers.

- ▀ Having received income support as a student at some point while providing care is associated with a 20 per cent lower hazard rate of leaving caring.
- ▀ In contrast, having been on income support prior to caring appears to have no independent impact on the hazard rate of exiting caring. Not only is the estimate statistically insignificant, but the magnitude of the coefficient is very close to one.
- ▀ Compared with the base case of being a carer at the beginning of the dataset, the hazard rate of exiting care of those who commenced caring later is around 20 per cent higher.
- ▀ The base case for the health condition of a caree is a person with ADD. Over one-half of the other classifications of health or disability included in the model had similar hazard rates. The other eight had statistically significantly different hazards, some lower and some higher. Shorter durations were associated with: caring for a person with a neoplasm (which has a statistically significant 100 per cent higher hazard rate for exiting caring); and caring for a person with asthma (69 per cent higher). Shorter durations were also identified for those caring for a person: with other respiratory conditions; paralysis; or a condition arising from an injury or illness. In each of these cases the hazard rate of exit is some 25 per cent higher, although these results are more uncertain, having a lower level of statistical significance. Longer durations of care are associated with the 60 per cent lower hazard rate identified for caring for a person with autism and a 25 per cent lower rate for caring for a person with learning difficulties.
- ▀ The death of a caree is associated with a 166 per cent higher hazard rate of caring being completed in any one time period relative to the probability where the caree did not die.
- ▀ When compared with the base case of a person born in Australia, young carers born in South or Central Asia have a 37 per cent lower hazard rate for exiting care, carers born in South or East Europe a 34 per cent lower rate and carers born in North Africa and the Middle East a 26 per cent lower rate. Although the coefficient value suggests a carer born in sub-Saharan Africa has a higher hazard rate than the base case, this result is not statistically significant.
- ▀ The level of education of the carer generally has little impact on the hazard rate of exiting care, except where a person has a tertiary education. Such young carers have a 40 per cent higher hazard rate.

**Table 38: Duration of time caring, Cox Proportional Hazard Model**

	Hazard ratio <sup>(a)</sup>	Standard error	z	P> z
Age started caring	1.303 **	0.088	3.930	0.000
Age started caring—squared	0.993 **	0.002	−4.070	0.000
Proportion of time caring on income support	0.875 **	0.034	−3.480	0.001
Gender				
Male	(base)			
Female	1.051 *	0.026	1.990	0.047
Carer's relationship to caree				
Own child	(base)			
Parent	2.326 **	0.125	15.680	0.000
Partner	2.080 **	0.138	11.080	0.000
Relative—grandparent	3.188 **	0.188	19.680	0.000
Relative—parental generation	3.462 **	0.224	19.210	0.000



**Table 38: Duration of time caring, Cox Proportional Hazard Model (continued)**

	Hazard ratio <sup>(a)</sup>	Standard error	z	P> z
Relative—same generation	3.441 **	0.231	18.410	0.000
Relative—younger generation	2.943 **	0.757	4.200	0.000
Unrelated	4.577 **	0.272	25.640	0.000
Aboriginal or Torres Strait Islander (ATSI)				
Non-ATSI	(base)			
ATSI	1.244 **	0.043	6.300	0.000
Decile of socioeconomic status of location				
1 (most disadvantaged)	(base)			
2	1.043	0.042	1.060	0.289
3	1.038	0.043	0.890	0.375
4	1.130 **	0.045	3.090	0.002
5	1.085	0.045	1.950	0.051
6	1.047	0.045	1.050	0.292
7	1.104 *	0.051	2.160	0.031
8	1.136 **	0.055	2.650	0.008
9	1.110 *	0.055	2.090	0.036
10 (least disadvantaged)	1.236 **	0.077	3.410	0.001
Family status when commencing care				
Single	(base)			
Married—no children	1.176 **	0.063	3.020	0.003
Married—with children	1.858 **	0.123	9.340	0.000
Single parent	1.898 **	0.117	10.370	0.000
Whether a student (received income support as a student)				
Non-student	(base)			
Student	0.801 **	0.040	-4.440	0.000
Whether was on income support (IS) prior to caring				
Not on IS prior to care	(base)			
On IS prior to care	0.998	0.034	-0.050	0.962
Whether was a carer at beginning of file				
Yes	(base)			
No	1.193 **	0.043	4.910	0.000

**Table 38: Duration of time caring, Cox Proportional Hazard Model (continued)**

	Hazard ratio <sup>(a)</sup>	Standard error	z	P> z
Health condition of caree				
Behavioural and mental conditions				
ADD	(base)			
Anxiety	1.013	0.101	0.130	0.896
Autism	0.418 **	0.076	-4.810	0.000
Depression	1.130	0.106	1.300	0.193
Learning difficulties	0.728 **	0.086	-2.670	0.007
Other	1.072	0.097	0.770	0.442
Musculoskeletal—arthritis	0.944	0.088	-0.610	0.542
Musculoskeletal—other	1.081	0.102	0.830	0.408
Nervous system—paralysis	1.272 *	0.138	2.220	0.026
Nervous system—other	1.077	0.095	0.830	0.405
Circulatory	0.953	0.087	-0.530	0.594
Respiratory—asthma	1.687 **	0.167	5.290	0.000
Respiratory—other	1.263 *	0.128	2.310	0.021
Neoplasms	1.997 **	0.182	7.580	0.000
Endocrine, digestion, etc	0.958	0.099	-0.410	0.679
Ear/eye	0.905	0.094	-0.950	0.340
Congenital and perinatal	0.922	0.104	-0.720	0.469
Injury/external causes	1.243 *	0.120	2.260	0.024
Not elsewhere classified (NEC)	1.148	0.120	1.320	0.186
Missing condition	7.104 **	1.222	11.400	0.000
Whether caree died				
No	(base)			
Yes	2.672 **	0.077	34.020	0.000
Region of birth				
Australia	(base)			
Other Oceania	1.219 **	0.082	2.940	0.003
N.W. Europe	1.104	0.114	0.960	0.335
S. & E. Europe	0.656 **	0.052	-5.330	0.000
N. Africa and Middle East	0.741 **	0.054	-4.120	0.000
S.E. Asia	0.847	0.075	-1.870	0.061
N.E. Asia	0.937	0.144	-0.420	0.673

**Table 38: Duration of time caring, Cox Proportional Hazard Model (continued)**

	Hazard ratio <sup>(a)</sup>	Standard error	z	P> z
S. & Central Asia	0.628 **	0.099	-2.950	0.003
Americas	0.952	0.135	-0.350	0.728
Sub-Sahara Africa	1.386	0.240	1.890	0.059
Educational status at end of care				
Year 9 or under	(base)			
Year 10 & 11	1.038	0.037	1.060	0.288
Year 12	1.000	0.040	0.010	0.995
Diploma/certificate etc	1.007	0.070	0.100	0.922
University	1.411 **	0.171	2.840	0.004
Not known	0.987	0.038	-0.330	0.742
Number of children at end of care				
None	(base)			
1	0.640 **	0.031	-9.090	0.000
2 or more	0.384 **	0.022	-16.880	0.000

(a) The hazard rate of the caring spell being completed. A higher hazard ratio implies a shorter duration of care relative to the base case.

Note: \*\* significant at  $p < 0.01$ ; \* significant at  $p < 0.05$ .

No. of subjects = 20,109; Number of obs = 20,109; LR Chi-squared (63) = 5950.70; No. of failures = 8,845;  
Log likelihood = -79,618.168; Time at risk = 2,027,144; Prob > Chi-squared = 0.0000.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

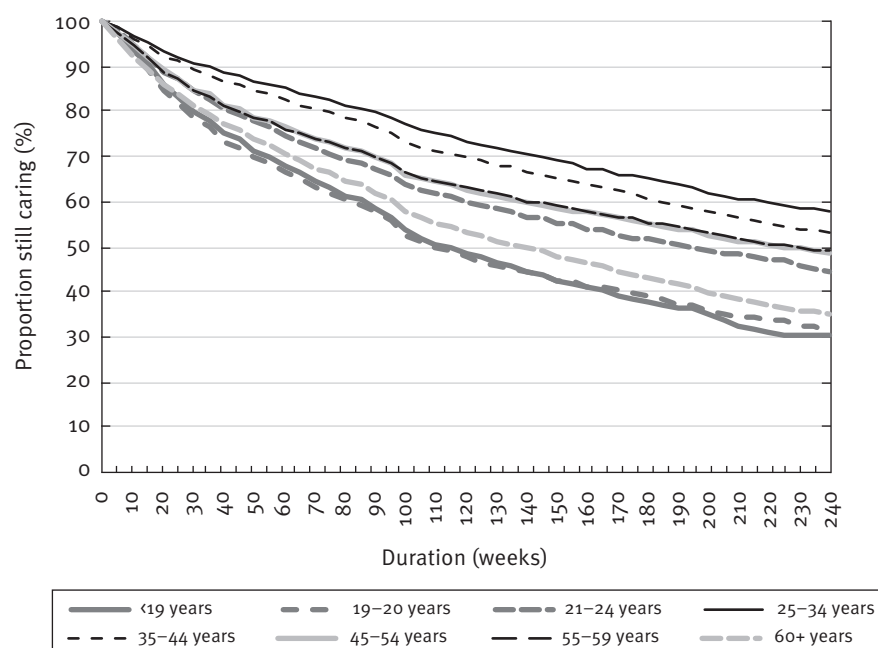
## 5.7 Young carer durations compared with other carers

Section 5.4 identified distinct differences in the patterns of duration of different groups of young carers. In particular, it found much higher durations of care for older young carers relative to younger young carers. This section extends the analysis of durations to compare the duration of caring by young carers with that of carers of other ages. This analysis has been restricted to 'new entrants' (that is, those who commenced caring after the Carer Dataset was established). This has been done to avoid results being skewed by the stock of carers already caring, and the extent to which this proportion may vary between age groups.

Using the Kaplan-Meier survival function, Figure 22 shows that there are clear differences in the pattern of durations for different age groups. (The chart is complemented in Table 39 by the quartile cut off points generated from the survival analysis.) These data show a very distinct pattern in the durations of care by age. In essence, this is an inverse U-shape, with both younger and older carers showing relatively shorter durations of care, and with durations peaking for those carers who commence caring at ages between 25 and 34 years.

A further feature of the table, as discussed previously, is the relatively small number of young carers in the total population of carers who received assistance through Carer Payment or Carer Allowance. Young carers aged under 25 years account for only 4.1 per cent of the new carers over the period of the Carer Dataset.

**Figure 22: All carers commencing care after 21 September 2001, duration of time caring, by age group, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

In Figure 22, the ‘inverse U’ distribution of durations of care by age can be seen in the ordering of the survival functions. That is, the line for the 25 to 34 year age group sits above all of the other age groups, showing much less attrition over time, while those of the youngest and oldest carer groups are at the bottom.

The survival functions for young carers aged under 19 years and aged 19 to 20 years are the lowest of any of the age groups. This reflects the relatively shorter durations of care by these groups of young carers. Of those young carers aged under 19 years who commenced caring after the establishment of the Carer Dataset, 25 per cent cared for less than 42 weeks<sup>49</sup> and one-half for less than 112 weeks. For those aged 19 to 20 years, the equivalent durations were 38 and 108 weeks. Another feature of these two distributions is the way in which the survival functions cross over each other. As a consequence, neither series can be considered to dominate the other. Similarly, it is not possible to conclude whether the durations of one of these sets of carers exceeds those of the other.

The survival function for young carers aged over 21 years initially shows a relatively rapid decline (with 10 per cent of these carers completing care in less than 20 weeks), but then stabilizes and shows a pattern more akin to those of some of the older age groups of carers. In effect, it sits between the experience of younger young carers and that of the 25 to 34 year age group. The quartile durations for this group of older young carers are higher than those of younger carers. They are about 50 per cent higher at the first quartile point (58 weeks) and over 70 per cent higher at the median (190 weeks).

**Table 39: All carers, new entrants to care after September 2001, quartile points of duration of care**

Age of carer at commencement of care (years)	Number of carers commencing after 21 September 2001	Duration of completed care (at quartiles) weeks	
		25%	50%
<19	3,872	42	112
19–20	3,296	38	108
21–24	8,390	58	190
25–34	49,630	108	—
35–44	66,761	96	—
45–54	69,426	66	220
55–59	41,621	64	222
60 and over	138,875	46	136
<b>Total</b>	<b>381,871</b>	<b>64</b>	<b>198</b>

Note: — = Not estimated as more than half of the population was still caring for more than the maximum period available in the data.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The next oldest age group, those carers who started caring between ages 25 and 34 years, have the longest durations, and indeed only the first quartile estimate of duration can be derived (108 weeks). This indicates that three-quarters of the carers in this age group cared for more than two years. As with the previous analysis of the experience of older young carers, this result is likely to reflect the extent to which the carers in this age group were also caring for their own children who had care needs associated with a similar set of conditions that have been identified for the older group of young carers. This result tends to confirm previous analysis that identified the extent to which there are clear differences between younger and older young carers and the way in which these are hidden if the group is taken as a whole.

After peaking for the 25 to 34 year age group, durations of caring then tend to decline slowly with successive age groups (although, for the age groups used here, they do not quite decline to the durations shown by the youngest groups of carers). It is probable that this pattern continues to be driven by the different populations these carers cared for and their health and disability conditions. The peak caring durations are associated with caring for children with significant developmental and behavioural conditions, a factor that is also likely to be dominant in the 35 to 44 age group. However, later age groups increasingly care for people with terminal conditions or who later require more intensive, or institutional care (and in some cases the carers themselves face a higher likelihood of experiencing health and other concerns that may reduce their capacity to care).

As these data relate to the age at which people commenced a spell of caring, they do not necessarily reflect the actual age profile of current carers, which is also a function of the duration for which individuals provide care and receive support through Carer Payment and Carer Allowance.

## 5.8 Caring and employment

The relationship between caring and workforce participation is a central policy concern for young carers in particular. While it is not possible to consistently review the extent to which young carers engage in employment from the Carer Dataset some insights can be gained. This is the focus of this section and encompasses discussion of the experience of young carers prior to commencing care, while they are caring and after they complete care.<sup>50</sup>

As noted, it is not possible to analyse employment comprehensively from the Carer Dataset. While the dataset has information on earnings of carers while they were on income support,<sup>51</sup> this is only a partial measure of employment. Where a young carer earned sufficient income, they became ineligible for income support and they, and their income, were no longer recorded in the dataset. This is the case, even if they remained eligible for Carer Allowance as income is not a pertinent issue for eligibility for this payment and the data is not collected. Equally it is not sufficient to simply assume that the absence of receipt of income support is evidence of employment. Non-payment may arise for many other reasons. These include where partner or parental earnings (or other sources of private income) exceed income test limits, or where a person is unwilling, or unable, to meet other conditions for the receipt of assistance.

**Table 40: Young carers in receipt of income support, proportion of time on income support with earnings, by timing of receipt of income support and age group, 2001 to 2006**

Proportion of time on income support with earnings	Age group (years)			Total
	Youth (under 19)	Young adult (19–20)	Adult (21 & over)	
While on income support prior to caring <sup>(a)</sup> (%)				
Nil	73.3	58.3	60.6	62.9
under 10%	7.1	15.2	13.2	12.3
10–<50%	10.2	16.4	17.1	15.4
50–<90%	5.8	7.1	5.9	6.1
90–100%	3.7	3.1	3.2	3.3
Total	100.0	100.0	100.0	100.0
While on income support during caring (%)				
Nil	73.6	73.0	71.0	72.0
under 10%	6.7	7.6	7.3	7.2
10–<50%	9.3	8.8	11.5	10.4
50–<90%	5.0	4.8	5.5	5.2
90–100%	5.4	5.9	4.7	5.1
Total	100.0	100.0	100.0	100.0
While on income support after caring (%)				
Nil	50.9	48.6	52.7	51.3
under 10%	13.5	12.8	10.5	11.8
10–<50%	22.6	25.1	23.4	23.6
50–<90%	9.5	10.3	9.0	9.5
90–100%	3.4	3.1	4.4	3.8
Total	100.0	100.0	100.0	100.0

(a) As explained in the text, the language of 'pre-caring' and 'after caring' refers specifically to periods before and after the receipt of assistance through Carer Payment or Carer Allowance for caring rather than actual caring itself, as this is not observed in the data.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

A further complication is, because different payments have different income tests, income from employment is not recorded consistently. For example, a level of income that might be recorded for a person on Parenting Payment Single could be sufficient to exclude the payment of other types of income support such as Youth Allowance or Newstart.

Analysis of the extent of employment in this section is based on three measures: the number of fortnights in which a young carer declared income from employment as a proportion of the number of fortnights in which they received income support; the average dollar value of reported income from earnings; and this value as a proportion of the value of income support that was provided to them over the period for which they received income support.

In the pre-care period, 37.1 per cent of those who later became young carers in receipt of income support had some employment. Most of this was for relatively short periods. Only 9.4 per cent had earnings for one-half or more of the time they were on income support. Of those young carers who commenced care under the age of 19 years the proportion who had some employment earnings at some time while they were on income support prior to caring was much lower (26.7 per cent), but an equal proportion had earnings for one-half of the time they were on income support. The proportions of the two older age groups were roughly similar across each of the earnings bands.

Compared with the pre-care period,<sup>52</sup> there are three distinct differences in the proportions of time with earnings in the caring period:

- The proportion who had any earnings falls by around 10 percentage points leaving 72.0 per cent having had no earnings at all.
- There is a slight rise in the proportion who had very regular earnings, with 10.3 per cent of the population of young carers having earnings from employment in 50 per cent or more of the fortnights for which they received income support, and 5.1 per cent having earnings in 90 per cent or more of the fortnights.
- The differences between the age groups largely disappear.

A consequence of this pattern is that at any one point in time while they were caring only a small proportion of young carers were actually in employment.

The proportion of post-care time on income support for which young carers had earnings is higher than either the pre-care or care periods. Almost one-half (48.7 per cent) of the former young carers who received income support in this phase reported having earnings at some point. The consistency of employment across the period was still low, with just 13.3 per cent having income from earnings in more than one-half of the fortnights they were on income support, and just 3.8 per cent having earnings 90 per cent or more of the time.

In analysing this result attention needs to be given to the relationship between earnings and eligibility. While consistent full-time employment would have moved many of this group off income support, for those on Parenting Payment Single, for example, it was possible to have quite high levels of employment and still receive some income support. This effect though is not seen consistently in the data. The lowest rate of any employment of those who received income support in this phase was by married persons with children (32.2 per cent), followed by single parents (38.1 per cent). In contrast, 53.0 per cent of young singles had some employment, with those who were partnered but did not have children having an intermediate rate of 44.7 per cent. Most of this variation occurred in the proportions with earnings for under 50 per cent of the time, with a more even distribution of frequent earnings across the relationship types.

The propensity of young carers to engage in employment (or not to do so) in one of these periods was associated with their propensity to do so in other periods. This relationship was stronger with regard to employment in the pre-care and caring phases. As detailed in Table 41, there is a highly statistically significant correlation (with a correlation coefficient value of  $r=0.479$ ) between the proportion of time on income support with earnings for individual carers between these two periods.

**Table 41: Young carers, correlation between proportion of time on income support with earnings pre-care, during care and post-care, 2001 to 2006**

Correlation coefficient (Number of records)	Pre-care	While caring	Post-care
Pre-care	1.0000 (12,652)		
While caring	0.4788 ** (11,995)	1.0000 (18,388)	
Post-care	0.1798 ** (3,880)	0.1703 ** (6,238)	1.0000 (6,463)

Note: \*\* Significant at  $p < 0.001$ .

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

While the correlations between the proportion of time with earnings in the caring and the post-caring periods, and between the pre and post-care periods, are statistically significant, they are much smaller ( $r=0.170$  and  $r=0.180$ ).

The inter-relationship between the proportion of time with earnings and the actual level of earnings is not straightforward. Across all carers with earnings, if weighted by the total number of fortnights with earnings there was a tendency to higher earnings in the caring period relative to the pre-caring period, and again in the post-caring period relative to the caring period (see Table 42). During the caring period the most frequent level of earnings was in the range of \$125 to \$249 per week. However, as shown in Table 43, the overwhelming proportion of those who earned such a level did so for fewer than one-half of the weeks they were caring, and in many cases for much briefer periods.

**Table 42: Young carers with earnings, distribution of value of earnings weighted by total number of fortnights in which earnings were received, 2001 to 2006**

Period in which earnings obtained	Distribution of average weekly earnings in fortnights with earnings					
	Under \$25	\$25-49	\$50-124	\$125-249	\$250+	Total
Pre-care	1.9	8.4	38.2	38.4	13.1	100.0
Care	1.4	5.1	25.9	40.6	27.1	100.0
Post-care	0.7	2.7	22.5	42.4	31.8	100.0
Period in which earnings obtained	Distribution of relative value of earnings to actual income support across the period					
	Under 10%	10-24.9%	25-49.9%	50-99.9%	100%+	Total
Pre-care	12.9	16.9	20.4	22.5	27.4	100.0
Care	10.0	18.6	19.4	22.1	29.9	100.0
Post-care	9.0	17.5	17.4	23.6	32.4	100.0

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The second panel in Table 42 provides an estimate, for those with earnings, of the value of the earnings relative to the income support received by the carer in the fortnight that the earnings were received. Such an estimate is not a linear relationship with actual earnings, as the operation of the income test will act to reduce the value of the income support payment with higher earnings. Therefore, the relative value of the earnings will increase more rapidly. Across the three phases there is a distinguishable, if not very strong, trend for the



value of earnings to increase relative to the value of income support. However, these increases do need to be balanced against the varying proportion of those on income support who actually had earnings in the phases.

The overall incidence of frequent and substantial earnings for young carers while on income support was low. For example, young carers who earned over \$125 per week for more than one-half the time they were on income support (Table 43) represented just 5.0 per cent of those who had income support prior to caring, 6.9 per cent of those with income support while caring and 10.4 per cent of those with income support in the post-care period.

**Table 43: Young carers, proportion of time on income support with earnings, and average weekly earnings, by timing of receipt of income support, 2001 to 2006**

Proportion of time on income support with earnings	Average weekly earnings in fortnights with earnings							Total
	Zero	Under \$25	\$25–49	\$50–124	\$125–249	\$250 & over	n/a	
Prior to caring								
Nil	7,959	0	0	0	0	0	0	7,959
Under 10%	0	93	266	590	390	213	0	1,552
10–49%	0	52	186	714	730	269	0	1,951
50–90%	0	11	60	298	316	93	0	778
90–100%	0	11	41	137	166	57	0	412
n/a	0	0	0	0	0	0	7,711	7,711
Total	7,959	167	553	1,739	1,602	632	7,711	20,363
While caring								
Nil	13,241	0	0	0	0	0	0	13,241
Under 10%	2	37	93	334	445	415	0	1,326
10–49%	0	37	95	546	711	527	0	1,916
50–90%	0	7	35	258	400	263	0	961
90–100%	0	26	68	245	382	223	0	944
n/a	0	0	0	0	0	0	1,975	1,975
Total	13,243	107	289	1,383	1,938	1,428	1,975	20,363
After caring								
Nil	3,342	0	0	0	0	0	0	3,342
Under 10%	0	30	66	202	252	222	0	772
10–49%	0	13	52	406	594	475	0	1,540
50–90%	0	2	19	120	248	228	0	617
90–100%	0	5	4	38	125	77	0	249
n/a	0	0	0	0	0	0	13,843	13,843
Total	3,342	50	141	766	1,219	1,002	13,843	20,363

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

## 5.9 Summary

The Carer Dataset spans a period of four and three-quarter years. Over one-half of the young carers identified in this study were in the dataset at the beginning and end of the period, although only 10.3 per cent were caring at both the start and finish.

