



© iStockphoto.com/Tomasz Markowski

# What kinds of jobs help carers combine care and employment?

TRISH HILL, CATHY THOMSON,  
MICHAEL BITTMAN AND  
MEGAN GRIFFITHS

## The likelihood of employees becoming carers

In an era in which policies aim to increase labour force participation in the context of an ageing population, an important question is how many employees will experience the competing demands of paid work and informal care responsibilities? Until recently, the only way of answering this question in Australia was to ask how many people were informal carers and employed at a single point in time, using cross-sectional data. According to the 2003 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC), at a single point in time, about 13% of employees combine informal caring and employment (Thomson, Hill, Griffiths, & Bittman, in press). However, using the narrower category of *primary* carer—that is, the person who provides the *most* informal assistance to a care recipient, as distinct from *any* informal assistance—the answer is a much lower figure of 2%.<sup>1</sup> The proportion of primary carers in this situation is important, because being a primary carer is one of the requirements that gives informal carers a claim on some state support for their caring. In other words, the primary caring role makes them eligible for Carer Payment (a tightly targeted pension) or Carer Allowance (financial assistance).<sup>2</sup> Many of these carers are also employed; a study by Gray, Edwards, and Zmijewski (2008) found that almost a quarter of Carer Payment recipients and half of Carer Allowance recipients in their sample were employed.

However, there is a better way of thinking about the likelihood of people finding themselves combining employment with significant caring responsibilities. The alternative approach is to think of the risk of caring responsibilities arising during an individual's working life. This is the way we think when we say that one in every three marriages will end in divorce. At any single point in time, the rate of divorce is very low; 1.3% of married persons were divorced in 2001, the most recent year in which this rate was calculated (ABS, 2007). This longitudinal way of thinking allows us to estimate the risk of combining employment with the responsibility of caring for a frail older person or a person with a disability. Using data from Waves 2 to 4 of the Household Income and Labour Dynamics Australia (HILDA) survey,<sup>3</sup> we estimate that between 240,000 and 320,000 or 3–4% of Australian employees become carers each year. This figure is similar to that of Pavalko and Henderson (2006), using longitudinal data in the United States (US), who found that around 6% of female employees became carers in any two-year period. It also accords with research in the United Kingdom (UK), which suggests that a large percentage of the workforce will

be exposed to this risk. Heitmeuller and Inglis (2004) used the British Household Panel Survey to track respondents between 1991 and 2002 and found that 44% of the working-age population had caring responsibilities at any one point in time, while 1% provided informal care for all eleven years. Other projections using this survey suggest that nearly everyone will be a carer at some point in their lives, and that more than 56% of women and 40% of men will be involved in providing informal care for more than 20 hours per week by age 65 (Hirst, 2002).

Studies in Australia and overseas indicate that the decision to leave work or remain in paid employment depends on a variety of circumstances (Arksey, Kemp, Glendinning, Kotchetkovic, & Tozer, 2005; Gray et al., 2008; Henz, 2004, 2006; Hutton & Hirst, 2000; Pavalko & Henderson, 2006; Scharlach, Sobel, & Roberts, 1991). The most obvious of these is intensity of care. In situations where there is one primary carer and the care recipient has severe or profound limitations on their capacity to conduct core daily activities of living—such as mobility, communication and personal care—the need for assistance will be great and the associated carer responsibility intense. Where the care recipient has milder difficulties or where the responsibilities of care can be shared, then the caring role will be correspondingly lighter.

Households vary in their ability to offer support, resources or commitments to someone trying to balance their employment with newly acquired caring responsibilities. Much has been written about a “sandwich generation” of parents with young children who suddenly find they also need to look after an ailing relative in the elder generation. In some circumstances, both spouses could have separate caring responsibilities or a spouse could provide additional support to the main carer and share the care responsibilities. One quantitative study of employees in the US found that social supports were a key factor in lowering the probability of the carer feeling that they need to leave work in order to continue caring (Scharlach et al., 1991).