Because of the growth in the number of young carers receiving financial support, the number of young carers who were caring at the end of the record was approximately two and one-half times the number who were caring at the commencement of the file. Almost 80 per cent of those who commenced caring in the period of the dataset had received income support prior to caring, and the overwhelming majority moved into caring with financial support with little or no break from their previous income support.

Over 90 per cent of young carers had a single spell of caring. When the duration of caring is more broadly defined to encompass the period between the first and the last date on which they cared, 96.0 per cent of the time was spent caring, with the average duration of observed time caring being 100.9 weeks. In aggregate, across this period young carers were in receipt of income support while caring (either Carer Payment or a combination of Carer Allowance and an income support payment) for 78.6 per cent of the time and on Carer Allowance alone for 17.4 per cent. These averages though hide a wide variety of different outcomes, and 14,085 of the young carers were on income support payments for the complete time they were caring, with fewer than 10 per cent only ever just receiving Carer Allowance.

Because of the long spells of caring relative to the duration of the Carer Dataset, most caring spells were not completed within the timeframe of the dataset. Across all young carers it is estimated that 25 per cent of caring would be completed in 52 weeks and one-half in under 162 weeks. The data indicates that 40 per cent of spells would extend beyond 240 weeks. Overall, the duration of caring by young carers was less than that of older carers, with the highest durations being recorded by those aged 25 to 34 years when they commenced caring. The adult group of young carers, those who commenced caring above the age of 21 years, had a pattern of duration that tends more towards that of the older carer groups than that of the younger young carers.

The duration of caring varies substantially, with the likelihood of exiting care being associated with a wide range of carer and caree characteristics. Looking at the independent contribution of different factors, long durations were associated with caring for one's own child, and with caree health and disability conditions such as autism and learning difficulties. Shorter durations were associated with having tertiary-level education and living in less disadvantaged locations, and caree health and disability conditions such as cancer and asthma, other respiratory conditions, and conditions arising from injury and other external causes. The relationship between duration and family status is complex, with those having children having a lower level of exit from caring. However, there seemed to be no independent impact of sole parenthood on the duration of care provided. While females tended to care for longer, the independent role of gender was small. Carers from an Aboriginal or Torres Strait Islander background had somewhat shorter durations of care. Receipt of income support while caring is associated with a lower hazard of exiting caring. However, prior receipt of income support appears to have no impact.

There is a large amount of administrative information on the reasons for the termination of income support and Carer Allowance. The data reveals that most terminations involved little if any disruption to the pattern of payments. However, the high incidence would suggest that many young carers did have some difficulties complying with their administrative obligations.

Most young carers did not have substantial levels of engagement with the workforce while they were in receipt of income support either before or during caring, although there is a group of around 7 per cent of young carers who had substantial regular income from employment while in receipt of income support and caring.

## 6 The post-care experience of young carers

This section addresses the post-care experience of young carers, including the extent to which these carers rely on income support after completing care and the factors associated with this. The analysis initially extends the use of the Carer Dataset to place the experience of young carers in the context of carers of other ages who receive financial support while caring, and then draws on other data to compare the experience of young carers with that of other young Australians, both within and outside the income support system.

### 6.1 Exits from care

Of the 20,363 young carers identified in the Carer Dataset, 8994 were no longer caring, or at least were not receiving transfer payments for caring, at the end of the dataset.

#### Pattern of exits

Within the Carer Dataset, transitions out of caring are not always simple or clear, as seen in the earlier analysis of the cancellation codes in Section 5. In the transition from caring to income support a carer may have, for example, received some income support after the completion of care for a bereavement period, have had a slight gap in between caring and any subsequent claim, or they may have shuffled between different payments for a short period before moving to the main type of income support they utilised in this phase. In other situations, post-caring receipt of transfer payments may have been intermittent and involved multiple episodes. In addition, the post-care period for which data are available effectively spans the length of the dataset, from a single fortnight for some young carers to almost five years for others.

Table 44 identifies five main types of exits from caring by the pattern of receipt of income support in the post-care period:

- the 1979 individuals who received no further transfer payments over the balance of the period of the record (22.0 per cent of those who finished care)
- the 1805 who received some income support after caring but were not in receipt of income support at the end of the file (20.1 per cent of those who finished caring). As noted above, the post-care period for these can be between just a single fortnight to almost five years
- a small group of 109 who received some other transfer payment, most frequently Family Tax Benefit, but were not on record at the end (1.2 per cent)
- the 4340 (the largest group) who were on an income support payment at the end of the record (48.3 per cent of all of those who completed caring)
- the balance, 761 or 8.5 per cent of the young carers, were on record at the end of the dataset, but in receipt of non-income support payment, a concession card or for some other reasons. Most of these, who constituted who had finished caring, were receiving Family Tax Benefit.

Almost all of the ‘direct exits’ (that is, those who have no further record in the Carer Dataset), came from those who were on Carer Payment or Carer Allowance without any income support payments at the end of their period of caring. Of those who only received Carer Allowance, 43.3 per cent did not have a further record. This proportion declined to 23.5 per cent for those on Carer Payment only and 20.1 per cent for those on both

Carer Payment and Carer Allowance. For young carers who received Carer Allowance in association with an income support payment, other than Carer Payment, the proportion who directly exited from the system at the end of caring varied from zero to just over 5 per cent, depending on the actual type of income support they received.

**Table 44: Young carers who finished caring, post-care receipt of transfer payments**

Transfer payment at end of caring	Pattern of post-care income receipt:					Total	Per cent direct exit	Per cent on income support at end of record
	No further transfer payments or record	Subsequent receipt of income support but not on record at end	Subsequent receipt of other transfer payment but not on record at end	On an income support payment at the end of the record	On a non-income support payment or other record at end			
Carer Payment only	637	704	31	1,160	182	2,714	23.5	42.7
Carer Payment and Carer Allowance	514	590	14	1,313	125	2,556	20.1	51.4
Carer Allowance only	794	245	60	423	311	1,833	43.3	23.1
Carer Allowance and:								
Disability Support Pension	3	11	0	153	3	166	1.2	91.1
Newstart Allowance	1	71	0	88	5	169	1.2	52.7
Parenting Payment (low income partner)	1	2	0	53	21	77	0.0	68.8
Parenting Payment (partner on income support)	2	7	1	135	18	163	1.8	83.4
Parenting Payment Single	17	48	0	817	83	965	1.8	84.6
Youth Allowance (other)	7	30	0	66	7	110	5.5	60.0
Youth Allowance (Student)	3	95	3	125	5	231	1.7	53.7
Austudy	0	2	0	3	0	7	0.0	66.7
Other payments	0	0	0	4	1	3	0.0	100.0
<b>Total</b>	<b>1,979</b>	<b>1,805</b>	<b>109</b>	<b>4,340</b>	<b>761</b>	<b>8,994</b>	<b>22.0</b>	<b>48.3</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

In addition to these low direct exit rates, this group of young carers had high levels of persistence on income support. In particular, 91.1 per cent of those who had been on a Disability Support Pension at the end of caring were still on record as receiving income support, as were just under 85 per cent of those on Parenting Payment Single or in receipt of Parenting Payment Partnered as the partner of an income support recipient. Lower rates were recorded for those who had received Youth Allowance, either as a student or for other reasons, as well as those on Newstart.

### Post-caring income support

Of the young carers who completed caring, 21.0 per cent were in receipt of an income support payment other than Carer Payment at the end of their period of caring. Most of these continued to receive income support from the same payment they had received while caring.

A more diverse set of outcomes were experienced by those who were in receipt of Carer Payment either with or without Carer Allowance. Of the 5270 young carers who were on Carer Payment when they finished caring, 1151 directly exited the record, while a further 307 were subsequently on record but without any specific income support or other transfer payment. The balance, 3743 young carers, had some subsequent receipt of income support. Table 45 shows the final transfer payment (that is either an income support payment or Family Tax Benefit) recorded on the Carer Dataset for these.

**Table 45: Young carers who had completed caring and received Carer Payment, or Carer Allowance only, and who received subsequent transfer payments, 2001 to 2006**

Last transfer payment received	Pattern of post-care receipt			Total	Distribution (%)	Proportion on income support at end (%)
	Subsequent receipt of income support but not on record at end	On an income support payment at the end of the record	On a non-income support payment or other record at end			
Family Tax Benefit	21	0	240	261	7.0	n/a
Disability Support Pension	10	124	0	134	3.6	94.0
Newstart Allowance	738	943	0	1,681	44.9	56.0
Parenting Payment (low income partner)	0	81	0	81	2.2	98.8
Parenting Payment (partner on income support)	3	142	0	145	3.9	98.6
Parenting Payment Single	17	623	0	640	17.1	97.3
Youth Allowance (other)	239	269	0	508	13.6	53.0
Austudy	12	24	0	36	1.0	66.7
Youth Allowance (Student)	73	171	0	244	6.5	70.9
Other payments	8	5	0	13	0.3	23.1
<b>Total</b>	<b>1,121</b>	<b>2,382</b>	<b>240</b>	<b>3,743</b>	<b>100.0</b>	<b>63.6</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The most frequently used income support payment for these young carers was Newstart Allowance, which was the last income support payment received by 1681 (56.0 per cent) of those who were still on income support at the end of the record. This was followed by Parenting Payment Single (17.1 per cent), and Youth Allowance (other) with 13.6 per cent. While 53.0 per cent of those who were in receipt of Youth Allowance (other) were still on income support at the end of the period, as were a similar proportion of those who moved onto Newstart, for Parenting Payment Single the proportion was 97.3 per cent. Those moving to a partnered Parenting Payment also had a high level of ongoing receipt of income support as measured by whether they were still in receipt at the end of the record.

## 6.2 Income support reliance in the post-care period

Two different concepts of the extent of reliance on income support after finishing caring are used here:

- the period between the end of the care and the last income support record on file for the individual (that is, the time between the cessation of caring and the last date of receipt of an income support payment, within the timeframe of the Carer Dataset)
- the proportion of time between the end of caring and the end of the record for which an individual is on income support, regardless of whether or not the spell of receipt is completed or otherwise.

While each of these have some weaknesses in fully encapsulating the experience of income support, together they provide a useful insight into the extent people who have provided care are able to support themselves in the post-care period.

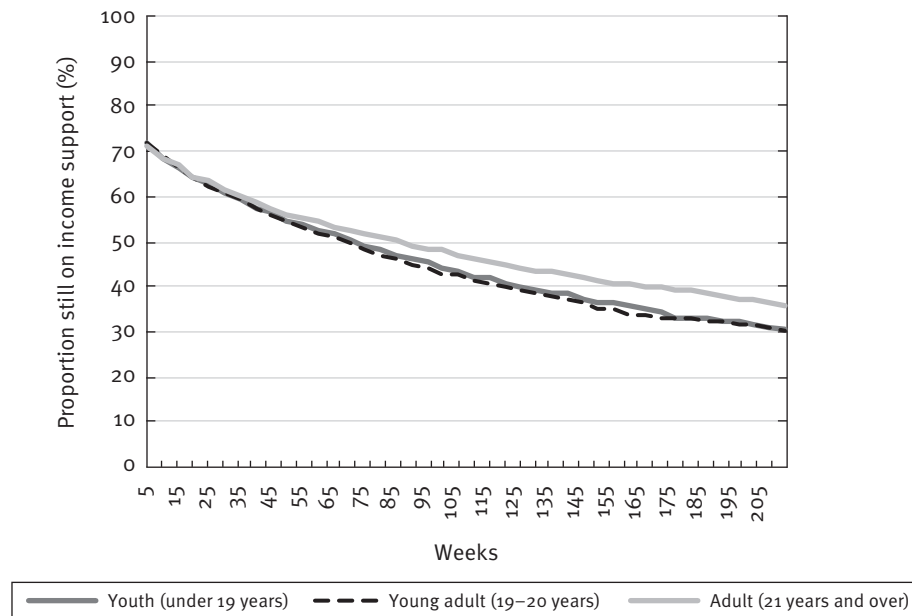
Under both measures, the focus is on the receipt of income support payments only. As such, the measures exclude other components of the transfer system such as Family Tax Benefit and concession cards. Further, the analysis only concerns individual receipt and not family receipt. For example, a carer who became a low income employee may have had a partner who was in receipt of income support, in part as a function of the carer's income. While the incidence of this is likely to have been low, where it has occurred it has not been included within the scope of these measures.

### Duration of time on income support

Because of the nature of the Carer Dataset and the range of different durations over which post-care information is available, a survival analysis approach is again used to model the data and to derive an underlying distribution for the length of time over which young carers are likely to claim income support following the cessation of care.<sup>53</sup> This is illustrated in Figure 23. Unlike the earlier survival analysis which starts with a complete population, this model has been modified to take into account the extent to which some of these carers do not receive any income support in the post-care period. As such, the lines commence at a little over 70 per cent, reflecting the proportion of non-receipt. It is estimated, as illustrated, that four years after the end of providing care, the proportion of carers who have post-caring income support receipt drops by one-half.

The chart shows a distinct difference in the experience of young carers under the age of 21 years and those older. Across the three age groups of younger carers, the initial rate of utilisation is very similar: 71.4 per cent for those under 19 years; 71.5 for those aged 19 to 20 years; and 70.8 per cent for those aged 21 years. By week 210, the proportions were 31.0 per cent, 30.6 per cent and 36.1 per cent respectively. That is, the older group of young carers have a distinctly higher tendency to remain in receipt of income support in the post-care period relative to younger young carers. Although this difference between younger and older young carers is not as marked as seen elsewhere in this analysis, it nevertheless suggests a difference in experience across these different groups.

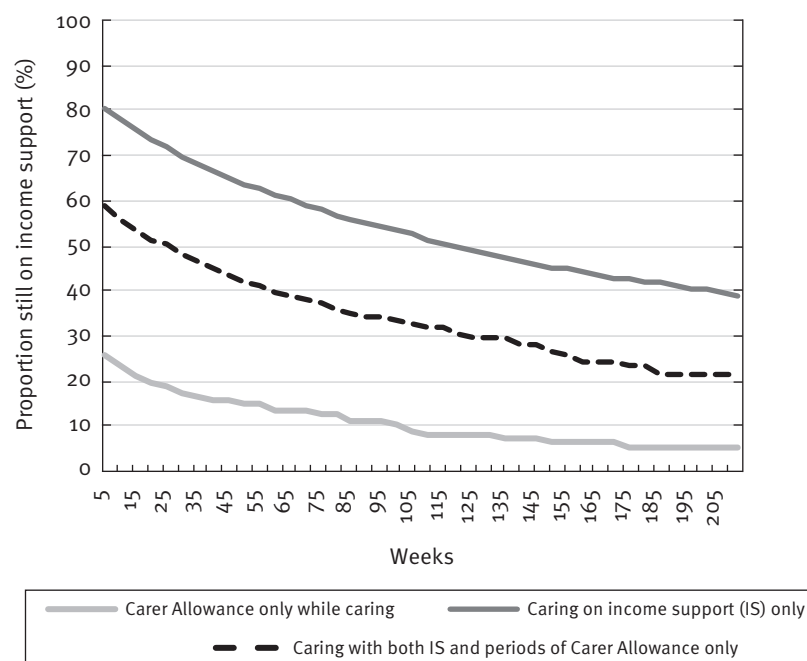
**Figure 23: Young carers who have completed caring, duration of apparent reliance on income support after caring, by age group, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

When young carers exiting payments for caring are classified by the nature of the financial support they received while caring, they show markedly different experiences. For those who received an income support payment for the whole time they were caring, some 80 per cent used some income support following care, and four years later almost 40 per cent are estimated to still do so. For those who only ever received Carer Allowance, with no income support, a surprising 27 per cent had some income support receipt after the completion of care, with the model indicating that 7 per cent would still be in receipt after four years.

**Figure 24: Young carers who have completed caring, duration of apparent reliance on income support after caring, by type of support while caring, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

Those who had some periods on income support and at other times only received Carer Allowance had an intermediate outcome relative to these other two groups.

For all young carers, this data indicates that:

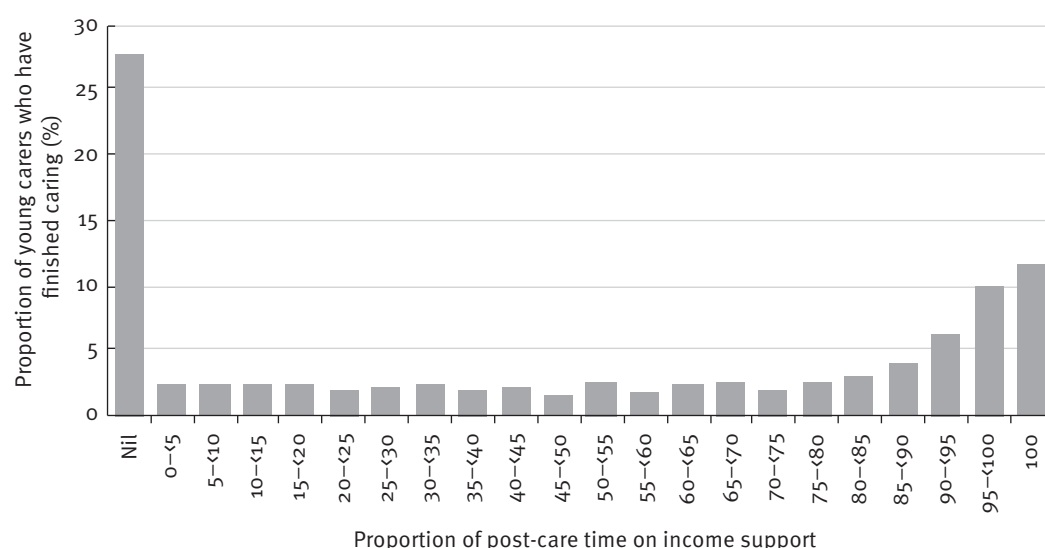
- 70.6 per cent have some use of income support after completing care
- 62.1 per cent have some income support more than six months after they finish caring. This proportion reduces to 54.6 per cent after one year, 45.0 per cent after two years and 38.5 per cent after three years.

### Proportion of the post-care period on income support

The second approach to measuring the extent of post-care reliance on income support is to focus on the proportion of the post-care period in which people received income support.

Across all young carers who no longer received support for caring, while 28.1 per cent did not receive income support in the post-care period, 11.7 per cent received it in every fortnight after they completed caring.<sup>54</sup> A further 10.1 per cent, while not in receipt of income support every fortnight after finishing caring, received income support in 95 per cent or more of the fortnights that had elapsed since they last cared. The distribution of young carers by the proportion of time they were in receipt of income support after finishing care is shown in Figure 25.

**Figure 25: Young carers who have completed caring, distribution of proportion of post-care time on income support, 2001 to 2006**



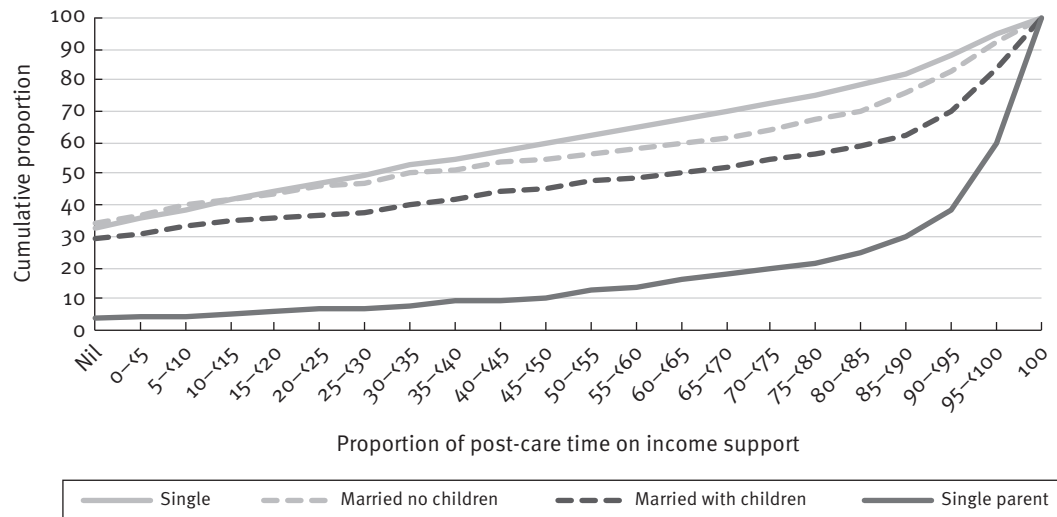
Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The chart shows that the pattern of proportional receipt of income support in the post-care period is marked by a degree of polarisation between no receipt and relatively heavy levels of reliance. There is a strong concentration in the three categories at the upper end of reliance (that is, having a 90 per cent or higher reliance on these payments).

Figure 26 shows the same measure, but as a cumulative distribution chart. In this chart, young carers have been classified by their family type when they exited caring. This clearly shows strong differences in the extent of reliance on income support in the post-care period by family status. In the case of single parents, only a very small proportion (3.9 per cent), did not use any income support in the post-care period, while 61.3 per cent relied on income support payments for more than 95 per cent of the time after completing care.



**Figure 26: Young carers who have completed caring, cumulative distribution of proportion of post-care time in receipt of income support by family type at end of caring, 2001 to 2006**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

The family type with the second highest level of reliance on income support post-caring was married with children. While in terms of the proportion who did not use any income support in the post-care period this group initially look very much like young carers who were married without children and those who were single persons, a considerable difference emerges across the distribution. This can be seen by comparing the differences at the lower and upper end of reliance. At the low end of reliance, 29.3 per cent of married carers with children had no use of income support in the post-care period, compared with 34.2 per cent of those who were married without children, and 32.7 per cent for single carers without children. At the upper end of the distribution, while only 17.9 per cent of the singles had been reliant on transfer payment for 90 per cent or more of the time since finishing care (as were 24.3 per cent of those who were married without children), this rose to 37.3 per cent for those who were married with children.

More systematic analysis of the impact of different characteristics of young carers on the extent of post-care dependence on transfer payments is undertaken in Section 6.3.

### Comparison with all carers

The Carer Dataset also enables analysis of the extent of post-care dependency of young carers compared with that of carers of other ages. Table 46 and Figure 27 present the outcome of this analysis. The table provides a summary of the distribution, concentrating on those with no use and high levels of reliance, while the charts illustrate the patterns of distribution. Across the whole carer population, there were 272,818 completed caring episodes, of which young carers account for just 3.3 per cent.

In comparison with these older carers, young carers had a higher level of reliance on some income support in the post-care environment, but a lower degree of very high reliance. This is particularly marked for young carers aged under 19 years and those aged 19 and 20 years. Almost one-half of these young carers (48.5 per cent and 47.5 per cent respectively), while having some use of income support after caring, did so for less than 90 per cent of the time. This compares with an average of 17.7 per cent for all carers who had completed caring. In the charts this characteristic of young carers is seen, in particular, in the relative size of the '90-100 per cent' category compared with the '100 per cent' category. For all groups of young carers, this second category is smaller than the first and the opposite is the case for all groups of older carers.

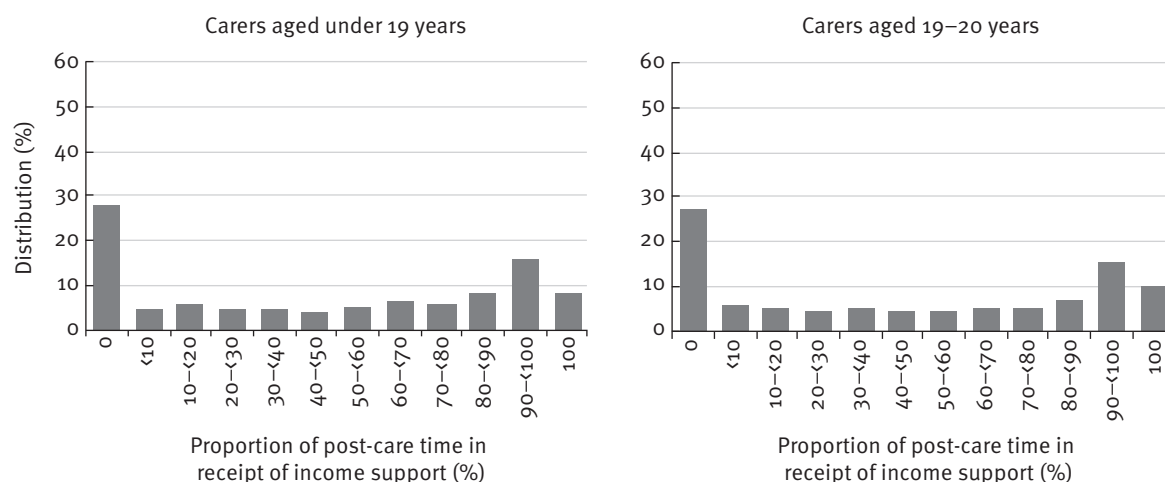
**Table 46: All carers who have completed caring, extent of use of income support in the post-care period, 2001 to 2006**

Age group at the commencement of care (years)	Extent of use of income support in post-care period (%):			Number of carers
	No use	Some use, but for less than 90% of the time	Received income support for 90% or more of the time	
<19	27.8	48.5	23.7	2,297
19–20	27.2	47.4	25.4	2,146
21–24	28.8	39.3	31.9	4,553
25–34	39.2	28.6	32.1	29,173
35–44	53.0	21.8	25.2	58,175
45–54	51.0	19.7	29.3	48,522
55–59	38.8	16.8	44.5	23,839
60 and over	31.8	9.5	58.7	104,113
<b>Total</b>	<b>41.0</b>	<b>17.7</b>	<b>41.3</b>	<b>272,818</b>

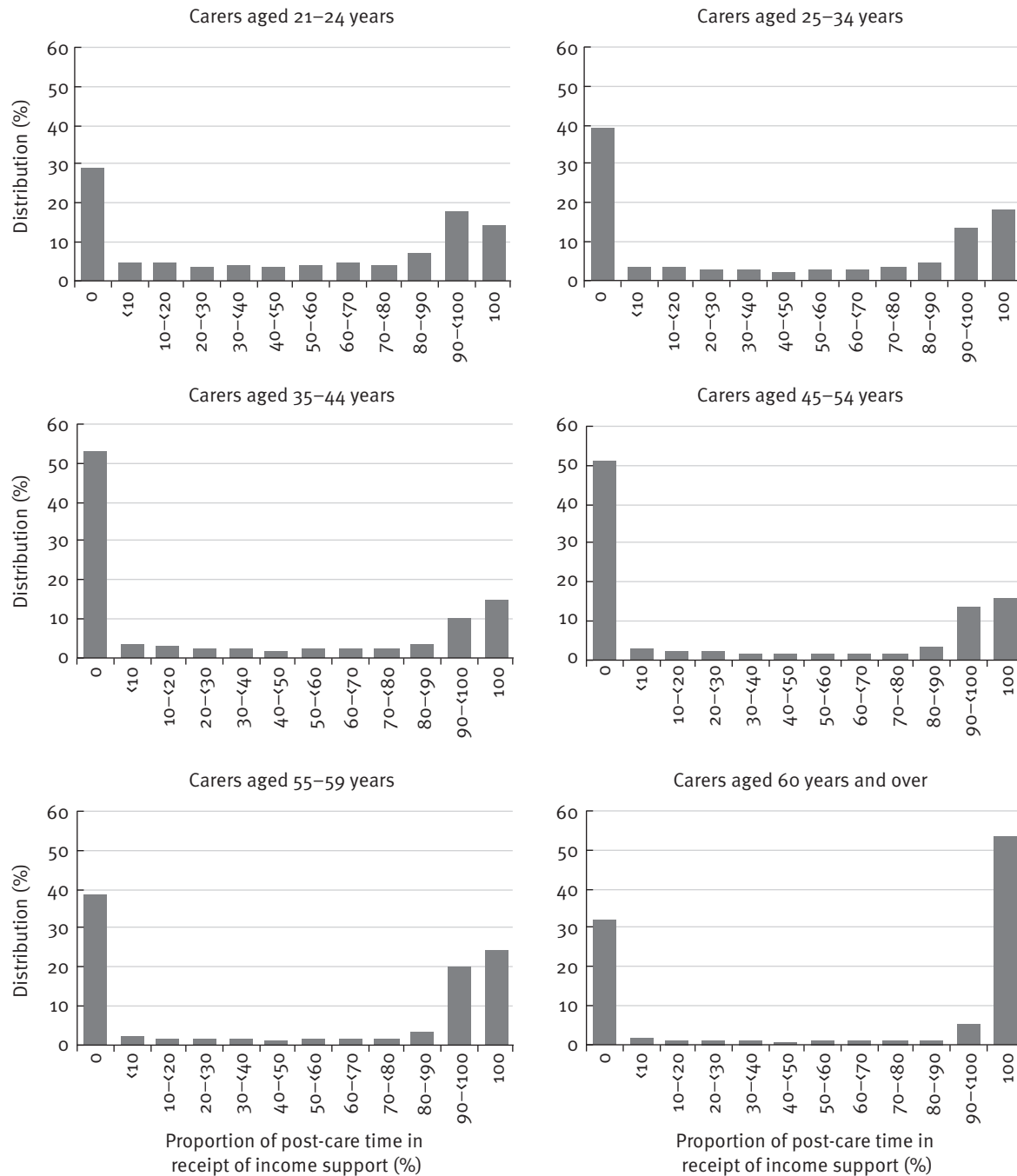
Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

However, some older age groups of carers had much higher levels of non-use of income support in the post-care period than young carers. Indeed, for carers aged 35 to 44 years and 45 to 49 years when they commenced care, over one-half received no income support after exiting care.

Across all ages those aged over 60 years had the highest concentration of very high levels of dependence on income support after caring, with 58.7 per cent of this group receiving such payments for more than 90 per cent of the time. Somewhat surprisingly, the data also indicates that 31.8 per cent received no income support after finishing care, despite the quite high rates of income support by these older age groups. One possible reason for this (in addition to access to private savings, including superannuation) is that the data excludes income support payments made through the Department of Veterans Affairs.

**Figure 27: All carers who have completed caring, distribution of post-care reliance on income support, by age group, 2001 to 2006**

**Figure 27: All carers who have completed caring, distribution of post-care reliance on income support, by age group, 2001 to 2006 (continued)**



Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006.

### 6.3 The factors associated with income support reliance post care

As with the analysis of the duration of care, multivariate analysis permits the study of the independent contribution of the many different characteristics of young carers, to the post-caring experience. This is the focus of this section.

The relatively high incidence of broken periods of income support in the post-care period renders the duration model approach less reliable for this analysis. Therefore, the proportional extent of reliance is used. As has been seen in earlier charts, the distribution of this has a very distinct pattern, with some one-half to two-thirds of the records being at the extremes of the distribution and the balance spread between.

This distribution poses some challenges for analysis. In particular, it is not amenable to usual approaches such as regression analysis which relies on more tractable distributions.

To address this, the analysis has adopted a two-stage hurdle approach to the model. In the first stage, a probit analysis is undertaken to model the extent to which a young carer uses any income support in the post-care period. In the second, for those who did receive some income support, an Ordinary Least Squares (OLS) regression is undertaken to model the proportion of time they spend in receipt of this assistance. Unfortunately, this means that each of the characteristics will have two estimates of their contribution to the extent of reliance on income support. The first concerns the likelihood of their receiving an income support payment at all, and the second relates to the contribution it makes to the extent of receipt, conditional on having received some.

The characteristics used in the models are similar to those used in the earlier analysis of duration of caring, supplemented by some additional variables. These include: the duration of time caring; the duration of time since the carer ceased caring; the proportion of time during caring in which they received income support; and the proportion of time while receiving income support that they had earnings. This latter was seen as a potentially important indicator of the extent to which a carer may, in the post-care period, be able to participate in the labour market.

However, the use of this variable has meant that the group of young carers focused on in the analysis excludes those who received no income support while they were caring. This is because there was no way to appropriately code the proportion of time in which they had employment. Only a relatively small proportion of these young carers subsequently move onto income support, so this is not seen as a major omission. However, it does increase the proportion of the population of young carers who are the focus of this analysis (those receiving some income support in the post-care period) to 76.1 per cent.

### **Modelling the likelihood of receiving income support post-care**

The use of a probit regression for the first stage of the analysis reflects the binary nature of the dependent variable. That is, the model seeks to estimate whether a person will, or will not, receive some income support. The probit generates results as a probability of the event occurring. The results of the model are detailed in Table 47. This provides estimates of: the value of the probit coefficients, the standard error of this estimate, a z score; and the statistical significance of the estimate. This is followed by the mean value of the variable (which in the case of dummy coded variables is the proportion of the population with this characteristic), and the average marginal effect.

The reason for including this latter measure is that the coefficient value in a probit is an estimate of how much difference a unit change in the independent variable makes in terms of the cumulative normal probability of the dependent variable. These coefficient values have a simple explanation: if they are positive they increase the probability of the dependent outcome (having some income support use after caring) and if they are negative they signal a decrease in the probability of this outcome (and the larger the coefficient, the larger the effect—per unit change in the variable). However, the immediate impact on the probability is not as clear.

This is because of the non-linearity of the relationship between the change in the independent variable and the probability. The relative effect on the probability of any one individual taking up income support in response to any one of the independent variables depends on the probability determined by all of the other characteristics for that individual. To overcome the problem this presents for interpreting the results, the column 'Marginal effect' provides an estimate of the average impact of the marginal change of a single variable on the modelled outcome with all other variables set at their actual values.<sup>55</sup> This is a useful way of seeing the possible impact of the variable, but caution needs to be exercised in interpretation where

the independent variables are not strictly independent of each other. For example, being a sole parent is more frequently associated with being female as well, of course, as having children. Therefore, the effect of this type of family status on post-care income support is more appropriately evaluated with this mix of characteristics in mind.

**Table 47: Young carers who have finished caring, probit model of probability of any receipt of income support post-care, 2001 to 2006**

	Coefficient	Standard Error	z	P> z	Mean	Marginal effect
Time (years) since finishing care	0.522 **	0.052	10.06	0.000	2.083	(a)
Time (years) since finishing care—squared	−0.056 **	0.012	−4.85	0.000	6.160	(a)
Time (years) caring	−0.198 **	0.055	−3.58	0.000	1.241	(a)
Time (years) caring—squared	0.048 **	0.013	3.57	0.000	2.756	(a)
% time on income support while caring with earnings	−0.648 **	0.058	−11.08	0.000	0.120	(a)
Proportion of time caring with income support	1.235 **	0.095	13.00	0.000	0.931	(a)
Gender						
Male	(base)				0.320	0.751
Female	0.070	0.039	1.77	0.076	0.680	0.768
Aboriginal or Torres Strait Islander (ATSI)						
Non-ATSI	(base)				0.874	0.754
ATSI	0.294 **	0.062	4.77	0.000	0.126	0.820
Family status at end of record						
Single	(base)				0.669	0.748
Married—no children	−0.099	0.074	−1.34	0.179	0.072	0.722
Married—with children	−0.090	0.094	−0.96	0.338	0.096	0.725
Single parent	0.789 **	0.103	7.67	0.000	0.163	0.904
Carer's relationship to caree						
Own child	(base)				0.149	0.826
Parent	−0.377 **	0.092	−4.08	0.000	0.403	0.739
Partner	−0.147	0.108	−1.36	0.175	0.068	0.795
Relative—grandparent	−0.432 **	0.098	−4.39	0.000	0.151	0.725
Relative—parental generation	−0.239 *	0.110	−2.17	0.030	0.069	0.774
Relative—same generation	−0.323 **	0.115	−2.80	0.005	0.049	0.753
Relative—younger generation	0.154	0.608	0.25	0.801	0.002	0.856

**Table 47: Young carers who have finished caring, probit model of probability of any receipt of income support post-care, 2001 to 2006 (continued)**

	Coefficient	Standard Error	z	P> z	Mean	Marginal effect
Unrelated	-0.058	0.104	-0.55	0.579	0.110	0.815
Educational status at end of record						
Year 9 or under	(base)				0.145	0.824
Year 10 and 11	-0.175 **	0.060	-2.92	0.004	0.311	0.786
Year 12	-0.385 **	0.066	-5.82	0.000	0.185	0.735
Diploma/certificate etc	-0.202	0.111	-1.82	0.068	0.030	0.780
University	-0.758 **	0.179	-4.23	0.000	0.008	0.630
Not known	-0.416 **	0.065	-6.42	0.000	0.322	0.727
Decile of socioeconomic status of location						
1 (most disadvantaged)	(base)				0.172	0.790
2	-0.002	0.067	-0.04	0.971	0.127	0.789
3	-0.089	0.069	-1.30	0.193	0.111	0.769
4	-0.024	0.066	-0.36	0.716	0.136	0.784
5	-0.135	0.069	-1.96	0.050	0.109	0.758
6	-0.188 **	0.071	-2.67	0.008	0.096	0.744
7	-0.188 *	0.074	-2.55	0.011	0.082	0.745
8	-0.230 **	0.077	-3.01	0.003	0.070	0.734
9	-0.410 **	0.078	-5.26	0.000	0.063	0.686
10 (least disadvantaged)	-0.257 **	0.097	-2.64	0.008	0.034	0.727
Whether a student (received income support as a student)						
Non-student	(base)				0.938	0.751
Student	0.607 **	0.076	7.96	0.000	0.062	0.874
Whether was on income support (IS) prior to caring						
Not on IS prior to care	(base)				0.413	0.702
On IS prior to care	0.400 **	0.045	8.82	0.000	0.587	0.801
Region of birth						
Australia	(base)				0.890	0.767
Other Oceania	-0.120	0.110	-1.09	0.276	0.025	0.737
N. W. Europe	-0.346 *	0.157	-2.20	0.028	0.010	0.676

**Table 47: Young carers who have finished caring, probit model of probability of any receipt of income support post-care, 2001 to 2006 (continued)**

	Coefficient	Standard Error	z	P> z	Mean	Marginal effect
S. & E. Europe	-0.171	0.117	-1.46	0.145	0.019	0.724
N. Africa and Middle East	-0.096	0.109	-0.87	0.382	0.023	0.743
S. E. Asia	-0.150	0.128	-1.17	0.242	0.015	0.729
N. E. Asia	-0.457 *	0.218	-2.09	0.036	0.005	0.645
S. and Central Asia	-0.311	0.228	-1.37	0.172	0.004	0.686
Americas	-0.100	0.231	-0.43	0.664	0.005	0.742
Sub-Sahara Africa	0.156	0.278	0.56	0.574	0.003	0.802
Whether have children at the end of file						
No	(base)				0.674	0.746
Yes	0.293 **	0.099	2.96	0.003	0.326	0.815
Whether number of children they have has increased						
No	(base)				0.792	0.753
Yes	0.273 **	0.088	3.10	0.002	0.208	0.816
Health condition of caree						
Ment/behav.—ADD	(base)				0.018	0.805
Ment/behav.—anxiety	-0.108	0.189	-0.57	0.567	0.043	0.780
Ment/behav.—autism	0.147	0.350	0.42	0.675	0.004	0.835
Ment/behav.—depression	-0.083	0.182	-0.45	0.650	0.072	0.786
Ment/behav.—learning diffic.	-0.069	0.239	-0.29	0.774	0.015	0.790
Ment/behav.—other	-0.104	0.178	-0.59	0.557	0.087	0.781
Musculoskeletal—arthritis	-0.177	0.181	-0.98	0.327	0.078	0.764
Musculoskeletal—other	-0.189	0.182	-1.04	0.299	0.065	0.761
Nervous system—paralysis	-0.268	0.200	-1.34	0.180	0.026	0.742
Nervous system—other	-0.208	0.175	-1.19	0.235	0.116	0.757
Circulatory	-0.243	0.177	-1.37	0.171	0.123	0.748
Respiratory—asthma	-0.074	0.205	-0.36	0.716	0.035	0.788
Respiratory—other	0.061	0.200	0.31	0.759	0.034	0.818
Neoplasms	-0.285	0.179	-1.59	0.112	0.127	0.737

**Table 47: Young carers who have finished caring, probit model of probability of any receipt of income support post-care, 2001 to 2006 (continued)**

	Coefficient	Standard Error	z	P> z	Mean	Marginal effect
Endocrine, digestion, etc	-0.096	0.199	-0.48	0.629	0.029	0.783
Ear/eye	-0.462 *	0.194	-2.38	0.017	0.027	0.690
Congenital and perinatal	-0.276	0.217	-1.27	0.203	0.017	0.740
Injury/external causes	-0.230	0.185	-1.24	0.214	0.051	0.751
Note elsewhere classified (NEC)	-0.136	0.197	-0.69	0.491	0.028	0.774
Missing	0.084	0.395	0.21	0.831	0.005	0.822
Age group on exiting care						
Under 19 years	(base)				0.152	0.777
19–20 years	-0.091	0.060	-1.51	0.132	0.211	0.756
21–24 years	-0.121 *	0.056	-2.14	0.032	0.465	0.748
25 years and over	0.048	0.076	0.63	0.526	0.172	0.788
Whether carer died						
No	(base)				0.745	0.754
Yes	0.115 *	0.048	2.42	0.015	0.255	0.781
Constant	-0.518 *	0.222	-2.34	0.019		

(a) The interpretation of the continuous variables are discussed in the text.

Notes: \*\* significant at  $p < 0.01$ ; \* significant at  $p < 0.05$ .

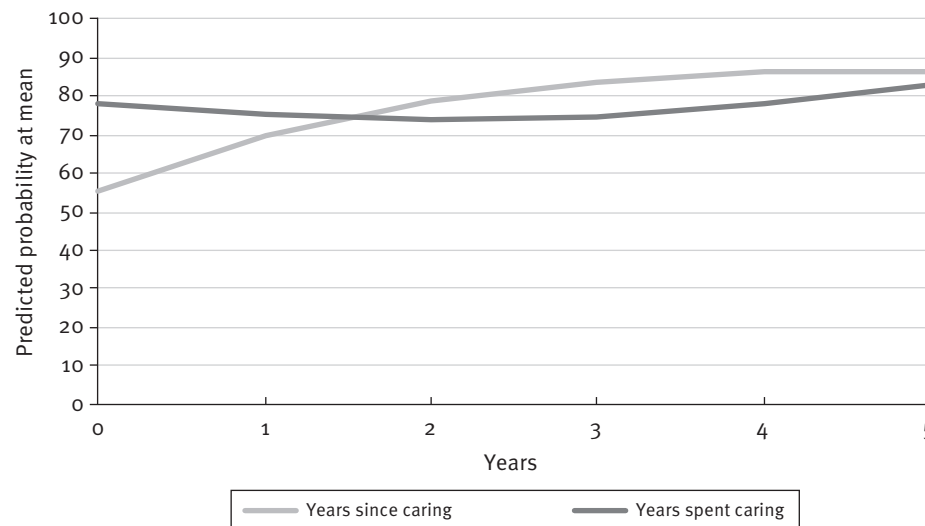
Probit regression	LR Chi-squared (68) = 1928.97;
Number of obs = 8051;	Prob > Chi-squared = 0.0000;
Log likelihood = -3460.4198;	Pseudo R-squared = 0.2180.

Overall the model, as well as being statistically significant, has a reasonable fit. It predicts 79.8 per cent of cases, with a very slight bias towards positive cases. While the pseudo R-square is not a direct analogue of that used in OLS regressions, it nevertheless suggests some explanatory power.

The main analysis of the results is under 'Discussion of the model results' later in this section where the two parts of the model are considered together. Prior to this, it is useful to examine the results for the two time-based variables (the duration of time spent caring, and the duration of time since caring), as these have been entered into the model in a quadratic form to capture any potential non-linearity associated with time. To clarify this, Figure 28 presents a plot of the average predicted probabilities, across the range of possible time values, for these two variables.



**Figure 28: Model of probability of some income support receipt, mean probabilities of time since caring and time spent caring coefficients**



Source: Derived from logit model of receipt of any income support post-caring.

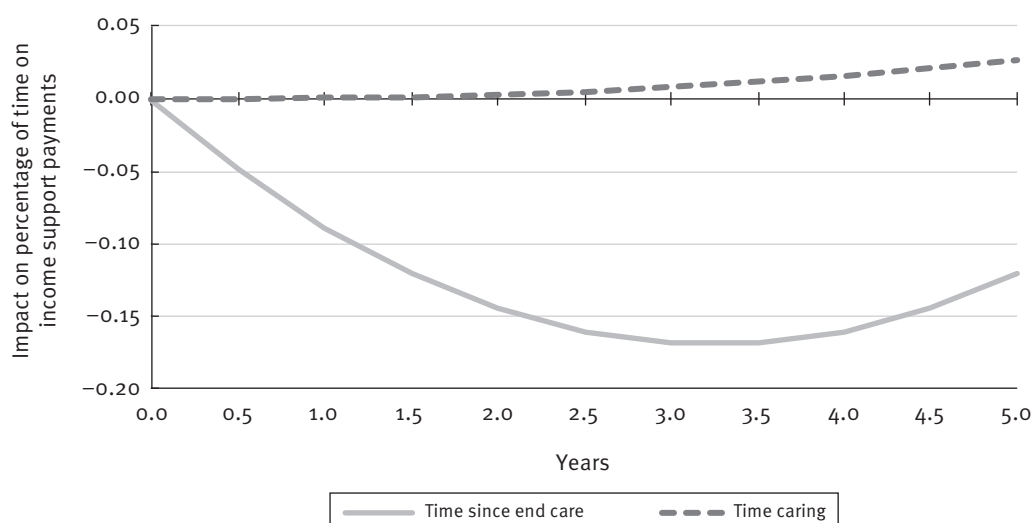
The plot of the average probabilities derived when holding all other variables constant at their actual values, indicates that the probability of receiving some income support in the post-care period increases with the duration of time between when a person ended caring and the end of the Carer Dataset. This increase is initially at a relatively fast rate, before beginning to level out for durations of three years or more. This result suggests that, in addition to the direct impact of coming off caring on the likelihood of being on income support, the group of former carers have an independent 'random' risk of receipt of income support, with the likelihood of an episode of this increasing with the time over which such an event can occur. After four years, this effect is largely played out. This can be considered as an 'exposure factor' independent of the caring experience.