Greater household wealth and having a spouse who is employed can lead to having either a greater capacity to purchase caring services or a buffer against reduced income from employment. The level of employee earnings is, in turn, affected by a combination of years of education and experience in the workforce and may also be associated with the capacity to reduce hours of work. Employees who commence care are more likely than the rest of the population to reduce their hours of work or withdraw from the labour force altogether. Thomson et al. (in press) found that roughly a third of

women working full-time when they began caring were no longer working full-time in a subsequent year. About one-quarter of women who were working part-time and who commenced caring responsibilities also left employment in a subsequent year. In addition, once carers leave employment they may have difficulties returning to paid work. Gray et al. (2008) found that barriers to gaining employment for carers who were not employed included difficulties in arranging work hours and a lack of alternative care arrangements. Workplace arrangements such as family leave have been shown to support new carers to remain in employment (Palvalko & Henderson, 2006).

Strangely, while the literature on combining work with the care of healthy young children is profuse, the literature on those who juggle employment and care for adults or children with a disability is relatively sparse. There are some celebrated analyses of the penalty in earnings associated with motherhood; however, there is no parallel stream of research on earnings forgone as a result of being responsible for the care of adults or children with disabilities. Yet income security for carers is an increasingly important policy issue, as is planning for a self-funded retirement. The long-term effects of juggling work and care on relationships, social participation and health also should not be underestimated. Using information from the HILDA survey, our study, *Negotiating Caring and Employment* (Thomson et al., in press), attempted to address this deficit. This article focuses on a component of the study that examined those job characteristics which act as facilitators of and barriers to carers' employment.

### **Data on the dynamics of caring and employment**

The HILDA survey is a nationally representative panel survey that started in 2001. Nearly 10,000 workforce-aged respondents provided information in each of the first four waves of data collection (2001–04). There was no specific question identifying carers in the HILDA data until 2005. Nevertheless, it is possible to identify carers in the HILDA data by using a mixture of responses to questions in the personal interview and data gathered by the self-completion questionnaire (Watson & Wooden, 2002). The self-completion questionnaire asked respondents about how much time they spent caring for an adult. We classified carers by the intensity of caring responsibilities, indicated by the time they spent caring. Those caring more than 20 hours per week were classified as having an “intensive” burden of care, those spending 5–20 hours per week on caring were classified as having “medium” caring responsibilities, and those devoting less than 5 hours per week to this task were placed in the category of having “lighter” caring duties. In addition, anyone who indicated in their personal interview that they: (a) received Carer Allowance or Carer Payment (which both have stringent eligibility criteria), (b) were working part-time instead of full-time because they had to care for another adult, or (c) their main activity since last working was caring for an ill or disabled person, were classified as having “intensive” caring responsibilities.<sup>4</sup> Based on this method of identification, an estimated 595 of those employed (with no caring responsibilities) in Wave 1 became carers in Waves 2, 3 or 4. Around 10% (63) of those who became carers left the workforce. Of the “new carers”, 63% had light caring responsibilities (less than five hours per week), 23% cared for 5–20 hours, and 14% cared for more than 20 hours per week (unweighted percentages).

#### **Job characteristics in the HILDA data**

This article is devoted to discovering those characteristics of employment that might reduce the likelihood of workers leaving work once they become carers. We describe the results of multivariate analyses, which allow us to study the influence of employment characteristics independently from the control variables: intensity of care; household supports,

resources and commitments; and demographic differences known to affect participation in employment (see Table A1).

A range of variables drawn from the HILDA data was used to identify different aspects of work: mode of employment, occupation, workplace arrangements, subjective job characteristics, and satisfaction with aspects of their job. Mode of employment covers whether the individual was self-employed or worked part-time before caring, was in a casual rather than permanent job, worked in the private sector, had an irregular schedule, or worked some hours from home. In addition, under this heading, we investigated whether union membership, being in a supervisory position, and the size of the workplace made a difference. Occupations vary in the amount of autonomy and flexibility an employee has with respect to the competing demands of work and care and this factor was also considered in the analysis.

Previous research has revealed wide differences in access to carer-friendly provisions—notably, carers' leave, flexible start and finish times, permanent part-time work, or home-based work (Bittman, Hoffman, & Thompson, 2004; Gray & Tudball, 2002). Access to these arrangements may be important in enabling carers to continue their employment; however, previous research has also indicated that employees' knowledge of workplace arrangements is poor, their implementation is frequently haphazard and the take-up of relevant provisions is often low (Bittman et al., 2004; Gray & Tudball, 2002). So carers' perceptions of what is possible in their workplace may be more important predictors of whether they remain employed at the onset of caring responsibilities than having access to formal provisions.

In the HILDA survey, respondents were asked to rate on a scale of 1 to 7 various aspects of their job. From these answers it was possible to identify employees reporting (a) high stress in their job, (b) low levels of job security, (c) doing routine work, (d) having lower levels of autonomy in their job, and (e) that their workplace was not family-friendly.

A further dimension is employees' ratings of the satisfaction they gain from work, which may affect a carer's decision to leave or continue in work. HILDA respondents were asked to indicate on a scale of 1 to 10 how satisfied they were with their pay, job security, the work itself, the hours worked and the ability to balance work and non-work commitments.

### **Barriers and facilitators: Job characteristics**

The study used probit regression models to estimate the effect of factors in the work situation associated with employees leaving work in the first year they report taking on care responsibilities. The models controlled for demographic characteristics and household constraints and resources that may be associated with labour force participation, as well as the intensity of care provided. Individuals employed in Waves 1, 2 and 3 of the HILDA survey (time  $t - 1$ ) who reported they commenced caring in the subsequent wave (time  $t$ ) were identified and pooled to create the sample of 595 “new carers”. Only the first transition into care for each respondent was selected, so no individual appears more than once in the sample of new carers. The dependent variable in the multivariate analyses was 1 if the new carer was not in employment in time  $t$ , and zero otherwise. The findings are based on a series of models that were run with all control variables, and a single job characteristic entered into each model. The results for the model with only control characteristics and for the models with controls plus each job characteristic are reported in Table A1 in the Appendix. The controls were: intensity of care, presence and age of children, whether unpartnered, if partner was a carer, spouse's earnings, whether an outright home owner, sex, age, whether from non-English speaking background, and whether the new carer has a disability or long-term health condition.

## Results

The baseline predicted probability of a new carer leaving the labour force was 8%. This probability referred to a individual with the average characteristics of the new carer sample: a woman, aged 45 years, of English-speaking background, without a disability, caring for less than 5 hours per week, not an outright home owner, and in a couple, whose partner was not a carer, and whose partner was earning around \$32,000 a year.

Model 1 in Table A1 shows that a number of demographic, care and household characteristics were associated with new carers leaving employment. These included intensity of care, presence of children, a spouse who was a carer, and the level of the spouse's earnings. As expected, the analysis showed that more demanding care responsibilities and having preschool age children were independently associated with leaving employment at the onset of informal care. Caring for more than 20 hours per week increased the predicted probability of leaving employment for the base case from 8% to 26%. Having a child under 5 years, as well as caring for more than 20 hours per week, further increased this probability to 50%. Higher levels of partner earnings were associated with a greater probability of leaving employment, although with a smaller effect. Having a spouse who was also a carer lowered the probability of leaving employment by 5 percentage points. A female lone parent aged 45 with a child under 5 and base case characteristics had a 51% probability of leaving paid work at the onset of care.

Personal factors that were also somewhat inconsistently associated with a higher probability of leaving paid work in the additional models estimated were: being female, the employee having a disability themselves, being older, and coming from a culturally and linguistically diverse (CALD) background.

### Mode of employment

The lower section of Table A1 reports the results for each job characteristic based on the additional models estimated with all control factors and single job characteristics. Among the mode of employment factors in the analysis, being in casual employment, working part-time prior to caring, having no supervisory responsibilities, not belonging to a union and working for a smaller firm (less than 100 employees) were all associated with a higher risk of leaving employment. For the base case scenario described above, working in a casual rather than permanent job increased the probability of leaving paid work by 12%. If the new carer was caring for 5–20 hours per week, the effect of casual employment was a 17% increase in the probability of leaving, and if caring for more than 20 hours per week (intensive carer) the effect of being a casual employee was a 22% increase. Working part-time instead of full-time increased the likelihood of an intensive carer leaving paid work by 22%, and not being in a supervisory position increased the predicted probability of leaving employment for intensive carers by 18%. Intensive carers who were not union members had an 11% increase in the probability of leaving employment compared with union members, and if they were working in a smaller firm (less than 100 employees) the effect was a 10% increase.

The finding that casual employees are more likely to leave employment may indicate that employees in these jobs are less able to negotiate changes in their employment conditions that facilitate caring. There is a strong association between casual employment and part-time work: 84% of the casual workers were employed part-time. Full-time work was strongly associated with permanent employment (only 5% were casuals), while part-time work was more likely to be precarious, with 43% of part-timers working as

casual employees. Precarious employees are least likely to be protected by union membership when bargaining for special treatment.