The plot of the impact of the number of years caring on whether or not a carer will take up income support in the post-care period displays a shallow 'U' shape. This indicates that the probability of having some reliance on income support is higher for those with short durations of care before declining to a minimum at around two years and then subsequently increasing before surpassing the initial risk at around four years. While this result is statistically significant, the overall magnitude of the differences in the probability of taking up some income support with varying durations of care is not all that great. This suggests that time spent caring does not, in itself, have a major impact on whether or not some income support is used in the post-care period.<sup>56</sup>

### Modelling the extent of reliance on income support

The second stage of the modelling involves an OLS regression<sup>57</sup> to estimate the effect of young carers' characteristics (the independent variables) on the proportion of the post-caring time period they are on income support (the dependent variable), for those who had some use of income support.

In this case, the interpretation of the coefficients are straightforward. The values represent, for a one unit change in the independent variable, the change in the percentage of time in the post-care period spent on income support conditional on the person having some income support in the post-care period. In the case of the categorical variables that have been dummy coded, it represents the impact of being in the specified state relative to the base case.

**Figure 29: Model of intensity of income support receipt, time since caring and time spent caring coefficients**

Source: Derived from OLS model of proportion of time in receipt of income support post-caring, conditional on receipt of some income support.

Again, the time variables in this model are quadratics. As with the probit, the coefficients can be plotted against a range of time values (Figure 29). While the time spent caring plot should be treated with considerable caution, since the effect is small and the coefficients were highly statistically insignificant, the time since finishing caring plot indicates a very strong relationship between this variable and the proportion of post-care time on income support.

As plotted, the coefficients suggest that those who finished care three years prior to the end of the file have a 17 percentage point lower proportion of time on income support than those with the shortest durations. It is probable that, in large part, this effect is the converse impact of the increasing likelihood of having some income support in the post-care period seen in the probit model. That is, to the extent some receipt may reflect the possibility of a random event (which is cumulative in time), this increases the probability of being in the population of those with some income support with longer periods of exposure to this risk. However, the actual period on income support associated with such an event is often small, relative to the exposure time (and over time will be a decreasing proportion). This has a marked downward effect on the actual proportion of time on income support.

This model again has a reasonable fit, although it is noted that much of the actual distribution of outcomes is not explained by the variables included.

### Discussion of the model results

This section discusses the association between the various characteristics of young carers included in the models and their post-caring reliance on the income support system. It encompasses both stages of the modelling, that is firstly the probability a young carer uses some income support in the post-care period, and secondly, if they do, the proportion of time that they spend on this income support.

#### *Duration since end of caring*

This variable is in the model not as a characteristic of young carers, but rather to control for the longitudinal nature of the Carer Dataset and the diversity of post-caring durations it produces.

As has already been identified above, the relationship between the duration of time between finishing caring and the end of the Carer Dataset and the extent of reliance on income support is complex. The results would appear to be associated with the longer durations representing a longer period of exposure to the risk of some other event precipitating a need for income support. This increases the likelihood of people 'passing

the hurdle' of the first part of the model. This in turn involves a group of former carers entering the population of the second part of the model, for whom the period during which they are on income support is small relative to the time they have not been. Most of this effect is played out in the first three or so years after the end of caring.

To the extent that the second stage of the model generates a negative but diminishing relationship, it would suggest that while, in the longer term there is some attrition in the degree of reliance on transfers, this is a slow process.

**Table 48: Regression model (OLS), young carers who have finished care and with a post-care income support payment, proportion of post-care time on income support**

	Coefficient	Standard error	t	P> t
Time (years) since finishing care	-0.105 **	0.011	-9.23	0.000
Time (years) since finishing care—squared	0.016 **	0.002	6.69	0.000
Time (years) caring	-0.001	0.012	-0.09	0.927
Time (years) caring—squared	0.001	0.003	0.45	0.656
% time on IS while caring with earnings	-0.129 **	0.015	-8.60	0.000
Proportion of time caring with income support	0.274 **	0.026	10.42	0.000
Gender				
Male	(base)			
Female	0.030 **	0.009	3.36	0.001
Aboriginal or Torres Strait Islander (ATSI)				
Non-ATSI	(base)			
ATSI	0.009	0.011	0.83	0.406
Family status at end of caring				
Single	(base)			
Married—no children	0.004	0.016	0.25	0.802
Married—with children	0.000	0.016	0.00	0.999
Single parent	0.115 **	0.014	8.07	0.000
Carer's relationship to caree				
Own child	(base)			
Parent	-0.054 **	0.015	-3.51	0.000
Partner	0.014	0.019	0.71	0.478
Relative—grandparent	-0.071 **	0.017	-4.10	0.000
Relative—parental generation	-0.024	0.019	-1.29	0.198
Relative—same generation	-0.026	0.021	-1.27	0.203
Relative—younger generation	-0.046	0.075	-0.62	0.536
Unrelated	-0.015	0.017	-0.89	0.373

**Table 48: Regression model (OLS), young carers who have finished care and with a post-care income support payment, proportion of post-care time on income support (continued)**

	Coefficient	Standard error	t	P> t
Educational status at end of record				
Year 9 or under	(base)			
Year 10 and 11	-0.048 **	0.011	-4.43	0.000
Year 12	-0.094 **	0.013	-7.05	0.000
Diploma/certificate etc	-0.082 **	0.023	-3.50	0.000
University	-0.158 **	0.051	-3.10	0.002
Not known	-0.049 **	0.012	-3.99	0.000
Decile of socioeconomic status of location				
1 (most disadvantaged)	(base)			
2	0.001	0.013	0.05	0.956
3	-0.022	0.014	-1.65	0.099
4	0.019	0.013	1.47	0.141
5	-0.024	0.014	-1.75	0.080
6	-0.022	0.014	-1.52	0.130
7	-0.039 *	0.015	-2.57	0.010
8	-0.028	0.016	-1.69	0.091
9	-0.023	0.018	-1.29	0.197
10 (least disadvantaged)	-0.052 *	0.023	-2.23	0.026
Whether a student (received income support as a student while caring)				
Non-student	(base)			
Student	0.117 **	0.016	7.23	0.000
Whether was on income support (IS) prior to caring				
Not on IS prior to care	(base)			
On IS prior to care	0.044 **	0.010	4.62	0.000
Region of birth				
Australia	(base)			
Other Oceania	-0.026	0.023	-1.15	0.251
N. W. Europe	-0.041	0.038	-1.07	0.284
S. and E. Europe	-0.042	0.029	-1.45	0.147
N. Africa and Middle East	0.029	0.025	1.16	0.245
S. E. Asia	-0.015	0.032	-0.46	0.646
N. E. Asia	-0.078	0.061	-1.27	0.204

**Table 48: Regression model (OLS), young carers who have finished care and with a post-care income support payment, proportion of post-care time on income support (continued)**

	Coefficient	Standard error	t	P> t
S. and Central Asia	−0.016	0.065	−0.25	0.803
Americas	−0.103 *	0.049	−2.08	0.038
Sub-Sahara Africa	−0.130 *	0.061	−2.13	0.033
Whether have children at the end of file				
No	(base)			
Yes	0.157 **	0.015	10.41	0.000
Whether number of children they have has increased				
No	(base)			
Yes	0.000	0.013	−0.03	0.973
Behavioural and mental conditions				
ADD	(base)			
Anxiety	0.088 **	0.031	2.79	0.005
Autism	0.033	0.062	0.54	0.591
Depression	0.056	0.029	1.90	0.057
Learning difficulties	0.089 *	0.036	2.45	0.014
Other	0.078 **	0.028	2.78	0.005
Musculoskeletal—arthritis	0.075 *	0.029	2.56	0.011
Musculoskeletal—other	0.068 *	0.030	2.30	0.021
Nervous system—paralysis	0.092 **	0.035	2.64	0.008
Nervous system—other	0.030	0.028	1.07	0.283
Circulatory	0.071 *	0.028	2.50	0.012
Respiratory—asthma	0.074 *	0.030	2.43	0.015
Respiratory—other	0.061	0.031	1.96	0.050
Neoplasms	0.022	0.029	0.74	0.458
Endocrine, digestion etc	0.047	0.033	1.43	0.153
Ear/eye	0.075 *	0.034	2.22	0.027
Congenital and perinatal	0.061	0.036	1.69	0.091
Injury/external causes	0.039	0.030	1.27	0.204
Nothing else classified (NEC)	0.071 *	0.033	2.15	0.032
Missing	0.060	0.050	1.19	0.232
Age group on exiting care				
Under 19 years	(base)			
19–20 years	−0.013	0.012	−1.08	0.281

**Table 48: Regression model (OLS), young carers who have finished care and with a post-care income support payment, proportion of post-care time on income support (continued)**

	Coefficient	Standard error	t	P> t
21–24 years	0.010	0.011	0.84	0.398
25 years and over	0.031	0.016	1.95	0.052
Whether carer died				
No	(base)			
Yes	–0.012	0.010	–1.18	0.237
Constant	0.449 **	0.042	10.63	0.000

Notes: \*\* significant at  $p < 0.01$ ; \* significant at  $p < 0.05$ .

#### Model diagnostics

Source	SS	df	MS	Number of obs = 6129
Model	165.1391	68	2.428516	F( 68, 6060) = 31.62
Residual	465.3823	6060	0.076796	Prob > F = 0.000
Total	630.5214	6128	0.102892	R-squared = 0.2619
				Adj R-squared = 0.2536
				Root MSE = 0.27712

#### Duration of caring

While the duration of time that a young carer spent caring is statistically significant in the model of the probability that a young carer will take up some income support after caring, and the data suggests a ‘U’ shaped distribution with a higher probability of take-up associated with short and long durations, the effect is modest. In the second part of the model, the results for this term are statistically insignificant and the actual coefficient effects very small, suggesting that there is no impact on the actual proportion of time spent on income support.

Taken together, this suggests that the duration of time spent caring does not appear to be a major determinant of income support reliance in the post-care period, at least on the basis of the data that can be derived from the Carer Dataset.

#### Earning while caring

Having had earnings while caring on income support has a downward effect on both the likelihood of having income support after caring, and its intensity. Evaluating the model under a scenario where a person had earnings for 25 per cent of the time they were on income support and caring estimates an average probability of going onto income support after caring of 0.744. This falls to 0.701 for earnings for one-half the time, and 0.655 for having earnings three-quarters of the time.

While lowering the probability of going onto some income support, these earnings do not eliminate it. In such cases, they then have a second round effect of reducing the intensity of reliance on income support. Within the limitations of OLS regression, the results suggest that each additional percentage point of time on income support with earnings results in a 1.3 percentage point fall in the proportion of post-care time on income support.

#### Reliance on income support, including pre-care

The proportion of time a young carer was on income support while they were caring was important in both models. Higher levels of reliance on income support while caring increases the probability of a young carer

taking up income support in the post-care period, and the intensity of use by those who did. In both cases the relationship was highly significant, with a lower proportion of the time spent caring being on income support being associated with a reduced reliance on income support post-care.

The first model indicates an average probability of using income support in the post-care period of 52.1 per cent if only 25 per cent of time caring was on income support. This rises to 61.8 per cent if one-half of the time was and to 70.7 per cent if three-quarters of the time was. In the second model, a 1 per cent increase in the proportion of caring time on income support is estimated to contribute a 2.7 per cent increase in the proportion of post-care time on income support.

While more detailed analysis suggests that the relationship between this characteristic of a young carer's time while caring and the post-care use of income support is not strictly linear, the bottom line is that the relationship between reliance on income support during and after caring is very clear and strong.

Whether or not a young carer was on income support prior to caring also had a marked and significant impact in both models. The magnitude of the coefficient represents a shift from an average probability of 70.2 per cent to 80.1 per cent. This variable also has an impact on the proportion of time they spend on income support (if they receive any), increasing it by 4.4 percentage points. (It should be noted that those young carers on record as caring at the commencement of the dataset were coded as having zero pre-care time on income support.)

### *Gender*

In the first model, the gender of the young carer was not a statistically significant predictor of the probability of receiving any income support post-care, and while the coefficient of a female carer relative to a male was positive, its magnitude was quite low. Among those who did use some income support (the second model), being a woman, relative to a man, is associated with a small increase in the proportion of post-care time on income support of three percentage points, with this being statistically significant.

### *Aboriginal and Torres Strait Islander carers*

Being Indigenous has a significant impact on the first model, the positive coefficient for being Indigenous indicates that a higher probability of using income support is associated with a young carer being Indigenous and this result is statistically significant. The shift in the average marginal probability of the coefficient represents a change in the probability of taking up some income support from 75.4 per cent to 82.0 per cent. (As discussed earlier these are not estimates of the actual probability of an Indigenous carer taking up some income support, but rather an illustration of the effect of the coefficient value of being Indigenous evaluated across all carers.) However, there was no significant difference in the proportion of time on income support, for those who received some, for Aboriginal and Torres Strait Islander carers.

### *Country of birth*

On the whole, the country of birth of the carer made relatively little difference to post-care income support reliance. This may, in part, be because of the relatively small numbers of carers from particular regions, a factor that makes it more difficult to obtain statistically significant results. Where differences from the base case (that is, an Australian born carer) were identified, the statistical significance of these were at the lower end of what is usually accepted as reliable.

Two significant results were found in each of the two models. In the first model, being born in North and Western Europe, or in North and East Asia, is associated with a lower probability of utilising some income support in the post-care period (with the magnitude of the difference as measured by the marginal effect being a probability of 64.5 per cent for birth in North and East Asia and 67.6 per cent for being born in North Western Europe relative to 76.7 per cent for the Australian base case). In the second model, being born in the Americas or sub-Saharan Africa was associated with a 10 percentage point or more decrease in the proportion of time spent on income support relative to being born in Australia.

### *Family status*

Family status was based on the circumstances of the young carer at the time they completed caring.

The models suggest that single parents who have been carers are considerably more likely to receive income support than those living in other family arrangements, and when they do, they are receiving it for a higher proportion of the time.

In the first model, the effect of being a single parent on the probability of receiving some income support after caring can be seen by comparing the marginal probability of 90.4 with the estimated average effect of other types of family status of 72.2 to 74.8 per cent. In the second model, it is estimated that being a single parent who does receive income support results in an 11.5 percentage point increase in the proportion of time spent on income support relative to the base case of being a single person. In both cases, the single parent result was highly statistically significant, while all other estimates for other family types were not.

### *Children*

Two variables were used to assess the impact of a young carer having children. The first was whether or not the person had a child at the time of their last record on file. The other was whether or not there had been an increase in the number of children over the duration of the caring period.<sup>58</sup>

The presence of a child or children at the end of the record has a significant effect on both models. The value of the parameter coefficient of having a child increases the estimate of the average probability of receiving some income support from 74.6 per cent to 81.5 per cent. Considering the variable as to whether the number of children had increased over the period of caring, the shift from no change to there having been an increase is associated with a shift from an average probability of 75.3 per cent to 81.6 per cent. In the second part of the model, having children has a very large and statistically significant impact. Having had an additional child while caring made no difference. Having children is estimated to increase the proportion of time a person who does utilise income support in the post-care period spends on income support by 15.7 percentage points.

### *Age finished caring*

The age of the young carer when they finished caring was not strongly significant in the models, although some particular aspects are worth noting:

- The case of a person finishing care aged 21 to 24 years was statistically significant in the first stage model (at the 5 per cent level), implying a lower probability of using any income support in the post-care period.
- Finishing care when aged 19 to 20 years was also associated with a lower probability. However, the statistical reliability of this result was outside of the usual standards which are applied.
- Finishing caring over the age of 25 years was associated with an increase in the probability of taking up some income support, but this result was also outside the usual bounds of statistical significance.

In the second stage of the model, although none of the parameters met the usual tests of statistical significance, the parameter estimate for finishing care aged 25 years or older suggests a 3.1 percentage point increase in the proportion of time spent on income support, with this being just outside the 5 per cent level of significance.

### *Relationship with caree*

The base case of the relationship between the carer and caree, was a carer looking after their own child. Compared to this four other carer–carea relationships had statistically significant differences in the first model of the use of any income support, all of which identified lower probabilities of taking up income support. These were:

- caring for a parent (this generates a probability of 73.9 per cent compared with the base case of 82.6 per cent)



- caring for a grandparent (or relative of that generation) (72.5 per cent)
- caring for a relative of the same generation (75.3 per cent)
- caring for another relative of the parental generation (77.4 per cent)—as well as having a smaller difference with the base case, this was not as robustly statistically significant.

In the second part of the model, both caring for a parent and caring for a grandparent had statistically significant values. The model predicts a 5.4 percentage point lesser proportion of time on income support for a person who has been caring for a parent and a 7.1 percentage point lower proportion for a person caring for a grandparent.

Taken together, these results indicate that caring for a parent or a grandparent is associated with both a lower probability of using some income support in the post-care period and that, even if income support is used, it is used for a lesser period.

### *Caree health condition and death*

Only one caree health condition was significantly different to the base case (a child with ADD) in the modelling of the probability of being in receipt of some income support post-caring. This was a disability or illness relating to ears or eyes. This was only weakly significant, but was associated with a reduction in the probability of taking up income support in the post-care period.

While the first model did not provide any strong evidence of difference in the propensity to utilise some income support by the different health conditions, the second model suggests that having cared for a person with some conditions is associated with the proportion of time spent on income support where some is received. Three conditions were strongly significant and are associated with higher levels of reliance on income support. These are:

- anxiety, associated with an 8.8 percentage point increase in the proportion of time spent on income support
- ‘other’ mental and behavioural problems, a 7.8 percentage point increase
- paralysis, 9.2 percentage points.

Another seven conditions, while having a lesser degree of certitude as to their statistical robustness, also showed a tendency to higher levels of reliance. These were learning difficulties (8.9 percentage point increase), arthritis (7.5 percentage points), other musculoskeletal (6.8 percentage points), circulatory problems (7.1 percentage points), asthma (7.4 percentage points), ear and eye conditions (7.5 percentage points) and unclassified conditions (7.1 percentage points).

In the first instance, these results seem to be somewhat unusual given the previous analysis which suggests that caring for a child with ADD involves long durations of care which might be hypothesised as having a negative impact in terms of future reliance on income support. Given this, these other conditions might be expected to be associated with lower rates of use. The probable answer is that the long duration of care associated with ADD means that relatively few of the young carers who were involved with such care actually exited in the period of the Carer Dataset, and to the extent they did exit, they may have been atypical of this group of carers. (As seen in Table 47 these carers represent just 1 per cent of the exits.)

The death of a caree was associated with a weakly significant slightly higher probability of entering into any income support post-care, and statistically insignificant lesser reliance on income support if they receive any.

### *Location*

Living in a less socioeconomically disadvantaged area is associated with a lower probability of being in receipt of any income support payments after finishing caring. While the relationship is not strictly linear, and it is only the upper half of locations that have statistically significant differences in their coefficients to that of the base case of the most disadvantaged decile, a broad picture of a decreasing probability of the use of

income support emerges. Using the coefficient values for the most disadvantaged and least disadvantaged locations to estimate the marginal effect generates probabilities of 79.0 per cent and 72.7 per cent (and 68.6 per cent for the second least disadvantaged decile of locations). This picture is mirrored in the second part of the model, although only the estimates of the seventh and tenth deciles are statistically significant and then only weakly. The parameter estimate for the least disadvantaged decile indicates a rate of reliance on income support 5.2 percentage points lower than the most disadvantaged.

Again, taking these two elements of the model together indicates that being in a less disadvantaged location is associated with a lower likelihood of using income support and lesser reliance on this in the post-care period.

#### *Education and student status*

Being on income support as a student while caring is significant in both parts of the model. The positive value of 0.6 for the coefficient of being a student while caring implies a higher probability of taking up income support in the post-care period (effectively increasing the average probability from 75.1 per cent to 87.4 per cent). For those who received some income support, it increases the proportion of time on income support by 11.7 percentage points. The reason for this result is likely to be the extent to which such young carers continue to study in the post-care period. Of those young carers who receive income support as a student while caring, 67.6 per cent receive some income support as a student in the post-care period.

Educational qualifications are significant to both whether a carer uses income support after finishing care and, if they do, to what proportion of the time they use this assistance. This can be seen most clearly in considering the two extremes of educational attainment, the base case of having Year 9 or less as the highest level of education and having a university degree. The role of education is effectively reflected in the two marginal effect estimates of 82.4 per cent and 63.0 per cent, a very marked difference.

In the second part of the model, a person with a university degree is estimated to have a 15.8 percentage point lower proportion of time on income support than the Year 9 or lower base case. With the exception of the group of carers with a certificate or diploma as the highest level of education, there is a clear gradient across levels of education between these points. In the case of these qualifications, while the coefficient value implies a lower probability of using some income support than the base case, this is not statistically significant, and the impact on the proportion of time spent on income support would appear to place the effective impact of this level of qualification somewhere between the impact of having Year 10 and 11 and that of having Year 12 as the highest level of education.

## **6.4 The relative use of income support by young carers with other young income support recipients**

Some insight into the experience of income support reliance by young carers relative to other young Australians is possible by using the data from the Carer Dataset in association with data on young Australians in the 1 per cent Longitudinal Dataset (LDS) that has been developed by the Department of Families, Housing, Community Services and Indigenous Affairs.

However, this comparison is not a comparative examination of the circumstances of young carers with young Australians as a whole, as the LDS only includes those individuals who have received income support or other transfer payments (including Family Tax Benefit and other payments for families). That is, if a person has not received income support or a related payment, there is no record for them in the LDS. As a result, the rate of receipt of income support in the LDS is much higher than for the population as a whole. Addressing this is discussed in Section 6.5.

The degree to which the LDS represents the full population also varies considerably for different population subgroups. The dataset is likely to be very representative of groups such as single parents and quite highly

representative of families with children as a whole. However, it is much less representative of children from middle and higher income families.

The methodology adopted for this analysis was to match young carers in the Carer Dataset and non-carers in the LDS, on the basis of their age, family circumstances, gender, and other personal characteristics, and compare the relative use of transfer payments of the carers and non-carers over a number of intervals.

The time intervals used in the study were based on the caring experience of the young carers. Three periods were considered:

- ▶ the period prior to the carer commencing caring (as identified by their claiming either Carer Allowance or Carer Payment)
- ▶ the time they spent caring (based on the period from which they first commenced caring and the point at which they finished)
- ▶ the time between when they finished caring and the end date of the Carer Dataset.

In each case, the actual use of income support by the young carer was measured, as was the time spent on income support by the matched reference person between the same dates. For convenience, these periods are referred to as the pre-care, caring and post-care phases. In the case of the young carer they represent the carer's actual situation, while in the case of the 'matched' reference person for that carer they refer to the status of the young carer in each of these time periods.

Taking into account the limitations of the matching and the extent to which some young carers were caring when the Carer Dataset commenced on September 2001 (and that many were still caring at the end of the Carer Dataset on June 2006), the analysis is based on 14,961 matched records of the pre-care experience, 19,150 matched records of the caring period and 8570 matched records of the post-care experience. This encompasses 1922 matches for young carers who were carers at both the beginning and end of the dataset, 2267 who were caring at the beginning and not the end, 8658 who were caring at the end but not the beginning and 6303 who were not caring at either the beginning or end. Further details of the matching process are in Appendix C.

Because the matching was not episode-based, it is not possible to compare spells and the durations of these. Rather, the focus is on the actual number of weeks for which income support was received (in absolute terms, and as a proportion of the potential time it could have been claimed) for periods defined on the basis of the start and the end of the young carer's caring episode.

### **Relative duration of time on income support**

On average, a young carer in the matched sample spent, within the time period covered by the Carer Dataset, 50.9 weeks on income support prior to caring. A young person in the matched reference population spent, over the same period, 41.0 weeks. That is, young carers were 1.24 times more likely to be on income support at any one point in the period prior to commencing care than would be expected based on the experience of other, but similar, young people in the LDS.

When the caring period time is considered, young carers were in receipt of transfer payments for an average of 77.0 weeks, 1.76 times the duration of the non-caring reference population of 43.9 weeks over the same period. In the post-caring period, the average time on income support payments, again within the period of the Carer Dataset only, was 23.5 weeks for young carers compared with 18.7 weeks for the reference population. In this period, the ratio of time on income support for young carers relative to the reference population was 1.26, scarcely any different to that recorded in the pre-care period.

When the duration of receipt of income support as a proportion of potential time over which it could be claimed is used as the measure, a somewhat more diverse set of outcomes emerges. This is illustrated in Table 49. Considering the average proportions of time spent on income support, in the pre-care period the proportion of 53.7 per cent for young carers compares with 42.6 per cent for the reference population, a ratio of 1.26.

During the care period the proportions were 74.0 per cent and 41.4 per cent, a ratio of 1.79. In the post-care period, the average proportion of time spent by a young carer on income support was 47.5 per cent, while for the reference population it was 39.0 per cent. This generates a ratio of 1.22, a little below the 1.26 recorded prior to care. Notwithstanding this slight reversal, these results align with the ratios of average time spent on income support.

**Table 49: Young carers and matched non-carers, time spent on income support, distributional points**

	Pre-care		Caring period		Post-care		Ratio carer to reference		
	Refer- ence	Young carer	Refer- ence	Young carer	Refer- ence	Young carer	Pre- care	Caring period	Post- care
Average time on income support (weeks)	41.0	50.9	43.9	77.0	18.7	23.5	1.24	1.76	1.26
Proportion of potential time spent on income support (%)									
Average	42.6	53.7	41.4	74.0	39.0	47.5	1.26	1.79	1.22
25th percentile	1.8	8.3	0.0	66.7	0.0	0.0	4.75	–	–
Median	34.9	59.5	32.3	92.3	21.3	46.4	1.70	2.86	2.18
75th percentile	82.0	96.0	85.7	97.2	85.3	92.3	1.17	1.13	1.08
Average time on income support as student (wks)	14.0	14.2	6.7	2.8	3.2	2.2	1.01	0.42	0.70
Proportion of time on income support (IS) as student (%)	34.2	27.9	15.3	3.7	17.0	9.5	0.82	0.24	0.56

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and FaHCSIA Longitudinal Dataset 1% sample.

As with other areas of analysis, these averages only provide one insight into the relative experience of the groups. To look at the relationship in more detail, the distributions are again considered. In this case, for both young carers and the reference group, individuals are sorted by the proportion of time they spent on income support in each of the three phases and the quartile values are considered. The median young carer spent 59.5 per cent of their pre-caring time on income support. In comparison, the median reference person spent 34.9 per cent of the same time period in receipt of such payments. In the post-care period the proportions were 21.3 per cent for the median person in the reference population and 46.4 per cent for the median young carer. These generate relative ratios of young carer to population use of income support of 1.70 in the pre-care period and 2.18 in the post-care period. Over the caring period it was 2.86.

The 25th percentile of the reference population (when ranked by degree of reliance on income support payments) reports no receipt of income support in the caring and post-care periods, and just 1.8 per cent of time on income support pre-care. This makes comparisons with carers difficult. The 25th percentile of carers in the pre-care period report being on income support for 8.3 per cent of the time, increasing to 66.7 per cent in the caring phase and zero in the post-care period.

At the 75th percentile both the carer and reference populations show high levels of reliance on income support. In each of the three time periods however carers have a higher proportion, with ratios of carer to reference person reliance on income support of 1.17 in the pre-care period, 1.13 during care and 1.08 post-care.

While the distributional points are much harder to interpret, two main results can be considered to emerge from the comparisons. Firstly, young carers, as would be expected, spend more time on income support while they are caring. The second is that young carers tend towards higher reliance on income support both before and after caring. While it varies at points in the distribution, the relative use of income support by carers after caring is, on average, similar to that they experience in the pre-caring period.

This broad stability is also seen when the population is split by the timing of care (Table 50). Both of the groups with the potential for some pre-care income support (that is those who were not caring at the commencement of the file) have young carers utilising income support at 1.20 to 1.26 times the rate of non-carers prior to their taking up care. With respect to post-care use of income support, the ratio ranges from 1.23 for those who were carers at the beginning of the dataset to 1.28 for those who entered and exited caring within the duration of the dataset.

**Table 50: Young carers and matched non-carers, time spent on income support, by timing of care**

Whether caring at beginning and end of dataset	Average time on income support (weeks)						Ratio of young carer to reference		
	Pre-care		Caring period		Post-care				
	Refer-ence	Young carer	Refer-ence	Young carer	Refer-ence	Young carer	Pre-care	Caring period	Post-care
Beginning and end	–	–	110.7	194.3	–	–	–	1.75	–
Beginning only	–	–	40.7	72.4	63.7	78.1	–	1.78	1.23
End only	61.4	77.4	45.5	77.2	–	–	1.26	1.70	–
Middle only	40.2	48.3	22.4	42.7	33.9	43.2	1.20	1.91	1.28
<b>Total</b>	<b>41.0</b>	<b>50.9</b>	<b>43.9</b>	<b>77.0</b>	<b>18.7</b>	<b>23.5</b>	<b>1.24</b>	<b>1.76</b>	<b>1.26</b>

Note: – = not applicable.

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and FaHCSIA Longitudinal Dataset 1% sample.

The different patterns of reliance on income support by young carers and the reference population, in the pre-caring, caring and post-caring periods are illustrated in Figure 30. These charts show the distribution of the population of carers and the reference population, ranked by the proportion of time they were on income support in each of the phases.

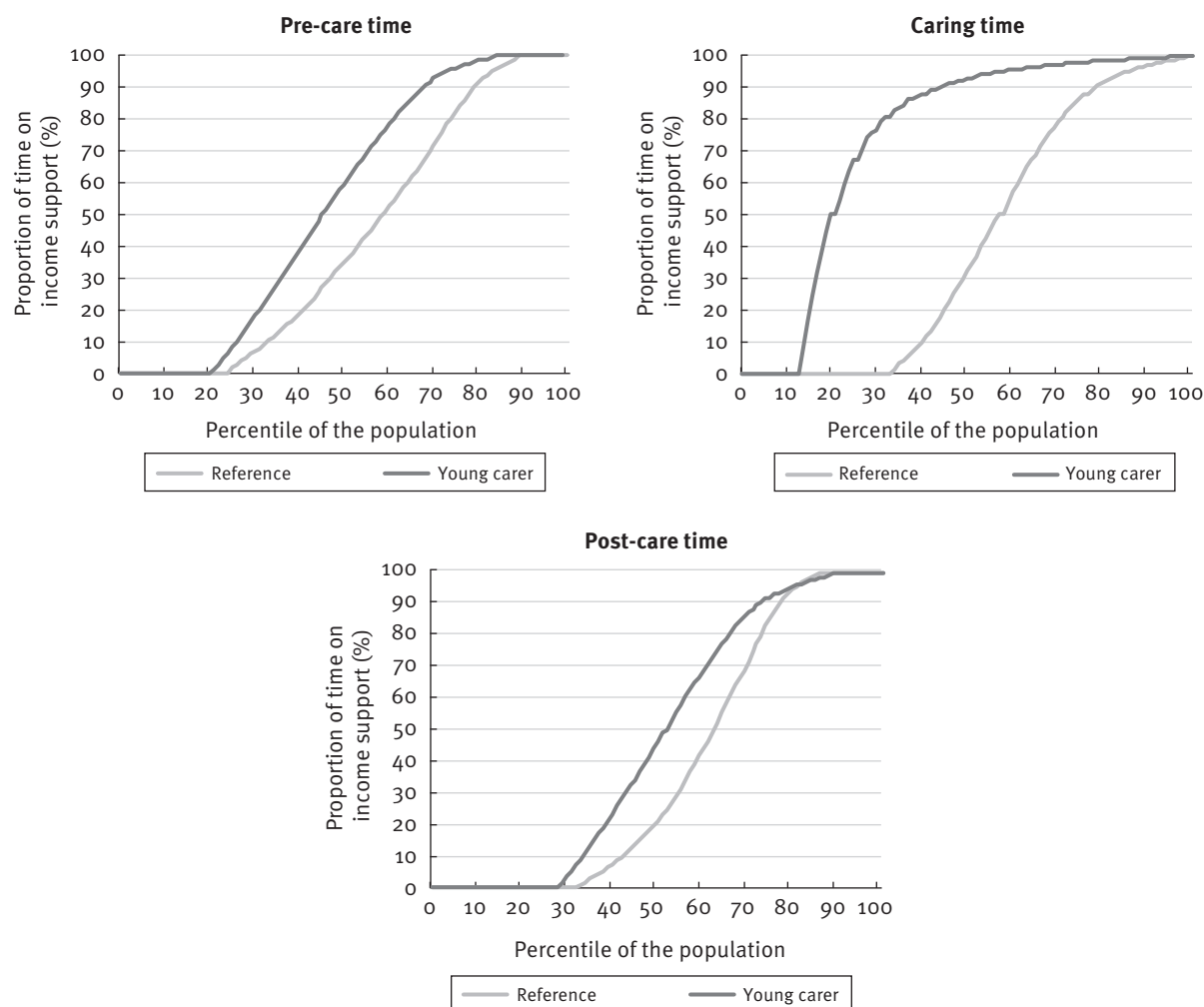
Analysis of these indicates that a large part of the differences in experience between the two groups is in the share of the population with zero or low relative periods of time on income support (in particular, in the post-care phase).

The horizontal distance between the lines for carers and the non-carer reference group provides a measure of the difference in the experience of the two groups. The closer together the lines are the less the difference. While a greater gap at the lower end of the distribution suggests that the differences are largely in the extent to which the different groups use lower intensity income support, a gap at the top suggests differences in the use of higher intensity income support.

Taking pre-care use of income support, while 20 per cent of young carers had no time on income support prior to caring (for those who commenced care after the beginning of the dataset), the proportion among the reference population over the same time period was 24 per cent. Looking at the share of the population who were 100 per cent reliant on income support in the pre-care period, the proportion of young carers was 16 per cent compared to 11 per cent for the reference population.

In the post-care period, there is a similar phenomenon in the extent of non-use, with 28 per cent of carers and 32 per cent of the non-carers not being on income support at any time in the post-care period. However, when total reliance is considered, there is a reversal of the relative position, with 14 per cent of the reference population being on income support for the whole of this notional period and 11 per cent of the carers. That is, the reference group is more polar in its behaviour, being more likely to be wholly on or wholly off income support.

**Figure 30: Proportion of time spent on income support, young carers and reference population, 2001 to 2006**

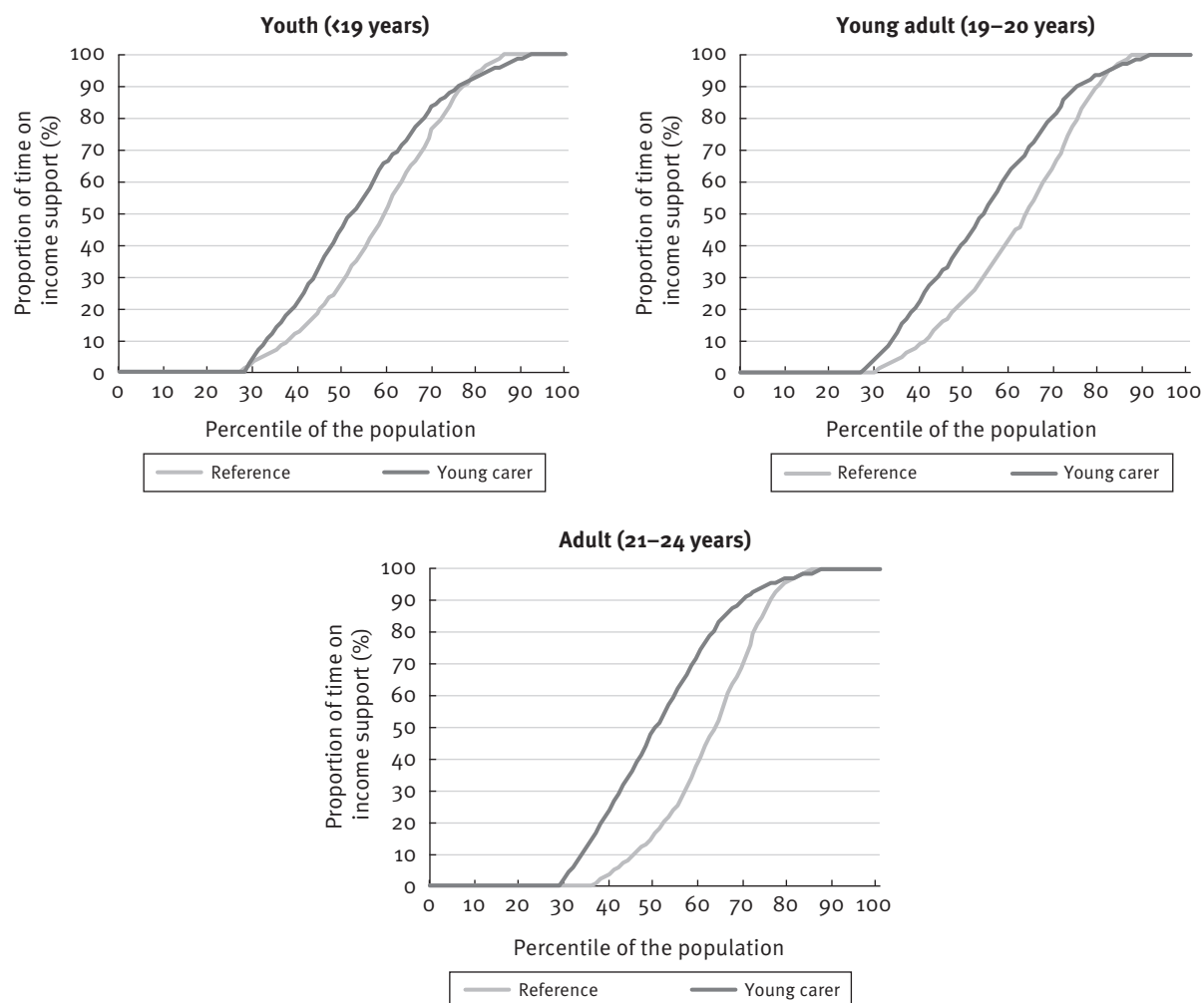


Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and FaHCSIA Longitudinal Dataset 1% sample.

This phenomenon is seen more consistently in Figure 31 which looks at the notional post-care experience of young carers and their matched analogues in the reference population. In each of the age groups, the reference population is more highly concentrated in both the zero or 100 per cent points of the distribution. The exception is the under 19 year age group where there are slightly more young carers with no income support in the post-care phase.

Looking across the age groups:

- for the under 19 year age group, the reference population had 27 per cent in receipt of no income support and 14 per cent in receipt of income support for the whole period, in comparison with 28 per cent and 8 per cent for carers
- in the 19 and 20 year age group, the proportions for the reference population were 30 per cent with zero use and 13 per cent with complete use, compared to 27 per cent and 9 per cent for young carers
- in the 21 to 24 year age group, the proportions were 36 per cent non-use and 15 per cent total use by the reference population and 29 per cent and 13 per cent for carers.

**Figure 31: Distribution of post-caring time spent on income support, young carers and reference population, by age group of age started caring, 2001 to 2006**

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and FaHCSIA Longitudinal Dataset 1% sample.

**Table 51: Young carers and matched non-carers, time spent on income support, by age group**

Age group	Average time on income support (weeks)						Ratio young carer to reference population		
	Pre-care		Caring period		Post-care		Pre-care	Caring period	Post-care
	Reference	Young carer	Reference	Young carer	Reference	Young carer			
Youth (<19 years)	29.5	32.8	37.6	70.4	19.9	24.3	1.11	1.87	1.22
Young adult (19–20 years)	46.9	58.8	38.9	72.6	21.5	26.6	1.25	1.87	1.24
Adult (21–24 years)	43.6	55.4	48.3	81.4	17.2	22.0	1.27	1.69	1.28
<b>Total</b>	<b>41.0</b>	<b>50.9</b>	<b>43.9</b>	<b>77.0</b>	<b>18.7</b>	<b>23.5</b>	<b>1.24</b>	<b>1.76</b>	<b>1.26</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and FaHCSIA Longitudinal Dataset 1% sample.



Differences in the average use of income support by age group were relatively muted. There was a slight tendency for the discrepancy between carer and non-carer use of income support in the before and after caring phases to increase with age. Also, while the ratio of carer to reference population proportion of time using income support was the same in the care phase for the two younger age groups (at 1.87), this fell to 1.69 for the older age group.

### Relative use of income support for education

Earlier analysis has identified that not only do young carers appear to have lower levels of educational attainment than other young Australians but, within the young carer population, there are also marked differences in their experience of caring and post-care income support reliance that are linked to this factor.

As illustrated in Table 52, this seems to a considerable degree to be a reflection of the overall outcomes for those with lower levels of education. Both young carers and their reference population show higher utilisation of income support in the caring and post-caring periods by those with lower levels of education qualifications. It is not the case in the pre-caring period, a result that may be linked with the use of income support for study.

While there is variation in the ratios of time spent on income support between young carers and the reference population by the level of educational qualification, this generally is not that marked. The two main exceptions are both in the post-caring period. Firstly, the ratio for those carers with Year 12 as their highest level of education achievement relative to the reference population of 1.12 is much lower than the overall population ratio. The second is for those with a university degree where carers have a lower duration on income support than the reference population. (As this result is from quite a small population (117 records), it needs to be treated with some caution.)

**Table 52: Young carers and matched non-carers, time spent on income support, by level of highest educational achievement**

	Average time on income support (weeks)						Ratio young carer to reference		
	Pre-care		Caring period		Post-care				
	Refer- ence	Young carer	Refer- ence	Young carer	Refer- ence	Young carer	Pre- care	Caring period	Post- care
Not stated	21.0	22.6	54.7	93.9	20.6	25.5	1.08	1.71	1.24
Year 9 or under	54.4	67.2	46.3	75.6	22.3	28.6	1.24	1.63	1.28
Year 10 and 11	51.4	65.3	38.3	68.6	17.4	23.4	1.27	1.79	1.34
Year 12	48.6	63.8	32.7	63.8	15.3	17.2	1.31	1.95	1.12
Dip/cert etc	56.8	73.5	37.4	64.6	14.7	18.5	1.29	1.73	1.26
University	55.2	75.0	25.6	43.9	17.1	14.8	1.36	1.72	0.86
<b>Total</b>	<b>41.0</b>	<b>50.9</b>	<b>43.9</b>	<b>77.0</b>	<b>18.7</b>	<b>23.5</b>	<b>1.24</b>	<b>1.76</b>	<b>1.26</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and FaHCSIA Longitudinal Dataset 1% sample.

Across all pre-care, caring and post-care periods, young carers spend less of the time they are on income support on income support payment for study (that is, on Youth Allowance as a full-time student or on Austudy) than the non-carer reference group.

While this pattern is already present in the pre-care period, it is particularly marked during the caring period and follows through (but to a lesser degree) into the post-caring period. It is also a pattern that is fairly consistent across age groups, with young carers as a whole spending 75 to 90 per cent of the time of non-carers on



income support for study-related purposes in the pre-care period, 16 to 27 per cent in the caring period and 46 to 72 per cent in the post-care period. The extent to which this result reflects actual levels of participation in education is not clear though, given the potential for study to be undertaken on other payments.

**Table 53: Young carers and matched non-carers, share of time spent on income support on education-related payments, by age group**

	Proportion of time on income support on study-related payments						Ratio young carer to reference		
	Pre-care		Caring period		Post-care				
	Refer- ence	Young carer	Refer- ence	Young carer	Refer- ence	Young carer	Pre- care	Caring period	Post- care
Youth (<19 years)	71.6	63.6	43.0	11.6	34.0	18.3	0.89	0.27	0.54
Young adult (19–20 years)	46.7	41.1	20.8	3.2	21.9	10.2	0.88	0.16	0.46
Adult (21–24 years)	18.8	14.0	4.9	1.0	7.1	5.1	0.74	0.20	0.72
<b>Total</b>	<b>34.2</b>	<b>27.9</b>	<b>15.4</b>	<b>3.7</b>	<b>17.2</b>	<b>9.4</b>	<b>0.81</b>	<b>0.24</b>	<b>0.55</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and FaHCSIA Longitudinal Dataset 1% sample.

These average figures tend to confound two factors: the time spent by students relative to non-students in income support, and the propensity of carers and non-carers to participate in education in the post-caring period.

**Table 54: Young carers and matched non-carers, take up of post-caring study-related income support**

	Reference group		Young carers	
	Percentage undertaking study post-care (%)	Of those studying proportion of time spent studying (%)	Percentage undertaking study post-care (%)	Of those studying proportion of time spent studying (%)
Youth (<19 years)	30.0	51.7	20.5	46.0
Young adult (20–24 years)	19.8	46.6	11.6	42.3
Adult (<25 years)	6.8	39.4	6.3	39.9
Male	13.7	44.3	10.6	40.5
Female	16.9	48.8	11.5	44.7
<b>Total</b>	<b>15.8</b>	<b>47.5</b>	<b>11.2</b>	<b>43.4</b>

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006 and FaHCSIA Longitudinal Dataset 1% sample.

This second dimension is illustrated in Table 54. This indicates that in the post-care period the reference group is more likely to be undertaking study (15.8 per cent compared with 11.2 per cent for young carers). For those who do undertake study, receipt of income support for education-related purposes accounts for a slightly higher proportion of the time that the reference group spends on income support (47.5 per cent, compared with 43.4 per cent for young carers).

The larger driving factor is that students spend more time on income support relative to non-students. On average, a young carer who studies in the post-care phase spends 72.4 weeks on income support, compared with 49.9 weeks for a non-student. In the reference group, over the same phase, the difference is 60.7 weeks for students and 38.2 weeks for non-students.

In aggregate, the results indicate that young carers are more likely to have come from a background of reliance on income support that is not education related. In the post-caring phase, they are somewhat less likely to engage in study (to the extent this can be measured from receipt of an education-related income support payment) and much more likely to be on other income support payments. However, the extent of the post-caring gap in education participation is much less than that which might be expected, given the gap during the caring period.