Similarly, the finding that individuals with more responsibility for supervising other employees are less likely to leave employment may indicate that their position of responsibility in the workplace gives them a greater capacity to adapt their work practices to attend to care responsibilities. Larger sized firms, it stands to reason, are more likely to have employees who could cover for other employees and be able to accommodate employees' requests for flexibility. It appears that "labourers and related workers" (which includes employees such as cleaners, factory workers, product packagers and labourers in the mining, construction and agricultural industries) were the occupational group most likely to leave employment at the onset of care. Individuals with base case characteristics and in this occupational group increased their probability of leaving by 19 percentage points compared to all other occupational groups. (The effect for intensive carers was 28 percentage points.)

Perhaps somewhat surprisingly, many of the modes of employment characteristics were not significantly associated with leaving employment, including: being self-employed, working some hours from home, working irregular schedules, and whether working in the private or public sector.

### Workplace arrangements

Table 1 reports the proportion of employees who became carers in Waves 2–4 and all Wave 1 employees who reported that they definitely had access to each workplace arrangement in their current job. The proportion of new carers who had access to each of these presumably carer-friendly workplace arrangements was almost identical to the proportion found among all employees. Among employees who became carers, the most common arrangement available (for over 50% of this group) was the ability to use permanent part-time work in their current job. This may indicate that a higher proportion of these employees were already part-time employees. The least common carer-friendly workplace arrangement was the ability to work from home, a provision that was available to less than 20% of both new carers and all employees. Employees who became carers were marginally less likely than all employees to have access to flexible start and finish times.

It is important to know whether any one specific workplace arrangement or combination of arrangements enables a carer to continue in employment. Figure 1 illustrates the proportion of new carers and all employees who had access to various combinations of workplace arrangements. In this diagram, the least carer-friendly working condition was where employees had no access to any of these workplace arrangements, while the most carer-friendly circumstances

Workplace arrangement	New carers able to use arrangement in current job (%)	All Wave 1 employees able to use arrangement in current job (%)
Carer's leave	48	48
Permanent part-time work	54	48
Home-based work	17	19
Flexible start and finish times	42	46
<b>No. of observations</b>	<b>595</b>	<b>8,364</b>
<i>Source: HILDA Version 4.1</i>		

were where employees could access all four. Once again, the distribution of the number of arrangements is very similar for employees who become carers and all employees. The highest proportion, around a quarter of the employees who became carers and all employees, did not have access to any of these carer-friendly provisions. In contrast, less than 10% had access to all four provisions. Almost half of employees (48%), regardless of carer status, reported that they were unable to use any, or at best, only one carer-friendly arrangement in the workplace. Just over a quarter of employees (26–27%) had access to three or more carer-friendly provisions. In summary, the distribution of carer-friendly arrangements is heavily skewed towards the low end of access to these provisions, with the vast majority of the employees reporting access to two or fewer workplace provisions. In addition, employees who became carers had similar levels of access to these arrangements as all employees.

The multivariate analysis was designed to discover if access to these workplace arrangements might help employees who have become carers to remain in employment. Table 2 shows that employees with access to any arrangements were less likely to leave employment than those with no access. The analysis suggests that the critical factor is having some access to any arrangement rather than none, because, among employees who became carers, having a greater number of provisions was not associated with a greater likelihood of remaining employed, holding other factors constant.

### Employees' ratings of their job characteristics

A consistent finding in the analysis was that individuals who perceived their jobs to be insecure had a higher probability of leaving employment once they undertook informal caring. The relationship between perceived low job security and the decision to leave employment was one of the strongest associations found in this study. For a new carer with base case characteristics (caring for less than 5 hours per week), reporting low job security increased the probability of leaving employment by 14 percentage points. The effect for intensive carers was 26 percentage points. Two interpretations of this finding about low job security spring to mind. First, those who believe their employment is precarious may feel less able to request work conditions compatible with their caring responsibilities. Thus, even if carers have formal access to workplace arrangements, they may lack "effective access" due to the workplace culture or an individual supervisor who is not supportive of employees taking up such arrangements. Alternatively, those rating their continuing employment prospects as poor may be resigned to the eventual loss of their job and view the new care responsibilities as a reason to bring forward the cessation of their employment. In-depth studies may be able to determine which of these competing interpretations is the most salient. But for the moment, it is worth noting that

carers feeling secure in their current job was a powerful predictor of them maintaining employment despite an increased responsibility for care.