### **Other characteristics**

In general terms, the relationship between the relative use of income support by carers and the reference population remains stable across most other characteristics of carers. To the extent there are differences these are relatively small:

- By family type, married young carers with children are more likely than the reference group with similar characteristics to have been on income support for a more substantial period prior to and after caring. (The ratio of time spent on income support for these young carers relative to the reference population are 1.43 in the pre-care and 1.79 in the post-care period compared to the ratio for young carers as a whole of 1.24 and 1.26 respectively.) In the case of single parents, while carers tended to have a higher rate of receipt of income support than the reference group, the effect was muted. This was, in large part, because of the high proportions of both populations that received this assistance.
- Those caring either for a partner or an unrelated person have a higher post-care reliance (ratios of 1.64 and 1.60 respectively). In both these cases, not only are these higher than the pre-care ratios of 1.43 and 1.35, but the pre-care ratios are markedly above the overall population rate of 1.24.

### **Summary of comparative outcomes**

Using this modelling approach to compare young carers with the non-caring population of income support recipients, young carers have a higher level of usage of income support during the caring period and are estimated to have higher levels of reliance on income support both before and after caring. In both of these periods young carers are estimated to spend, on average, about 25 per cent more time on income support than non-carers. This result is relatively stable across most characteristics, other than education.

Underlying these results are more subtle differences in the patterns of reliance on income support. Non-carers, especially in the post-care period, are more likely than carers to either receive no income support, or spend all of their time on income support. As a consequence of the distributional patterns, the median carer spends around 70 per cent more time on income support pre-care as the median non-carer and around 120 per cent more time in the post-care period.

Notwithstanding the complexity of the distributional data, the results suggest that young carers' higher reliance on income support in the post-care period can be viewed, to a large degree, as a continuation of their pre-care levels of income support reliance and is likely to be driven by the factors associated with this.

The comparison also highlights education as an important issue. Young carers with lower levels of education tend to have higher reliance on income support in the post-caring period, both in comparison with other young carers and with non-carers with similar levels of education. Furthermore, despite their longer periods on income support in the post-care period, they are less likely to be undertaking study.

## 6.5 Comparing young carers with young Australians overall

The above analysis compares young carers with young Australians who have a record of receipt of a transfer payment at some point in time. However, it does not allow a comparison with the population of young Australians as a whole, as only a portion of this population receives such assistance. To enable this fuller comparison to be made a comprehensive population-based dataset is required which contains longitudinal information on the receipt of transfer payments. The one dataset that provides this is the HILDA Survey. The small sample size of this survey, and the limited longitudinal information on the receipt of transfer payments means that comparative analysis is necessarily very limited. In particular, it is not possible to undertake systematic matching and, therefore, a distributional analysis of the comparative use of income support.

However, the survey does allow an assessment of the representativeness of the data from the LDS and, through aggregate adjustment to the reference population size, enables some conclusions to be drawn about the relative use of income support by young carers to that of the population of young Australians as a whole.

### Estimating the proportion of the population who have received transfer payments

HILDA is a longitudinal survey<sup>59</sup> that collects data on individuals on an annual basis. It includes questions on the receipt of government transfer payments in the previous financial years. Utilising Waves 2 to 6 of HILDA provides this information for the 2001–02 to 2005–06 financial years, fairly closely approximating the time period of the carer dataset and the sample selected from the LDS both which run from September 2001 to June 2006.

With a sample limited to persons aged under 25 years at the beginning of the 2001–02 financial year, and aged 15 years or over in the final financial year, individuals' records were checked to see if they, or their partner, had received any transfer payment (income support and family payments) in any of the five financial years. Overall, 43.6 per cent of the HILDA population had such transfers.

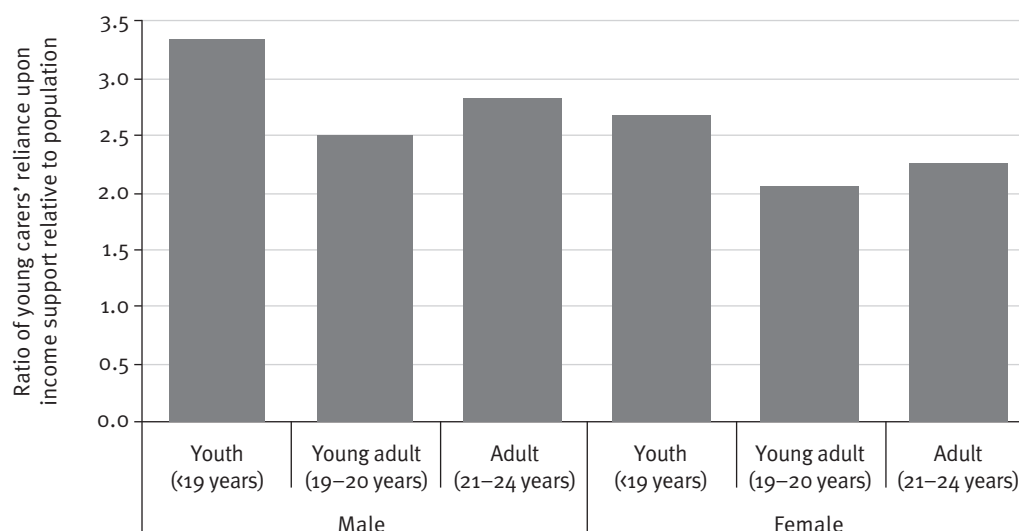
Since, by definition, all members of the time restricted sample of the LDS were in receipt of such income at some point this would suggest that the LDS is representative of just over two in five of the population<sup>60</sup> in this age group.

### Comparing young carer outcomes

The age distribution of population in the Longitudinal Dataset does not, however, reflect the age and gender composition of the population as a whole. Therefore, some additional corrections are needed for this. In particular, the LDS contains a lower proportion of the very young population. Reflecting this a higher adjustment needs to be made for the youngest age group of carers.

Once account is taken of the relative propensities of being in the LDS, it is possible to estimate the extent of reliance by young carers on income support relative to the population as a whole. The results of this, for the post-caring period, are shown in Figure 32.

Across the age and gender groups shown, young carers were between two and three and one-third times more likely to be on income support than other young Australians. On average, the rate was 2.43 times. The chart shows there were distinct gender effects. The ratio is higher for male young carers who, on average, were 2.8 times more likely to be on income support, compared to a rate of 2.3 for females. By age, both males and females show a 'U' shaped pattern, with the relative use of income support being highest for the under 19 year age group, falling for those aged 19 and 20 years and rising again for those aged 21 to 24 years when they commenced caring.

**Figure 32: Estimated use of income support in the post-care period relative to use by the youth population overall, by gender and age first started care**

Source: Derived from FaHCSIA Carer Dataset, September 2001 to June 2006, FaHCSIA Longitudinal Dataset 1% sample and the Household, Income and Labour Dynamics in Australia Survey (MIAESR 2009).

While this result identifies a marked relative disadvantage among young carers in their capacity to be self-reliant after caring, this should not simply be interpreted as a consequence of caring. As has been identified in the above analysis, young carers tended to have relatively elevated use of income support prior to beginning care with the post-care experience broadly reflecting this. As such, the underlying reasons for much of this result would appear to lie in the characteristics and experience of young carers before they commence receipt of financial support for caring.

It remains an open question as to whether these characteristics are in part contributors to the decision to be a carer or whether the extent to which a young carer may have been giving care prior to their receipt of financial assistance also has a bearing.

## 6.6 Summary

At the completion of caring, while one in four young carers were not seen again in the transfer system in the timeframe of the Carer Dataset, the balance received some further transfer payments. Just under one-half of all young carers who had finished care were on income support at the end of the file. Young carers who were on an income support payment other than Carer Payment usually remained on that payment, while around one-half of those on Carer Payment moved onto labour market income support payments, mainly Newstart Allowance. Of all young carers completing care 28.1 per cent did not receive any income support, while 28.3 per cent received it for 90 per cent or more of the balance of time in the dataset. The others had varying degrees of reliance, but these tended to be more concentrated at the upper end of reliance.

Compared with other carers, young carers were more likely to take up some income support after the completion of care. However, while being more likely to use some income support, young carers were less likely than these other carers to be wholly dependent on income support in the post-caring period.

The extent of reliance on income support after caring was associated with many different carer characteristics. Overall the duration of care was not a key issue in the extent of the use of income support. However, higher reliance on income support while caring was associated with higher post-care receipt, as was having been on income support prior to caring. Having some income from earnings over the care period was associated with a marked decrease in both the likelihood of using some income support and the extent of its use.

Those carers who had children had a higher reliance on income support in the post-care period. Single parenthood was associated with an additional strong increase in dependence on income support. Carers of parents and grandparents tended to have lower reliance on income support after finishing caring, while those who cared for a person with anxiety, learning difficulties or paralysis in particular had higher reliance.

Living in an area of low socioeconomic disadvantage reduces both the likelihood of use of income support after caring and the intensity of this. Education also played an important role. In addition to a link between using income support for education while caring and higher use after caring, there were some strong links between the use of income support and the level of educational achievement. Increasing levels of qualification were associated with significant and large decreases in the use of income support after the completion of caring.

When matched with similar young non-carers for whom a record exists in the income support system, young carers showed a tendency to use income support more intensely in the pre-caring and post-caring periods, as well as while caring. In both these periods they tended toward having a 25 per cent higher reliance on income support than these other recipients. The magnitude of the difference in use tended to decline with higher educational levels, but was higher for younger carers who had children. However, carers were less likely to use income support for study purposes after they finished care.

Compared with young Australians overall, young carers, after finishing care, are estimated to be 2.4 times more reliant on income support. This effect is stronger for male young carers and for those who commenced care aged under 19 years. The analysis here would suggest that this outcome is likely not to be driven by their caring experience per se, but rather by underlying characteristics which were also associated with their higher pre-care use of income support. However, this conclusion does not rule out the possibility that this pre-care experience was not impacted on by caring that they may have been doing before receiving financial support for it.

## 7 Conclusion

Young carers in receipt of Carer Payment or Carer Allowance are only a small proportion of the total recipients of these forms of assistance, most of whom are much older. They are also a small part of the youth population.

### 7.1 Identifying young carers

Placing young carers in receipt of Carer Payment and Carer Allowance in the context of care giving by young Australians is a much more fraught task. It is clear that these young carers are only a small element of the total care giving by young people. However, this care giving covers a very wide spectrum of activity, from doing small things for others in a family or more broadly in the community, to much more intense levels of caring for those who have high needs and who would, without receiving this care, have poor outcomes, or require formal institutional care. Current Australian data collections, in particular household surveys, are of only a limited value in attempting to clarify these relationships. There is a clear need for these surveys to develop much more sophisticated approaches to the identification of carers, their careers, the nature and intensity of the care provided, and the impact of providing it.

The Carer Dataset provides a unique source of information on those young carers who receive financial support for caring. As a longitudinal dataset, it allows not just for an examination of the experience of carers while they are caring, but also their interactions with the transfer system before and after caring. However, as detailed in the analysis, it does have some limitations. Some of these are unavoidable, such as the information only being limited to periods for which there is a record for an individual in the transfer system, and the lack of information on issues such as education except when this is required for administrative purposes. Two issues, however, can be addressed:

- Given the rapid growth in both the Carer Allowance and Carer Payment programs, there is a need for much more contemporary data on carers. There is a strong probability that the characteristics and experiences of carers currently in receipt of these payments will have differences from the much smaller group of those who undertook care within the scope of the Carer Dataset.
- The long duration of care provided by many young carers is such that a longer dataset is needed to be able to fully understand the pattern of caring and its consequences. An extended dataset will also allow for a more thorough investigation of some of the complexities of caring arrangements, including multiple carers and the extent to which carers are also carees.

### 7.2 The characteristics and experiences of young carers

Young carers aged under 25 years were split equally between those who were under 21 years when they commenced care and those aged above this. Just under three-quarters were female. Male young carers were more frequent among younger carers but continued to be a minority across all ages.

Young carers most frequently cared for a parent who was usually a female single parent. This was followed by caring for a child of their own, especially among older young carers, and looking after a grandparent. Most young carers were single and, if partnered, were living in a defacto relationship. Older young carers were more likely to be partnered, with a higher proportion being married, as well as many more being separated and divorced. Some 40 per cent of young carers had children of their own when they commenced caring.

There were a number of marked concentrations of young carers. They were relatively infrequent in the inner suburbs of the capitals and much more likely in small to medium size regional towns. They were nine times more likely to be living in locations of high socioeconomic disadvantage than in those locations with the least disadvantage. Indigenous young Australians were over-represented among young carers, as were some groups of young migrants. Young people born in some countries had rates of caring up to five times that of the Australian-born population.

The careers of young carers had many different health and disability conditions with around 30 per cent having mental or behavioural conditions and one-half this proportion with muscular-skeletal problems. The incidence of different conditions varied with the relationship of the caree to the carer. One in five careers suffered from depression, although this was not always the main health or disability condition.

Overall levels of educational qualification and participation among young carers were low. Of those for whom a pre-care record existed, 80 per cent entered caring from another income support payment, usually with little if any gap between this and receipt of income support for caring. Ten per cent of all young carers received no income support while caring.

In many cases caring arrangements were complex:

- Around one-quarter of careers of young carers had another carer within the five-year timeframe of the Carer Dataset, with around 30 per cent of young carers being involved in the caring of a person with such multiple carers. These other carers were usually not a young carer and generally provided care for an extended period either before or after the young carer, although on average the duration of care provided was not inconsistent with the duration provided by the young carer. There is a clear need for a better understanding of the structure and reasons for these arrangements, and the extent to which it represents young carers being one part of a web of caring support.
- One in 10 young carers had multiple careers, most frequently a number of their own children, but also including both of their parents.
- One in 50 young carers were themselves a caree within the five-year timeframe of the dataset, either before or after they were a care giver.

The majority of the young carers in the dataset were still caring at the end of the period for which data was available. Across all young carers it is estimated that one-quarter of caring spells are for less than 52 weeks, and one-half are under 162 weeks. However, 40 per cent will still be caring after 248 weeks. Longer durations of care were associated with being on income support while caring, caring for one's own child, being single, and some health conditions and disabilities such as Autism and learning difficulties. Shorter durations were associated with caring for a person with cancer, living in a less disadvantaged location and caring for a grandparent or unrelated person. Younger young carers had durations of care shorter than those of older carers, although this was less the case for those aged 21 to 24 years whose pattern was closer to older carers.

While one-quarter of young carers who complete care are not seen again in the transfer system, around one-half of those who had finished caring were still receiving income support at the end of the dataset. Analysis of reliance on income support after caring found that while the duration of care had relatively little impact, a number of factors were associated with higher levels of reliance. These included low educational attainment, the presence of children and single parenthood, and the extent of reliance on income support while caring. In contrast, characteristics such as earning while caring, higher levels of qualification, and having provided care to a parent or grandparent were associated with lower levels of reliance.

Modelling of the use of income support in the post-care period estimates that young carers, after they have completed caring, were 2.4 times more likely than other young Australians to be on income support. The analysis would suggest that a large part of this is not so much the consequence of caring itself, but rather reflects the factors associated with the higher probability that a young carer was on income support prior to caring. A possible explanation for this result includes the potential impact of situations where a young carer may already be caring before receiving assistance for caring. Alternatively, it may be that these prior



experiences of income support, or the circumstances that led to them, may have been a factor in the young carer taking up financial support for caring.

### 7.3 Young and older young carers

This analysis considered those carers aged under 25 years as young carers reflecting the definitions used by the Department of Families, Housing, Community Services and Indigenous Affairs. A range of the findings of the research suggest that this could be further reviewed. While there is no clear boundary, the evidence suggests that there are some distinct differences between younger young carers and older young carers. The circumstances and experiences of older young carers are much more closely aligned with those of the immediately older age group.

In large part these differences relate to the fact that while younger young carers are mainly caring for their parents and grandparents, older young carers, in particular over the age of 21 years, are caring for their own children or their partners. This is a characteristic they share with carers aged over 25 years, and with the 25 to 34 year age group in particular. In practical terms this involves these older young carers undertaking quite different caring tasks, and having different experiences of care. This can clearly be seen in the durations of care where those of young carers aged over 21 years are much more closely aligned to older carers than to those younger carers.

Internationally, there is a general tendency to define young carers and care givers as being under 18 years (Dearden & Becker 2004, Carers UK 2009, Scottish Government 2010, Hunt, Levine & Naiditch 2005), although other approaches include restricting the term to those under 16 years with those aged 16 to 24 years being referred to as 'younger adult carers' (Carers UK 2010). In the proposed Australian Capital Territory (ACT) carers charter, young carers are defined as being under the age of 18, with those aged 18 to 25 being classified as young adult carers (ACT Department of Disability, Housing and Community Services 2010).

The analysis here suggests that those young carers who commenced caring at aged 19 or 20 years share some of the characteristics of both the older and young carers. In functional terms there may be merit in considering, in any classification, the extent to which carers are tending to care for their own children.

### 7.4 Future directions

The findings of this analysis identify an ongoing need for policy and research in these areas. They have specifically highlighted the extent to which some particular factors appear to have significant impacts on the post-care experiences of young carers, and has identified processes in the provision of care which go well beyond a simple carer-caree model.

#### Policy directions

In addition to a need to better identify and focus on young young carers, the question of the experience of young carers before receiving payments for caring and their educational participation emerge as central policy areas. The extent of reliance on income support after finishing care appears to be strongly associated with the pre-care circumstances of young carers, rather than the caring experience in itself.

Whether or not the pre-care experience of young carers is a product of unrecognised care giving in this earlier period, or is a reflection of factors that may have been influential in determining who takes up a caring role is not clear. In either case the need for policy to operate in this phase would appear to be critical. This is also true with regard to the participation of young carers in Australia. This research reinforces earlier findings of low educational achievement and participation by young carers, and extends this to provide insight into participation in education in the pre- and post-care period. This clearly points to a need for policies that are effective at improving participation in education in all three phases.



Participating in employment while caring is associated with considerable benefits in the post-care period, although it is undertaken by only a small proportion of young carers. Clearly, policies need to effectively balance the capacity of a carer to provide care with encouraging participation. It is not clear, though, whether this balance has been achieved.

The extent of multiple carers highlights another area which may require policy input. There is a clear need to better understand the processes that underlie this phenomenon and the way in which the caring responsibility is passed from one carer to another. It clearly suggests that many young carers, especially of younger ages, may be part of a network of carers, an aspect of caring which is not necessarily well recognised in an income support and transfer system which is primarily focused on individuals. Similarly, other phenomena, such as the extent to which individuals move between caring and being cared for require policy and program attention with regard to the extent caring may impact on individual's own need for care, or whether it represents concentrations of health conditions and disabilities within families which may call for other interventions.

There may also be a need to give greater attention to some of the incidence of concentration of young carers, including the higher level of caring provided by Indigenous Australians and in some migrant groups.

### **Research and data**

The preceding discussion has identified some important areas where greater attention is needed. In particular, there is a need to develop more contemporary and comprehensive longitudinal datasets. There is also a need to improve the collection of information on carers in household surveys through the use of approaches which will identify the nature and extent of caring activities.

A stronger and more contemporary evidence base is also important to understand the changes in programs of support for carers. Assistance for carers is the strongest growing major component of the income support system, in both numbers and, over recent years, in the level of financial support that is provided. In recognising the important role of caring, there is also a need to ensure and, indeed, boost workforce participation across the lifecycle. As shown in the analysis, the problems of heavy reliance on post-care income support are not limited to young carers alone.

## Appendix A: Estimates of young carer numbers

This appendix draws together a range of estimates of the number of younger carers in Australia. It uses data from the Census and four different household surveys. Three of these surveys are undertaken by the Australian Bureau of Statistics (ABS): the Survey of Disability, Ageing and Carers; the Survey of Employment Arrangements, Retirement and Superannuation; and the Time Use Survey. The other survey, the Household, Income and Labour Dynamics in Australia (HILDA) Survey, is conducted by the Melbourne Institute on behalf of the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

The data showed considerable variation in estimates, and in some cases the range of possible estimates, derived from these surveys. This result may be considered to reflect the problems associated with attempting to define caring, given the many different types of activities young people undertake for others in their households and in the community, and the considerable variation in intensity of this activity.

Taking this into account, the question of how many young carers there really are tends to be a question of where to draw a line, for any particular purpose, along the continuum. While for some purposes, such as recognising the contributions that individuals make to the lives of others, the broadest definitions may be appropriate. On the other hand, where the purpose of defining the concept is to identify those young people who may be carrying too heavy a burden, or may be at risk of adverse outcomes due to their caring role, then narrower measures may be more appropriate. These would take into account the intensity of the activity, the nature of the tasks undertaken (and the physical and emotional burden which may result), and the degree to which the caring role might impinge on the capacity of individuals to undertake other activities.

### 2006 Census

The 2006 Census included, for the first time in Australia, questions regarding non-employment time use and activities. One specific question among these related to the provision of care. The following question was asked of all persons aged 15 years and over at the time of the Census: *'Q 49: In the last two weeks did the person spend time providing unpaid care, help or assistance to family members or others because of a disability, a long-term illness or problems relating to age?'*

Just over 1.6 million people reported that they were carers. This included 52,571 people aged 15 to 19 years, and 66,870 people aged 20 to 24 years.

- These represented 4.5 per cent of the population aged 15 to 19 years and 5.5 per cent of those aged 20 to 24 years respectively.
- Around 55 per cent of carers in the youngest age group and 60 per cent of those in their early 20s were female.

**Table A1: 2006 Census, persons indicating that they provided unpaid care, by age**

Age group (years)	Provide unpaid care		Proportion identifying as carers who were female (%)
	Persons	As a proportion of the population (%)	
15–19	52,571	4.5	54.6
20–24	66,870	5.5	59.4
<i>Total young carers</i>	<i>119,441</i>	<i>5.0</i>	<i>57.3</i>
25–34	191,476	7.8	62.9
35–44	314,322	11.6	63.1
45–54	393,144	15.3	63.6
55–64	342,199	17.0	63.0
65–74	151,063	12.7	58.4
75–84	80,196	10.8	54.1
85 and over	14,336	5.9	47.0
<b>Total</b>	<b>1,606,177</b>	<b>11.2</b>	<b>61.7</b>

Source: 2006 Community Profile Series, Table B20 Unpaid assistance to a person with a disability by age by sex, cat. no. 2001.0 (ABS 2007a).

However, the Census question did not ask about either the frequency or the intensity of the activity, just rather simply whether it had occurred in the past two weeks. Since the wording of the question encompassed ‘care, help or assistance’, it is likely that this estimate is at the broader range of concepts of caring.

## Household, Income and Labour Dynamics in Australia Survey

The Household, Income and Labour Dynamics in Australia (HILDA) Survey is a longitudinal survey conducted by the Melbourne Institute on behalf of the Department of Families, Housing, Community Services and Indigenous Affairs, with data being collected in annual waves, mainly through a personal interview with some additional information being collected through a mail-back self-completed survey.

Since its fifth wave, the survey has collected information on caring. The data is collected in two components of the survey: the person level questionnaire which directly asks whether or not a person provides care; and the time use component of the self-completed questionnaire which records the amount of time people spend caring.

The question on caring in the person level questionnaire asks, ‘*Is there anyone in this household who has a long-term health condition who is elderly or who has a disability, and for whom you care or help on an ongoing basis with any of the types of activities listed... [self-care, mobility and communication]?*’. It is complemented by a series of additional questions as to whether or not the person is a main carer of the caree, the relationship with the caree, and whether or not the caree is co-resident.