The propensity to leave the workforce when faced with an increased responsibility for care is not restricted to those with casual jobs. Correlation analysis revealed that casual employment and low ratings of job security were not significantly related. This indicates that some permanent employees also rated their jobs as insecure and their short-term prospects of remaining in their current job as low.

A related finding was that employees who reported that they lacked autonomy in their jobs were more likely to leave employment at the onset of care. This aspect of job design seems to have more influence over the decision to remain in or to leave employment than having a routine job, stress or even the perceived level of family-friendliness of the carer's workplace, since these subjective job characteristics were not found to have a significant association with leaving employment at the onset of care.

### Job satisfaction

The findings about the salience of perceived job security were reinforced by the analysis of job satisfaction. Among the five satisfaction measures outlined earlier, higher ratings of satisfaction with job security and satisfaction with pay were significantly associated with a lower probability of leaving work. This mirrored the other findings reported above, suggesting that a sense of insecurity in employment was a significant factor in inducing new carers to leave their jobs. The other four measures of job satisfaction—satisfaction with hours, the work itself, and the flexibility to balance work and non-work commitments—were not significantly associated with leaving work once commencing care.

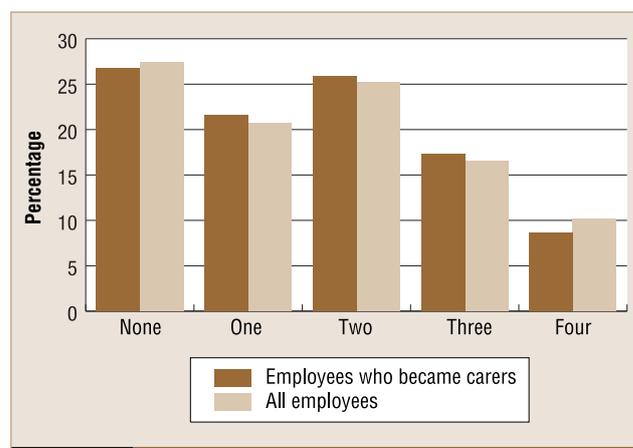


Figure 1 Employees with access to a combination of carer-friendly workplace arrangements

Number of workplace arrangements	Probit coefficient estimate	Standard error	p-value	Predicted probability of leaving employment	
				Caring < 5 hours per week	Caring > 20 hours per week
Reference group: no access				.16	.40
One	-0.62	0.23	< .01	.06	.19
Two	-0.61	0.21	< .01	.06	.19
Three	-0.47	0.22	< .05	.07	.23
Four	-0.43	0.28	.12	.08	.25

Notes: Predicted probabilities refer to the base case scenario outlined in the main text, with levels of caring as indicated.

## Conclusion

The difficulties of reconciling the care of young children and employment have attracted substantial attention throughout the developed world. However, the difficulties of reconciling work with caring for frail older people, those with long-term illness or those with a disability have only recently become a topic of investigation and included in policy debates. Yet, the newly available data from longitudinal studies show that, over the course of a working life, the risk of employees acquiring substantial caring responsibilities is high (probably close to 1 in 2). Becoming a carer is often an unplanned life event. It is more likely to occur once a career is well-established but nevertheless, when it happens, it significantly lowers workforce participation, especially for women.

A variety of characteristics of the mode of employment increases the probability of employees leaving employment in response to the onset of new caring responsibilities. These are: being a casual rather than a permanent employee, working part-time, having no supervisory responsibilities, not belonging to a union, and working for a smaller firm (less than 100 employees).

Lack of access to any carer-friendly workplace arrangements also predicts that employees are likely to leave their jobs when they become carers. In contrast, access to at least one workplace arrangement (special leave for caring, permanent part-time work, flexible start and finish times, or home-based work) improves the odds of staying in employment. Among these workplace arrangements, access to permanent part-time work most significantly increases the odds of remaining in employment for new carers. Having access to special leave for caring plays a less influential role in helping employees combine care and employment.

Employees' perceptions of poor job security reveal a persistent and powerful tendency to increase the risk of leaving the workforce. Lack of autonomy in the workplace also significantly predicts that new carers will leave the workplace. In these circumstances, it is no surprise to find that higher satisfaction with job security and, to a lesser extent, satisfaction with pay also improves the prospects of new carers remaining in employment.

Perhaps the most important thing this analysis demonstrates is the power of longitudinal analysis. Understanding the changing prevalence of caring and its effects will increase greatly as the successive waves of data accumulate and improvements are made to the instruments. Given the projected effects of structural ageing and the financial difficulties of funding retirement and health care for baby boomers, these kinds of studies will provide vital, policy-relevant information.

## Endnotes

- 1 A "carer" is defined in the ABS Survey of Disability, Ageing and Carers 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 older (i.e. aged 60 or over). The assistance has to be ongoing, or likely to be ongoing, for at least six months" (ABS, 2003, p. 71).
- 2 Carer Payment is an income- and asset-tested pension with a single rate of \$546.80 a fortnight. Carer Allowance is an income top-up payment of \$100.60 a fortnight, which is not income-tested. The requirements for Carer Payment are very stringent and only 116,614 people received this payment as at June 2007, compared with 393,263 recipients of Carer Allowance at the same time (Edwards, Higgins, Gray, Zmijewski, & Kingston, 2008).
- 3 This paper uses unit record data from the Household, Income and Labour Dynamics in Australia (HILDA) survey. The HILDA Project was initiated and is funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) and is managed by the Melbourne Institute of Applied Economic and Social Research (MIAESR). The findings and views reported in this paper, however, are those of the authors and should not be attributed to either FaHCSIA or the MIAESR.

- 4 Around 13% of women and 9% of men reported care responsibilities in Wave 1 of HILDA, which accords with the ABS estimate (using the SDAC) that 12.5% of the adult population are carers (ABS, 2003), although HILDA-based estimates exclude some carers of children with a disability. About 3–4% of women and 2% of men reported intensive care responsibilities (cared for more than 20 hours per week) in the HILDA survey. These figures correspond with the ABS estimate that 2.4% of the adult population are primary carers (provide the main assistance to a person who needs help with self-care, communication or mobility). Due to differences in survey methods for HILDA (Waves 1–4) and the ABS SDAC, the carer populations identified in these surveys are likely to be different.

## References

- Arksey, H., Kemp, P., Glendinning, C., Kotchetkovic, I., & Tozer, R. (2005). *Carers aspirations and decisions around work and care* (Department of Work and Pensions Research Report No. 290). York: University of York.
- Australian Bureau of Statistics. (2003). *Disability, ageing and carers: Summary of findings* (Cat. No. 4430.0). Canberra: Author.
- Australian Bureau of Statistics. (2007). *Year book Australia* (Cat. No. 1301.0). Canberra: Author.
- Bittman, M., Hoffman, S., & Thompson, D. (2004). *Men's uptake of family-friendly employment provisions* (Policy Research Paper No. 22). Canberra: Department of Family and Community Services.
- Edwards, B., Higgins, D. J., Gray, M., Zmijewski, N., & Kingston, M. (2008). *The nature and impact of caring for family members with a disability in Australia* (Research Report No. 16). Melbourne: Australian Institute of Family Studies.
- Gray, M., & Tudball, J. (2002). *Family-friendly work practices: Differences within and between workplaces* (Research Report No. 7). Melbourne: Australian Institute of Family Studies.
- Gray, M., Edwards, B., & Zmijewski, N. (2008). Caring and women's labour market participation. *Family Matters*, 78, 28–35.
- Heitmueller, A., & Inglis, K. (2004). *Carefree? Participation and pay differentials for informal carers in Britain* (IZA Discussion Paper No. 1273). Bonn: IZA.
- Henz, U. (2004). The effects of informal care on paid-work participation in great Britain: A lifecourse perspective. *Ageing and Society*, 24, 851–880.
- Henz, U. (2006). Informal caregiving at working age: Effect of job characteristics and family configuration. *Journal of Marriage and the Family*, 68, 411–429.
- Hirst, M. (2002). Transitions to informal care in Great Britain during the 1990s. *Journal of Epidemiology and Community Health*, 56, 579–587.
- Hutton, S., & Hirst, M. (2000). *Caring relationships over time: End of project report*. York: Social Policy Research Unit, University of York.
- Pavalko, E. K., & Henderson, K. A. (2006). Combining care work and paid work: Do workplace policies make a difference? *Research on Aging*, 28, 359–374.
- Scharlach, A. E., Sobel, E. L., & Roberts, R. E. L. (1991). Employment and caregiver strain: An integrative model. *The Gerontologist*, 31, 778–787.
- Thomson, C., Hill T., Griffiths, M., & Bittman, M. (in press). *Negotiating caring and employment: Final report for ARC Linkage Project*. Sydney: Social Policy Research Centre.
- Watson, N., & Wooden, M. (2002). *The Household, Income and Labour Dynamics in Australia (HILDA) survey: Wave 1 survey methodology* (HILDA Project Technical Paper Series No. 1/02). Melbourne: Melbourne Institute of Applied Economic and Social Research.