The question in the self-completion questionnaire asks respondents to report the amount of time they spend ‘*in a typical week*’ on ‘*caring for a disabled spouse or disabled adult relative, or caring for elderly parents or parents-in-law*’.

The two questions in HILDA have some conceptual differences. The question as to whether the person is a carer defines caring in terms of personal care activities but, as discussed elsewhere, these do not represent

much of the activity undertaken by many carers. The time use question does not include this qualification on activity, but it excludes from its scope caring for a child with a disability. It is unknown to what extent respondents take account of these specific technicalities when answering the questions. The data for the ninth wave of the survey (mainly collected in the final quarter of 2009) indicated, after adjustment for missing responses, that over 1.5 million people (around 8.8 per cent of the population aged 15 years and over) self-identified as carers. Using the time use methodology, around 10.0 per cent of respondents were carers. However, there is a significant disjuncture between the two measures.

Considering those who might be carers under either of the questions, again adjusting for non-responses, would suggest that there were around 1.95 million carers, some 11.2 per cent of the population. Of these, as illustrated in Table A2, Wave 9 indicated that 54,089 were aged 15 to 19 years, and 59,547 were aged 20 to 24 years. These represented 3.4 per cent and 3.8 per cent of the population in these age groups respectively.

**Table A2: HILDA Wave 9, estimated number of carers by age, persons aged 15 years and over**

	Age group (years)						Total
	15–19	20–24	15–24	25–44	45–64	65 and over	
Self-identified							
Carer—home	17,550	17,552	35,102	217,563	412,087	282,892	947,644
Carer—other only	20,224	21,806	42,030	121,639	316,750	94,012	574,432
Not a carer	1,531,670	1,518,547	3,050,217	5,769,718	4,734,862	2,291,112	15,845,908
Time-based							
4+ hours pw	10,404	42,238	52,641	223,965	671,303	258,786	1,206,695
<4 hours pw	22,109	21,252	43,360	167,568	275,985	48,862	535,776
No care time	1,536,933	1,494,415	3,031,347	5,717,387	4,516,411	2,360,368	15,625,513
Consistent approach							
Consistent 4 hours+	4,568	19,065	23,632	98,628	370,580	151,514	644,354
Consistent <4 hours	3,386	4,190	7,576	26,372	86,762	11,745	132,455
Total consistent	7,954	23,254	31,208	125,000	457,342	163,259	776,809
% of population	0.5	1.5	1.0	2.0	8.4	6.1	4.5
Summary							
Self-identified only	29,399	13,162	42,561	188,768	221,195	143,043	595,567
Hours only	16,736	23,132	39,868	166,014	278,223	94,013	578,117
Total possible carer	46,135	36,293	82,429	354,782	499,418	237,056	1,173,684
Consistent and possible	54,089	59,547	113,637	479,782	956,760	400,315	1,950,493
Share of population (%)	3.4	3.8	3.6	7.9	17.5	15.0	11.2
Not a carer	1,515,356	1,498,357	3,013,712	5,629,138	4,506,939	2,267,701	15,417,491
Total	1,569,445	1,557,904	3,127,349	6,108,920	5,463,699	2,668,016	17,367,984

Source: Derived from HILDA, Wave 9 MIAERS 2011, adjusted for under-enumeration within age groups.

However, these numbers included a considerable number of people who, while claiming to be carers, reported no time caring, or who were caring for disabled children and, therefore, data was not collected on time. They also included people who, while they reported spending time caring, did not self-identify as such, possibly because they were not providing any personal care services. An alternative approach is to consider the group of people who identify as being carers, who provide personal care, and who spend a significant amount of time caring. Using a low bound of time—that is, people who usually do four hours or more of caring per week. This generates an estimated total of 644,354 carers, 4568 of whom were aged 15 to 19 years and 19,065 aged 20 to 24 years. Expanding this group to those who spent less than 4 hours a week on care would increase the number of young carers aged 15 to 24 years from 22,632 to 31,208.

This suggests, using the HILDA definition of carers, an upper bound of some 113,637 young carers: 54,089 aged 15 to 19 years and 59,547 aged 20 to 24 years. The lower bound could be conceptualised around the ‘consistent carer’ who spent more than four hours a week providing care, 4568 of whom were aged 15 to 19 years and 19,065 who were aged 20 to 24 years (a total of 22,632).

As with a number of these surveys, none of the estimates of caring can be considered robust. While the personal questionnaire has a clear and informative definition of caring which links to the provision of personal care, it does not record its intensity, nor identify the wider range of caring activities that might be undertaken. Conversely, the time use component only uses a generic concept of caring, and excludes the provision of care to some, such as children with a disability. As such, the estimates of the lower bound are likely to be considerable underestimates.

## Survey of Disability, Ageing and Carers 2009

The Survey of Disability, Ageing and Carers has been conducted by the ABS every five to seven years since 1981. It is a complex survey with considerable detail on the incidence and impact of disability and caring. The most recent survey was conducted in 2009.

The survey uses several definitions of carers. The main categories are ‘primary carers’ and ‘other carers’.

Primary carers are defined by the ABS as: *‘a person of any age [but over the age of 15 since children below this age are not included in the personal questions] who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities (communication, mobility and self-care)’*.

A ‘carer’ is defined as *‘a person of any age who provides any informal assistance, in terms of help or supervision, to persons with disabilities or long-term conditions, or persons who are elderly (i.e. aged 60 years or over)’*. The assistance has to be ongoing, or likely to be ongoing, for at least six months. Assistance to a person in a different household relates to ‘everyday types of activities’, without specific information on the activities. Where the care recipient lives in the same household, the assistance is for one or more of the following activities: communication, health care, housework, meal preparation, mobility, paperwork, property maintenance, self-care, transport.

Using the broadest definition of carer, there were over 2.5 million carers identified in the survey. Less than one-third of these (746,337) were primary carers.

**Table A3: Survey of Disability, Ageing and Carers 2009, number of carers by carer type**

	Age group (years)						Total
	Under 15	15–19	20–24	15–24	0–24	25 and over	
Primary & other	0	1,358	2,961	4,319	4,319	145,479	149,798
Primary only	0	5,890	10,448	16,338	16,338	580,201	596,539
All primary	0	7,248	13,409	20,657	20,657	725,680	746,337
Other carer	80,549	88,280	88,696	176,976	257,525	1,541,599	1,799,124
Total carers	80,549	95,528	102,105	197,633	278,182	2,267,279	2,545,461
Not a carer	3,836,864	1,314,451	1,443,974	2,758,425	5,280,838	11,891,255	18,486,544
<b>Total</b>	<b>3,917,413</b>	<b>1,409,979</b>	<b>1,546,079</b>	<b>2,956,058</b>	<b>5,463,492</b>	<b>14,158,534</b>	<b>21,032,005</b>

Source: Derived from ABS Survey of Disability, Ageing and Carers 2009, Basic CURF on CD (ABS 2009).

In the 15 to 19 year age group there were 7248 primary carers, with 13,409 such carers in the 20 to 24 age group. If the group of 'other carers' is included the number of 15 to 19-year-old carers increases to 95,528 and the number of carers aged 20 to 24 increases to 102,105, while there are an additional 80,549 'other carers' under the age of 15 years. This generates a range of estimates from 20,657 young carers who are primary carers, to 197,633 carers aged 15 to 24 years and 278,182 aged under 24 years when those aged under 15 years are also included.

## Survey of Employment Arrangements, Retirement and Superannuation 2007

The Survey of Employment Arrangements, Retirement and Superannuation (SEARS) contained a substantial range of questions on caring, including the frequency and period of time, and the characteristics of carers.

In its broadest terms, the response to the question of whether or not the person provided care to someone in the past week, the survey identified over six million people as carers. More detailed analysis of the data to date suggests this figure reflects a very general concept of caring, and that the number of carers providing substantial care to carees with a long-term need is somewhat less.

Table A4 illustrates the intensity of care recorded in the survey and the characteristics of the person being cared for. Of particular note is the substantial number of people who, while they report providing care, do not identify a particular care recipient and do not report actually spending time on caring.

Bringing this data together by age allows a more nuanced examination of the level of caring.

- If carers are defined as those providing care at least twice a week to a person with a long-term disability, or a person caring for their own disabled child (groups marked as classification (i) in Table A5) then there were 987,933 carers in Australia who were providing regular care to a person with a long-term need. This included 22,663 carers aged 15 to 19 years and 34,767 aged 20 to 24 years, who provide regular care to a person with a long term need, a total of 57,430. If limited to those who were providing daily care, or looking after a disabled child, the lower bound estimate comprised 37,557 young carers: 16,860 aged 15 to 19 years and 20,697 aged 20 to 24 years.

- Including those providing frequent care to those with a short-term need, and those providing less frequent care to people with a long-term disability, increased the number of carers to 1.26 million. The number of carers aged 15 to 19 years was increased to 29,272 and those aged 20 to 24 years to 49,232, a total of 78,504.

**Table A4: Survey of Employment Arrangements, Retirement and Superannuation 2007, form of caring and frequency of care**

Caring for	Frequency of care				Total
	Daily	Every 2–6 days	Less frequently	N/A	
Child with a long-term disability in same household	12,162	2,825	7,112	183,796	205,895
Person aged over 15 with long-term disability in same household	365,779	20,444	23,159	1,453	410,835
Frail aged in same household	59,004	9,462	5,708	0	74,174
Child with a long term disability in another household	0	0	0	536	536
Person aged over 15 with long term disability in another household	55,790	89,503	112,185	6,255	263,733
Frail aged in another household	39,169	97,136	122,966	4,188	263,459
Person aged over 15 short-term need same household	32,833	136	22,393	2,303	57,665
Person aged over 15 short-term need other household	13,420	16,268	36,851	0	66,539
Person aged over 15 other need same household	5,482	0	97	894	6,473
Person aged over 15 other need other household	2,419	5,365	11,074	2,548	21,406
Other possible caring (but no link to actual need)	0	0	0	4,933,593	4,933,593
<b>Total</b>	<b>586,058</b>	<b>241,139</b>	<b>341,545</b>	<b>5,135,566</b>	<b>6,304,308</b>

Note: N/A = not applicable.

Source: Derived from ABS Survey of Employment Arrangements, Retirement and Superannuation, 2007 Confidentialised Unit Record File on CD (ABS 2007d).

The problems of using a simple self-response to a question on caring is also apparent in this table. It showed a significant group of young people who identified themselves as carers, but the more detailed data suggested that this care was mainly in the form of child care provided to children without a long-term health condition or disability. While such care has an important role in families and in the community, it is less relevant to the primary focus on those who provide substantial care to those with a significant need.

**Table A5: Survey of Employment Arrangements, Retirement and Superannuation 2007, estimate of numbers of carers by age**

		Age group (years)					Total
		15–19	20–24	25–44	45–64	65 and over	
Daily care to person with long-term need	(i)	12,674	14,450	92,064	295,553	150,249	564,990
Care 2–6 times per week to person with a long-term need	(i)	5,803	14,070	47,206	138,610	28,700	233,545
Own disabled child	(i)	4,186	6,247	138,256	40,284	425	189,398
Daily care to person with a short-term need only	(ii)	2,604	0	6,108	9,103	3,253	21,068
Care 2–6 times a week to a person with a short-term need only	(ii)	0	997	1,756	2,405	2,436	7,594
Less frequent care to person with long-term need	(ii)	4,005	13,468	71,655	130,086	26,172	245,386
Less frequent care to person with short-term need	(iii)	7,752	2,940	32,242	45,667	18,087	106,688
Frequent childcare <sup>(a)</sup>	(iii)	70,198	27,131	107,395	226,173	90,921	521,818
Infrequent childcare <sup>(a)</sup>	(iii)	77,276	60,569	264,224	239,672	131,949	773,690
Other <sup>(b)</sup>	(iii)	17,630	122,851	2,763,659	721,156	13,325	3,638,621
<b>Total</b>		<b>202,128</b>	<b>262,723</b>	<b>3,524,565</b>	<b>1,848,709</b>	<b>465,517</b>	<b>6,302,798</b>
(i) Regular long term		22,663	34,767	277,526	474,447	179,374	987,933
(ii) Other caring		6,609	14,465	79,519	141,594	31,861	274,048
(iii) Not a carer		172,856	213,491	3,167,520	1,232,668	254,282	5,040,817
(i) + (ii) Carers		29,272	49,232	357,045	616,041	211,235	1,261,981

(a) These are cases of child care where there is no child with a long-term disability.

(b) These were people who, while identified as caring, did not meet the criteria for any of the defined groups of carers as outlined above.

Source: Derived from ABS Survey of Employment Arrangements, Retirement and Superannuation, 2007 Confidentialised Unit Record File on CD (ABS 2007d).

## Time Use Survey 2006

The 2006 Time Use Survey was conducted between February and November 2006. It comprises a household and individual survey, and a two-day time use diary which is completed by each person in the household aged over 15 years. In this diary people record the activities they undertake during each of these days (in five-minute blocks) along with information on whether this was being undertaken for themselves or for others.

Information on caring is available in two forms from the survey. In the first instance, the individual questionnaire asks whether or not assistance is provided to an adult who has needs arising from long-term



illness, disability or old age, or for children who have a health condition or disability which is likely to last for six months or longer. In the second instance, information in the time use component identifies, for each activity, whether or not it is undertaken for a person who is sick, frail or has a disability.

From each of these, an estimate of the extent of caring can be derived—whether or not a person is a carer on the basis of their reporting that they provided care, or whether in the time use component of the survey they report undertaking an activity for a person who has a care need. These two approaches are illustrated in Table A6 for the population aged under 25 years, with the first group being classified as ‘reported’ carers and the other as ‘time’ carers.

**Table A6: Time Use Survey 2006, estimates of the number of young carers**

Whether or not a carer	15–19 years	20–24 years	Total	15–19 years	20–24 years	Total
	Population			Proportion of the population (%)		
Not a carer	949,480	978,705	1,928,185	72.3	70.5	71.3
Carer on basis of report	151,253	220,978	372,231	11.5	15.9	13.8
Carer on basis of time	286,681	272,000	558,681	21.8	19.6	20.7
Consistent carer	73,398	82,510	155,908	5.6	5.9	5.8
Time-only carer	213,283	189,490	402,773	16.2	13.6	14.9
Report-only carer	77,855	138,468	216,323	5.9	10.0	8.0
Any definition of caring	364,536	410,468	775,004	27.7	29.5	28.7

Source: Derived from ABS Time Use Survey, 2006, Basic Confidentialised Unit Record File on CD (ABS 2006b).

Overall, 13.8 per cent of people aged 15 to 24 years (372,231 people) reported being a carer. Of these, some 41.9 per cent recorded in their time diary that they had undertaken an activity for a person with a need due to illness, disability or frailty. This group, ‘consistent carers’ comprised 73,398 15- to 19-year-olds and 82,510 20- to 24-year-olds. The incidence and time of the activities they undertook and the time they spent are detailed in Table A7.

As detailed in this table, and assuming that the time diaries they maintained for two days are typical of the time spent on these activities, consistent carers aged under 25 years spend on average 9½ hours a week on direct activities on behalf of others. They spend up to six hours on secondary activities—that is, activities undertaken at the same time as some primary activity. Domestic tasks, such as housework, kitchen work and laundry dominate both the incidence of activities and the average time spent, followed by shopping.

Personal care, such as physical or emotional support, or other personal care activities, was only provided by 8.7 per cent of these young carers, with this care predominantly being given to children, with a slightly higher proportion of the younger group of young carers reporting providing care (although it needs to be noted that the sample size on which these estimates are based is small).

As with the other data series, it is difficult to arrive at a clear understanding of what group should be classified as being a young carer. This data however does provide an insight into the activities however that young people provide to support those with needs. As seen domestic tasks such as housework, laundry and kitchen activities and shopping represent the bulk of the activity. If one is to take the group who identify as providing care in the personal survey, a total of 216,323 people, some 72 per cent, 155,908, record some activity on behalf of a person with a potential care need, although only some 6 per cent, 13,500, are recorded as providing personal care. However, these estimates are only based on the diaries of two days, which may or may not be typical of the activities of any one of the individuals concerned. In addition, the size of the survey means that these figures are based on only a relatively small number of responses, introducing a high degree of sampling error into the estimates.

**Table A7: Time Use Survey 2006, consistent carers, activities undertaken and average time spent on activities for a person with a care need**

Activity undertaken for a person with an illness, disability or frailty	Proportion of consistent carers undertaking activity		Average weekly time <sup>(a)</sup> spent per consistent carer on activity	
	15–19 years	20–24 years	15–19 years	20–24 years
	Per cent		Minutes per week	
Adult care—physical	6.0	0.0	8.8	0.0
Adult care—mental	0.0	0.0	0.0	0.0
Adult care—other	0.0	0.0	0.0	0.0
Caring for child—physical/emotional	5.2	3.1	79.4	31.8
Caring for child—other	4.7	6.3	10.5	36.9
Employment or education	8.4	2.2	16.8	1.2
Kitchen and related activity	32.7	55.5	51.4	144.8
Laundry and related	22.2	18.2	47.2	19.5
Internal housework	35.5	39.2	113.9	114.7
External housework	28.1	36.2	69.0	34.4
Household management	4.0	2.6	0.7	2.3
Shopping	29.7	37.3	85.3	58.8
Voluntary work	2.8	2.2	21.1	1.2
Social activities	25.9	36.3	66.9	101.6
Total primary time			571.2	547.1
Secondary time			353.9	326.7
<b>Total time</b>			<b>925.1</b>	<b>873.8</b>

(a) Based on a two day time diary.

Source: Derived from ABS Time Use Survey, 2006, Confidentialised Unit Record File on CD (ABS 2006b).

## Summary

A very broad range of estimates of the number of young carers can be derived from available Australian household surveys. In large part, this reflects the lack of a consistent definition of a carer and the absence of specific question which consider characteristics of the caree, the nature of the caring activities undertaken, and their duration and frequency.

In the absence of the collection of such detailed data and the adoption of some clear classifications, it is unlikely that any consistent and useful estimates of caring can be derived. While self-identification questions may have some value in understanding the extent to which Australians do things for others, they have very little value in identifying populations for social policy purposes, or for any type of substantive analysis.

## Appendix B: Classification of countries

The regional classification used in the paper is detailed in Table B1. The countries listed reflect the actual countries of birth as recorded by young carers in the Carer Dataset.

**Table B1: Regional classification of countries**

Region	Country	Region	Country
Australia	Australia	South-East Asia	Burma (Myanmar)
			Cambodia
Other Oceania	Cook Islands		East Timor
	Fiji		Indonesia
	Kiribati		Laos
	New Zealand		Malaysia
	Papua New Guinea		Philippines
	Samoa		Singapore
	Solomon Islands		Thailand
	Tonga		Vietnam
Northern and Western Europe	Austria	North East Asia	China (excludes SARs)
	Belgium		Hong Kong (SAR of China)
	France		Japan
	Germany		Macau (SAR of China)
	Iceland		North Korea
	Ireland		South Korea
	Netherlands		Taiwan
	Sweden		
	Switzerland	Southern and Central Asia	Afghanistan
	UK		Armenia
			Azerbaijan
Southern and Eastern Europe	Bosnia and Herzegovina		India
	Croatia		Kazakhstan
	Czech Republic		Kyrgyzstan
	FYRO Macedonia		Pakistan
	Greece		Sri Lanka

**Table B1: Regional classification of countries (continued)**

Region	Country	Region	Country
Southern and Eastern Europe (continued)	Hungary	Americas	Argentina
	Italy		Brazil
	Malta		Canada
	Poland		Chile
	Portugal		El Salvador
	Romania		Haiti
	Russian Federation		Honduras
	Serbia		Jamaica
	Slovakia		Mexico
	Spain		Nicaragua
North Africa and the Middle East	Ukraine		Peru
			USA
	Egypt		Uruguay
	Iran	Sub-Saharan Africa	Ethiopia
	Iraq		Kenya
	Israel		Mauritius
	Jordan		Mozambique
	Kuwait		Somalia
	Lebanon		South Africa
	Libya		Tanzania
	Morocco		
	Qatar		
	Sudan		
	Syria		
	Turkey		
	United Arab Emirates		

Note: SAR = special administrative region.

## Appendix C: Matching young carers with the Carer Dataset

To enable the outcomes for young carers to be compared with those of other young income support recipients, data was used from both the 1 per cent Longitudinal Dataset (LDS) and the Carer Dataset. The LDS was used as a basis for drawing a population of non-carer income support recipients to be used as a reference population. This involved finding in the LDS an individual who had not been a carer, and who was a close match for each young carer. Matching was undertaken on the basis of those available characteristics which were considered to be important as possible predictors of income support reliance.

While this technique is referred to as ‘matching’ in this paper, it is emphasised that the exercise did not in any way attempt to find the same person in the two files, or in any other way identify individuals. Rather, it involved obtaining for each young carer a ‘counter-factual’ income support history from a ‘donor’ who had similar characteristics to the carer, other than the fact that the carer had undertaken caring.

Restricting the LDS to the period of the Carer Dataset and to those who received some income support or Family Tax Benefit but neither Carer Payment nor Carer Allowance in this period generated 25,389 individuals for whom data was available.

The first wave of matching sought to match young carers with non-carers in the LDS using a number of characteristics. These were: the year and quarter of birth, family status, educational achievement, gender, Indigenous status, whether they were Australian-born (and, if not, whether they came from an English or non-English-speaking background), the socioeconomic status (SES) disadvantage decile of their location, and whether or not they were ever in receipt of Disability Support Pension (as a measure of disability).

Using these criteria, 11,054 records were matched and, for each young carer, a randomly selected matching record (with replacement) was identified. This process was then repeated for four successive iterations to attempt to match the remaining carer records using successively less stringent matching criteria in each iteration. The second iteration reduced the date of birth matching to a year and used a quintile of location instead of the decile, resulting in an additional 5646 matches. The third dropped education and generated a further 2669 matches, the fourth dropped location entirely and obtained a further 887 matches, while the fifth dropped the Indigenous status and location of birth data to match the final 107 records.

Since there was replacement of records in the donor dataset from the LDS, a number of the young carer records were matched to the same donor. In itself, the extent of this was not a major concern, partly because the actual periods over which the analytical variables (time on income support) were derived from the donor record and, therefore, in the case of multiple matches, were generated uniquely for each carer reference match. However, there were a small number of cases where the donor record was matched to a large number of young carers. These were reviewed, and randomly selected young carer records were deleted to ensure no donor record was used in more than six cases. This generated the 19,194 matched records, 19,150 of which were used in the analysis.

Once this matching was completed, the details of the commencement and completion dates of care were copied from the young carer’s record to the donor record. Then the fortnightly periods on income support for the donor were classified and aggregated within the pre-care, caring and post-care periods, as denoted by these dates. This data was then used as the reference population counter-factual to the young carer experience.