**Dr Trish Hill** and **Cathy Thomson** are Research Fellows, Social Policy Research Centre, University of New South Wales; **Professor Michael Bittman** is Professorial Fellow, Discipline of Sociology, School of Behavioural, Cognitive and Social Science, University of New England; and **Megan Griffiths** is a Research Associate, Social Policy Research Centre, University of New South Wales.

**Acknowledgements and disclaimers:** The Negotiating Caring and Employment project was funded under the Australian Research Council Linkage Grant Scheme. The project is a partnership between the Social Policy Research Centre (SPRC), the University of New England and a consortium of New South Wales State Government departments, including: the Department of Premier and Cabinet; Office for Women's Policy; Public Sector Workforce Office; Department of Ageing, Disability and Homecare; Department of Health; Office of Industrial Relations; and Carers NSW. The views expressed in this paper are those of the authors and do not necessarily reflect the views of the above departments or the responsible ministers, including the Minister for Ageing, the Minister for Disability Services and the Minister for Health, or the NSW State Government.

## Appendix

**Table A1** Leaving paid employment among new carers, probit models

Variable	Coefficient	Standard error	Significance	Average marginal effect
Intercept	-2.542	0.487	***	
<b>Model 1 (controls only)</b>				
Care responsibilities, family support and resources, demographics				
Caring for 5–20 hours per week	0.270	0.179		
Caring for > 20 hours per week	0.737	0.192	***	0.12
Has child aged under 5 years	0.644	0.256	**	0.10
One child aged 5–14 years	-0.246	0.237		
Two children aged 5–14 years	-0.058	0.219		
Has child aged 15–20 years	-0.150	0.189		
Does not have a partner	0.619	0.311	**	0.10
Spouse is a carer	-0.478	0.236	**	-0.08
Log of spouse's earnings	0.057	0.028	**	0.009
Home-owner	-0.011	0.181		
Male	-0.236	0.162		
Age	0.012	0.008		
Born in non-English speaking country	0.363	0.230		
Has disability	0.331	0.173	*	0.05
<b>Model 1 plus individual variables</b>				
Mode of employment				
Self-employed	0.397	0.218	*	-0.10
Previously worked part-time	0.743	0.168	***	0.11
Casual	0.671	0.171	***	0.10
Private sector	0.022	0.160		
Works irregular schedule	0.246	0.186		
Works some hours from home	-0.261	0.178		
Is union member	-0.352	0.174	**	-0.06
Supervises other employees	-0.659	0.170	***	-0.10
Workplace has 20–99 employees	-0.200	0.172		
Workplace has > 99 employees	-0.405	0.200	**	-0.07
Occupation				
Labourers and related workers	0.807	0.239	***	0.13
Workplace arrangements in current job				
Able to use special leave for caring for family members	-0.269	0.152	*	-0.04
Able to use permanent part-time work	-0.487	0.157	***	-0.08
Able to use home-based work	-0.086	0.197		
Able to use flexible start and finish times	-0.095	0.151		
Subjective job characteristics				
Reports high stress in job	-0.039	0.197		
Reports low job security	0.725	0.170	***	0.11
Is in more routine work	0.169	0.163		
Has low level of autonomy in job	0.364	0.152	**	0.05
Workplace is not family-friendly	-0.003	0.225		
Satisfaction levels				
Total satisfaction with pay	-0.060	0.027	**	-0.01
Satisfied with job security	-0.164	0.031	***	-0.02
Satisfied with work itself	0.021	0.035		
Satisfied with hours worked	0.016	0.030		
Satisfied with flexibility to balance work and non-work commitments	-0.020	0.027		
<b>Sample size</b>	<b>595</b>			
<p><i>Notes:</i> *** p &lt; .01, ** p &lt; .05, * p &lt; .1. Models estimated in SAS version 9.2 using proc probit and proc qlim to estimate average marginal effects. Coefficients in this table for job characteristics are based on models estimated using all controls plus that individual variable. Full results for each model are available from the authors on request.</p>				