# Endnotes

## Introduction

- 1 In this study, in receipt of Carer Payment which is an income support payment and/or Carer Allowance which is a non-means-tested supplementary payment. Section 2 describes these payments in more detail.
- 2 In many cases the role of a young carer extends beyond just providing support for a person with a care need to also encompass providing care and other support to others who would otherwise have been provided with this by the caree. Typically this can involve a young carer taking on some responsibilities for siblings, and more generally for household management, in addition to providing care for a parent.
- 3 The ADLs identified by Morrow are a broader set of activities than the more usual set which are typically limited to 'movement in bed ... transfers ... dressing ... personal hygiene ... and feeding' (Veterans' Review Board 1998), and include external mobility, a range of communication (including with medical professionals), helping with picking up items and managing some health care and financial arrangements.
- 4 The reasons for the discrepancies are likely to vary between surveys. They include the quality of the sample selection, the way in which data are collected (for example, the use of 'any responsible adult' as a respondent may mean that the person answering questions does not know the details of the particular payment another person may receive), confusion about what the specific payment a person is on, use of common rather than actual payment names, or a reluctance to admit to the receipt of income support and other payments. This latter is less likely to be the case with payments such as Carer Payment and Carer Allowance which are more likely to be seen as 'socially acceptable', in contrast to payments associated with unemployment.

## Carer Payment and Carer Allowance

- 5 In the case of children aged under 16 years, Carer Payment was available to carers of a child who had a profound disability, or two or more children who together required a level of care at least equivalent to the care required by a child with a profound disability.
- 6 In particular, there has been an increasing tendency for those in receipt of Carer Payment to also receive Carer Allowance. At the time of the dataset around 11 per cent of young carers received Carer Payment only. This has now dropped to around 6 per cent.
- 7 While Carer Payment requires the carer to provide 'constant care', Carer Allowance stipulates that 'daily care and attention' be provided. Full details of the current provisions of these programs are available on the FaHCSIA ([www.fahcsia.gov.au](http://www.fahcsia.gov.au)) and Centrelink ([www.centrelink.gov.au](http://www.centrelink.gov.au)) websites.
- 8 The operation of the ADAT is complicated and uses both the total score and the Treating Health Professional (THP) score. If the THP score is less than eight or the total ADAT score is less than 20, the caree does not medically qualify their carer for either Carer Allowance or Carer Payment. If the THP score is at least eight and the total score is at least 20, the caree will medically qualify their carer for Carer Payment if the caree has a dependent child aged under 6 years, or are receiving Carer Allowance for a disabled child (or a child under 6 years). If the THP score is at least 10 and the total score is at least 25, the caree medically qualifies their carer for Carer Payment. If the THP score is at least 12 and the total score is at least 30, the caree medically qualifies their carer for Carer Allowance and Carer Payment. If the THP score is at least 32 and the total score is at least 80, the caree medically qualifies more than one carer for Carer Payment, but only one carer for Carer Allowance. The ADAT is downloadable as part of the Adult Disability Assessment Determination 1999 at <http://www.comlaw.gov.au/Details/F2008C00672/Download>.
- 9 The 'Secure and Sustainable Pensions' changes announced in 2009, as well as introducing changes to the pension rates flowing from the Pension Review, announced the replacement of the previous one-off bonuses with a regular annual bonus which applies at 1 July each year. A carer may be eligible to receive multiple bonus payments. For example, a carer in receipt of Carer Payment (or some other pensions) and Carer Allowance and looking after a young child may be eligible to receive a \$600 supplement as a carer, plus the \$600 Carer Allowance supplement for the child, as well as the \$1000 Child Disability Assistance Payment.

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- 10 As a consequence of recent policy changes it is expected that in future all recipients of Carer Payment in respect of a child will also receive Carer Allowance.
  - 11 In September 2010, the weekly rate of Newstart Allowance for a single recipient without children was \$234.85. Youth Allowance rates vary from \$103.15 per week for a young person under 18 years of age living at home, to \$188.50 for those living away from home. These contrast with the rate of Carer Payment of \$358.05 per week (Centrelink 2010).
  - 12 Although it is possible to identify in the data some people who had been a young carer prior to 21 September 2001 but were at that date aged 25 years and over, this group has not been included in this analysis. There are two reasons for this. The first is that it is not possible to fully reconstruct their actual caring circumstance at the point in time when they were a young carer. The second is that since it would only bring in those young carers from this earlier period who were still carers, it would introduce a considerable bias into the population as it would exclude those young carers who while caring at the same time as this additional group were no longer doing so and, therefore, for whom no data are available. The problem of bias is discussed in more detail in Section 5.4.
  - 13 Income support payments are pensions or allowances paid to individuals with the objective of providing them with sufficient income to support themselves in the absence of employment or other sources of private income. In addition to including such income support payments, transfer payments refer to the wide set of transfers made by the Australian Government, through Centrelink, to households and include support for families (in particular Family Tax Benefit as well as supplementary payments such as Carer Allowance).

#### **Characteristics of young carers**

- 14 Left censorship refers to a longitudinal record which does not contain data on a particular focal issue prior to a particular point in time. Here it refers to the fact that data is missing on the earlier part of their time as a carer.
  - 15 Interpreting this series is difficult to the extent that the apparent decline in the number of carers in the 21 to 24 age group is an artefact of the limitation of the sample to those who were still young carers at September 2001. That is, those in this age group who may have been a young carer prior to that date (based on their age when they actually started to care) are excluded since they are no longer aged under 25 in the dataset period whereas a person who started care at a slightly younger age and was still caring would be included within the scope of young carers and would be recorded at their younger starting age.
  - 16 In this discussion the focus is on the relationship between the carer and their 'first' caree. In a number of cases a carer, as discussed in Section 4.3, cares for more than one caree.
  - 17 The administrative data only provides relationship data for parents, children, partners, 'other related persons' and 'non-related persons'. In this analysis, 'other related persons' have been split between grandparents, relatives of a person's parental generation, contemporary relatives, and young relatives based on the difference in age of the carer and caree. Therefore, it is illustrative rather than reporting on the actual relationship. For this allocation if a caree is more than 15 years younger than the young carer they are classified as a young relative. If they are older than this but not more than 15 years older they are classified as being a relative of the same age. Over this age but under 45 years older, they are classified as a relative of a parental generation, and above this as a relative of grandparent's generation.
  - 18 Since the period covered by the Carer Dataset, ongoing program and other changes have led to a somewhat different pattern of receipt in the current young carer population. In June 2010, 53 per cent of young carers were in receipt of both Carer Payment and Carer Allowance, as opposed to the 36 per cent seen in the Carer Dataset. The proportion who were in receipt of Carer Payment only had dropped from 11 per cent to 6 per cent.
  - 19 The payment type codes in the dataset do not differentiate between those who receive Youth Allowance as a student and those who receive it to support job search and other activities. The classification used in this paper is based on whether or not the 'student status code' in the data was 'FTS' (indicating the person was a full time student). That is a person on Youth Allowance with a full-time student code is classified as being Youth Allowance (Student), and all others as Youth Allowance (Other/workforce).
  - 20 English-speaking countries have been defined as the English Proficiency Group 1 countries: Canada, Great Britain, Ireland, the United States, Zimbabwe, New Zealand and South Africa (DIMEA 2003).
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- 21 Regions have been classified using the second edition Standard Australian Classification of Countries (ABS 2008c), with the exception of the Oceania region which has been split into 'Australia' and 'Other Oceania'. Appendix B contains the actual classification of countries that were identified on young carer records.
- 22 Very low rates of caring (2.2 per 1000) were recorded on average across the balance of countries not included in this table.
- 23 Across the whole dataset the proportion is 7.5 per 1000. This slight discrepancy arises because it was not possible to allocate a small number of young carers to a geographic area on the basis of their postcode. As elsewhere in the paper, no correction is made for this type of under-enumeration.
- 24 The ABS has a series of Socio-Economic Indexes for Areas (SEIFAs) to identify different forms of relative advantage and disadvantage. For this analysis, the measure of disadvantage has been used. It should be noted that a 'least disadvantaged' location is not necessarily the 'most advantaged', rather the measure identifies it as being the location with the least amount of disadvantage in it, with other measures being specifically designed to measure advantage.
- 25 While providing some insight into the characteristics of the locations in which young carers are located, some care needs to be exercised in interpreting these socioeconomic concentrations. The SEIFA index, as described, is constructed from a range of census variables such as the rate of single parenthood, low income and low educational attainment. As such, it is not independent from the presence of young carers in receipt of income support, who are frequently single parents and have low educational attainment. (See ABS 2008b for more details on the construction of the SEIFA.)
- 26 Age 18 has been chosen as a high proportion of records for persons of this age have information on the level of educational qualifications and most people of this age have either finished, or almost finished secondary education.
- 27 Average of both completed and uncompleted spells.

#### **Young carers and their carees**

- 28 Most current diagnoses tend to be for attention deficit hyperactivity disorder (ADHD) rather than ADD. In this paper, however, the terminology as provided in the dataset documentation has been adopted throughout. This means that some broad spectrum conditions may be classified into some components. For example, Asperger Syndrome is separately identified to autism.
- 29 Refer to Section 2.1 for more detail on the actual basis on which eligibility is determined.
- 30 That is, in the table, the young carer is shown in the first line as caring for a 'parent' and the second carer who is non-young is caring for a 'partner'. This establishes the non-young carer as being either the young carer's parent or possibly a new partner of their parent.
- 31 It is not clear in all cases how a parent-in-law has been coded (that is whether they are just classified as a parent or another relative), and it may reflect how individuals described the relationship.
- 32 This combination of carers has been used as the combination of a young carer and an older carer (rather than two young carers) was the most frequent combination seen in multiple care giving involving a young carer. This combination also permits some analysis of the relative care loads of older and younger carers for a caree with the same characteristics.
- 33 The measure of average time of completed and uncompleted spells is a very rough measure for analysing the time spent caring by carers, particularly given a considerable proportion of carers were still caring at the end of the file.
- 34 There are several reasons for expecting this to be the case. Firstly, as the data shows, in at least one-third of the cases of multiple carers, the older carer commenced care after the young carer had finished. Given the large number of young carers who were still caring at the end of the period of the dataset, it might be expected that in a number of cases their period of care might have been followed by that of another carer. Secondly, it is not known whether a caree being cared for by a young carer in the dataset may have had another carer in the period prior to the establishment of the dataset.
- 35 Some caution needs to be exercised in considering the extent to which such a 'unit' represents a common economic entity. A carer and caree need not necessarily reside together and the extent to which they share income or expenses is not known. Furthermore, these units do not take account of other, non-partner or non-caree, persons who may be living with the carer. These might include, for example,



households where there may be siblings in receipt of income support, or in employment, or where a carer is looking after a grandparent, or their own child, in a household along with their own parents. Nevertheless, the extent to which carers and their carees are reliant on transfer payments remains an important indication of their overall level of financial wellbeing.

- 36 This combination reflects the data which is available in the Dataset. That is the Dataset contains records of individuals and their partners (as payments are income tested on this basis) and links carers with their carees—and hence with their caree’s partner.

### Durations and dynamics

- 37 It is probable that this is an underestimate of the actual number of young carers who experienced the death of a person who had previously been in their care as it relies on a record of the death having been recorded on the Centrelink administrative system.
- 38 As detailed earlier, the age used in classifying young carers is their age at the first time they are recorded on the Carer Dataset as caring. Section 5.4 looks at the implications of this approach for the duration of care.
- 39 In later analysis, this approach has had to be adopted because of the technical demands of the modelling approach.
- 40 In this analysis, the data on period on payment is based on the number of fortnights in which a payment was actually made to the young carer. This is in contrast to the earlier spell-based approach which ignores gaps of under six fortnights in payment.
- 41 In technical terms these records, if no account is taken of the pre-record period of caring, are left censored. There are no clear approaches to dealing with such information (Singer and Willett 2003, p. 322), and often such records are discarded. The considerable number of young carers with such records makes this approach less than attractive.
- 42 The Kaplan-Meier survival function, as has been used here, generates discrete time estimates of the survival function. These are usually portrayed as a step function. The plots used in this presentation plot these points as a continuous function, although the underlying steps are sometimes apparent as small ‘wobbles’ in the plot. This has been done as the continuous distribution is somewhat more intuitive and permits far greater clarity in presentation when some series run closely together.
- 43 While the survival functions, and in particular the 25, 50 and 75 percentile survival periods, presented here cannot wholly summarise the actual duration of care, especially given the large numbers of uncompleted spells, reference to ‘longer’ or ‘shorter’ durations of care are reasonable descriptive terms where one series dominates another over the possible period of analysis. However, in some of the analysis (for example, comparisons between those who had income support as a student while caring, and those that did not), one series is higher than the other at one point but below it at another point. In such cases there is no dominance of one of the series over the other, and no interpretation of which has the longer duration is possible.
- 44 According to the dataset documentation, ‘NDE’ is an automatic code meaning the person has ‘no dependent children’. FaHCSIA advise that this code gets used by Centrelink in general situations where the carer is no longer providing care for the caree (regardless of whether the caree is an adult or child).
- 45 As has been seen in the previous tables, the dataset can contain a series of cancellation codes with ostensibly similar meanings. In this analysis, it has not been possible to develop a more systematic classification of these as it is probable that this can only be done with detailed study of actual practice in Centrelink and in the review of the various administrative systems. The manual lists 753 different cancellation codes.
- 46 Whether or not the experience of young carers is different to either older carers, or other young recipients of income support has, however, not been examined in this study.
- 47 In this and other regression models in this paper, the statistical significance of the estimate of the value is given in addition to the parameter value. As is conventional, estimates with a very high statistical significance are denoted with a double asterisk and those with a high probability with a single asterisk. In interpreting results, attention should be given to both the parameter value and the statistical significance. For example, a parameter may be statistically significant, but have a very small value suggesting that for practical purposes the difference is relatively minor. Conversely a lack of statistical significance signifies a lack of certainty about the accuracy of a parameter (in particular, whether it varies

from zero). This may arise from the small number of cases associated with this characteristic, or some dispersion in its impact. Nevertheless, there may be some policy value in not disregarding the result, but considering the issue further and better testing its impact.

- 48 One of the underlying assumptions of the Proportional Hazard Model, as implemented here, is that the hazard rates are invariant over time. That is, for example, if a particular variable is associated with a 2 per cent chance of exiting in the first month, it continues to have a 2 per cent impact in the 20th month. The validity of this assumption has been tested across a range of variables, and while valid in the most part it does not hold for age. Given though the relatively good fit generated by the model and the focus of this analysis in providing easily interpretable results it is considered that more complex approaches were not warranted.
- 49 The estimates in this discussion vary from those in Section 5.4 as analysis here only considers ‘new entrants’ whereas the earlier analysis covers all young carers in the Carer Dataset.
- 50 In this discussion, reference is made to the population under analysis as being young carers in each of the three phases of pre-care, caring and post-care, even if they may only technically be a young carer in the second of these.
- 51 As Carer Allowance is a non-income tested transfer payment, data are not collected on the income of those carers who only receive this form of assistance and no primary income support payment. Data on earnings of those only eligible for Family Tax Benefit is also excluded.
- 52 These differences should not be interpreted as changes in individual behaviour as the populations in the phases differ. For example, there are 12,652 income support records for the pre-care phase, 18,388 for the care phase and 6,520 in the post-care phase.

#### **The post-care experience of young carers**

- 53 As discussed above, this characterisation of income support receipt does not consider the actual duration of receipt, but rather, the duration between the end of care and the last record of receipt of income support. Therefore, a person who is still on income support at the final point of the dataset is effectively a ‘survivor’.
- 54 This measure is strictly based on the number of fortnights since the carer stopped receiving support for being a carer in which they received income support rather than the spell-based approaches used in some other areas of analysis (which ignore small gaps within a spell).
- 55 For example, the marginal effect of being male is calculated by taking the average of the individual probabilities predicted by the model for each individual (with every individual’s gender being treated as if they were male) that is calculated with the coefficient value of being male, rather than the value which is appropriate to them. The marginal effect of being a female is calculated the same way, but substituting in nil since they are the base case.
- 56 A further issue with the estimate of the impact of duration of care is the relatively small number of records which contain both a long care duration and an exit from caring. Given the long durations of care of many carers better estimates at the upper end of duration of care would require an extended dataset.
- 57 The nature of the variable being predicted is a percentage and is, therefore, bound at the upper and lower end of the distribution. For this reason alternative models such a Tobit were considered, along with data transformations, but as these would add further complexity to the interpretation, without any necessarily useful insights into the role of the independent variables, OLS was maintained.
- 58 The slight difference in timing of the questions on children and on family status was deliberate to avoid any of the independent variables being a linear combination of another.
- 59 The HILDA project was initiated (and is funded) by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). It is managed by the Melbourne Institute of Applied Economic and Social Research (Melbourne Institute). However, the findings and views reported in this paper are those of the author and should not be attributed to either FaHCSIA or the Melbourne Institute.
- 60 The HILDA data item used for this analysis ‘\_bnfapt’ includes both reported transfers and imputed values where there was no respondent response. However, it is possible that the responses may underestimate the actual extent to which people may have received some income support over the period due to the possibility of people not recalling small amounts of transfers they may have received in the previous year.

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# Occasional papers

1. *Income support and related statistics: a ten-year compendium, 1989–99*  
Kim Bond and Jie Wang (2001)
2. *Low fertility: a discussion paper*  
Alison Barnes (2001)
3. *The identification and analysis of indicators of community strength and outcomes*  
Alan Black and Phillip Hughes (2001)
4. *Hardship in Australia: an analysis of financial stress indicators in the 1998–99 Australian Bureau of Statistics Household Expenditure Survey*  
J Rob Bray (2001)
5. *Welfare Reform Pilots: characteristics and participation patterns of three disadvantaged groups*  
Chris Carlile, Michael Fuery, Carole Heyworth, Mary Ivec, Kerry Marshall and Marie Newey (2002)
6. *The Australian system of social protection—an overview (second edition)*  
Peter Whiteford and Gregory Angenent (2002)
7. *Income support customers: a statistical overview 2001*  
Corporate Information and Mapping Services, Strategic Policy and Knowledge Branch, Family and Community Services (2003)
8. *Inquiry into long-term strategies to address the ageing of the Australian population over the next 40 years*  
Commonwealth Department of Family and Community Services submission to the 2003 House of Representatives Standing Committee on Ageing (2003)
9. *Inquiry into poverty and financial hardship*  
Commonwealth Department of Family and Community Services submission to the Senate Community Affairs References Committee (2003)
10. *Families of prisoners: literature review on issues and difficulties*  
Rosemary Woodward (2003)
11. *Inquiries into retirement and superannuation*  
Australian Government Department of Family and Community Services submissions to the Senate Select Committee on Superannuation (2003)
12. *A compendium of legislative changes in social security 1908–1982* (2006)
13. *A compendium of legislative changes in social security 1983–2000*  
Part 1 1983–1993, Part 2 1994–2000  
Bob Daprè (2006)
14. *Evaluation of Fixing Houses for Better Health Projects 2, 3 and 4*  
SGS Economics & Planning in conjunction with Tallegalla Consultants Pty Ltd (2006)
15. *The ‘growing up’ of Aboriginal and Torres Strait Islander children: a literature review*  
Professor Robyn Penman (2006)
16. *Aboriginal and Torres Strait Islander views on research in their communities*  
Professor Robyn Penman (2006)



17. *Growing up in the Torres Strait Islands: a report from the Footprints in Time trials*  
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health Research and the Department of Families, Community Services and Indigenous Affairs (2006)
18. *Costs of children: research commissioned by the Ministerial Taskforce on Child Support*  
Paul Henman; Richard Percival and Ann Harding; Matthew Gray (2007)
19. *Lessons learnt about strengthening Indigenous families and communities: what's working and what's not?*  
John Scougall (2008)
20. *Stories on 'growing up' from Indigenous people in the ACT metro/Queanbeyan region*  
Cooperative Research Centre for Aboriginal Health in collaboration with the Telethon Institute for Child Health Research and the Department of Families, Housing, Community Services and Indigenous Affairs (2008)
21. *Inquiry into the cost of living pressures on older Australians*  
Australian Government Department of Families, Housing, Community Services and Indigenous Affairs submissions to the Senate Standing Committee on Community Affairs (2008)
22. *Engaging fathers in child and family services: participation, perception and good practice*  
Claire Berlyn, Sarah Wise and Grace Soriano (2008)
23. *Indigenous families and children: coordination and provision of services*  
Saul Flaxman, Kristy Muir and Ioana Oprea (2009)
24. *National evaluation (2004–2008) of the Stronger Families and Communities Strategy 2004–2009*  
Kristy Muir, Ilan Katz, Christiane Purcal, Roger Patulny, Saul Flaxman, David Abelló, Natasha Cortis, Cathy Thomson, Ioana Oprea, Sarah Wise, Ben Edwards, Matthew Gray and Alan Hayes (2009)
25. *Stronger Families in Australia study: the impact of Communities for Children*  
Ben Edwards, Sarah Wise, Matthew Gray, Alan Hayes, Ilan Katz, Sebastian Misson, Roger Patulny and Kristy Muir (2009)
26. *Engaging hard-to-reach families and children*  
Natasha Cortis, Ilan Katz and Roger Patulny (2009)
27. *Ageing and Australian Disability Enterprises*  
Shannon McDermott, Robyn Edwards, David Abelló and Ilan Katz (2010)
28. *Needs of clients in the Supported Accommodation Assistance Program*  
Australian Institute of Health and Welfare (2010)
29. *Effectiveness of individual funding approaches for disability support*  
Karen R Fisher, Ryan Gleeson, Robyn Edwards, Christiane Purcal, Tomasz Sitek, Brooke Dinning, Carmel Laragy, Lel D'aegher and Denise Thompson (2010)
30. *Families' experiences of services*  
Morag McArthur, Lorraine Thomson, Gail Winkworth and Kate Butler (2010)
31. *Housing costs and living standards among the elderly*  
Bruce Bradbury and Bina Gubhaju (2010)
32. *Incentives, rewards, motivation and the receipt of income support*  
Jacqueline Homel and Chris Ryan (2010)
33. *Problem gamblers and the role of the financial sector*  
The South Australian Centre for Economic Studies (2010)

34. *Evaluation of income management in the Northern Territory*  
Australian Institute of Health and Welfare (2010)
35. *Post-diagnosis support for children with Autism Spectrum Disorder, their families and carers*  
Kylie Valentine and Marianne Rajkovic, with Brooke Dinning and Denise Thompson; Marianne Rajkovic, Denise Thompson and kylie valentine (2011)
36. *Approaches to personal money management*  
The Social Research Centre and Data Analysis Australia (2011)
37. *Fathering in Australia among couple families with young children*  
Jennifer Baxter and Diana Smart (2011)
38. *Financial and non-financial support to out-of-home carers*  
Marilyn McHugh and kylie valentine (2011)
39. *Community attitudes to people with disability: scoping project*  
Denise Thompson, Karen R Fisher, Christiane Purcal, Chris Deeming and Pooja Sawrikar (2012)
40. *Development of culturally appropriate gambling services for Indigenous communities*  
Cultural and Indigenous Research Centre Australia (2012)
42. *New father figures and fathers who live elsewhere*  
Jennifer Baxter, Ben Edwards and Brigit Maguire (2012)
44. *Paid Parental Leave evaluation: Phase 1*  
Bill Martin, Belinda Hewitt, Marian Baird, Janeen Baxter, Alexandra Heron, Gillian Whitehouse, Marian Zadoroznyj, Ning Xiang, Dorothy Broom, Luke Connelly, Andrew Jones, Guyonne Kalb, Duncan McVicar, Lyndall Strazdins, Margaret Walter, Mark Western and Mark Wooden (2012)
46. *Parental marital status and children's wellbeing*  
Lixia Qu and Ruth Weston (2012)