

**Title:**

Lifetime economic consequences to women informal carers in Australia, 2006

**Authors:**

**Binod Nepal,**

**Laurie Brown**

**Geetha Ranmuthugala**

**Richard Percival**

**Authors' institutional affiliation:**

National Centre for Social and Economic Modelling, University of Canberra, ACT, 2601

**Address for correspondence:**

Binod Nepal

NATSEM

University of Canberra

ACT 2601 Australia

Email: [binod.nepal@natsem.canberra.edu.au](mailto:binod.nepal@natsem.canberra.edu.au)

Tel: 02 6201 5922

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# Lifetime economic consequences to women informal carers in Australia, 2006

## Abstract

Home-based care provided by family members is the most common form of caring for people with disabilities in Australia. This model of care is, however, generating enormous financial consequences for informal carers. This study examines the impact of taking on a primary carer's role on financial well-being of women in Australia over the course of their working life, by comparing women primary carers and other women. Estimates are based on information drawn from the Household, Income and Labour Dynamics in Australia (HILDA) Survey Wave 6 and the life tables for Australian women. The economic indicators examined cover labour force participation and income. Income indicators include individual and family income from wages and salaries, and government benefits (public transfer). While there may be a wide range of caring situations, we focus on women aged 30 to 64 years, with two or more children, who are primary carers to their child with a disability. These women are divided into four categories by partnership status (single vs partnered mothers) and educational attainment (secondary school or less vs post-secondary education). Results show that over half of the women primary carers aged 30 to 64 years are not in the paid labour force compared to less than a third of other women in the same age group. Primary carers who do work spend fewer hours in paid employment than do other women. As a consequence of limited participation in paid work, primary carers earn considerably less income from wages and salaries over their working life compared to women with similar demographics. Mothers caring for a child with a disability are likely to earn over their working life, depending on their level of education, between a quarter and a half the income of women sharing the same demographics but who are not primary carers. While carers receive more in government cash benefits than other women, these payments do not compensate fully for the income they forgo from paid work. In conclusion, women primary carers have a bleaker financial prospect compared to that of other women. Policies for ensuring financial security of women primary carers are warranted.

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## Introduction

Recognition of the fact that integrated and well coordinated delivery of care in a home-based setting is an efficient and cost-effective model for providing care for the elderly, frail, and those needing long-term care (Hollander et al. 2007; Peters and Sellick, 2006) has resulted in a shift towards home-based care for people with special care needs. This model of care however places a heavy reliance on family members to provide the bulk of required care, and it is now becoming evident that the benefits of such home-based care are achieved at a cost to informal carers.

Edwards et al. (2008) note that 'carers have significantly higher levels of depression and stress, and lower levels of general subjective wellbeing than non-carers'. In Australia, carers have the lowest level of collective wellbeing of any group studied, with women carers experiencing lower levels of wellbeing compared to their male counterparts (Cummins et al., 2007).

Contributing to the high stress levels and low wellbeing is the fact that carers experience a high level of financial stress. Cummins et al. (2007) note, 'Carers are twice as likely as is normal to worry that their income will not be sufficient to meet their expenses'. Around 30 per cent of families receiving carer benefits experience difficulty in paying utility bills compared to 14.6 per cent of the general population (Edwards et al., 2008). This is not unexpected given that the average household income of a carer is much less than that of the general population (Cummins et al., 2007).

There are many factors contributing to carers and their families having low household incomes. The main reason is that taking on an informal carer role has a significant impact on an individual's ability to work. "Primary carers of an adult or a child with a disability have lower rates of employment and labour force participation than those without caring responsibilities of this nature" (Edwards et al., 2008). Low labour force participation is particularly evident among women carers (Access Economics, 2005). Labour force participation among women carers receiving carer payment and carer allowance have

been reported to be 30.6 per cent and 53.7 per cent respectively (Edwards et al., 2007), which is much lower than the rate of approximately 57 per cent for women in the Australian population (ABS, 2006a). Just 0.8 per cent of carer payment recipients and 11.4 per cent of carer allowance only recipients work full-time (Edwards et al., 2008: Table 11.1), in contrast to 28.8 per cent full-time employment rate for Australian women in 2004 (ABS, 2006b).

The impact of taking on an informal carer role on the ability to work is also evident from the fact that almost half of women carers who are currently not in the labour force were working immediately prior to taking on the carer role (Edwards et al., 2008); over half (58.8 per cent) of employed carers receiving carer payment and 39.3 per cent of those receiving carer allowance have had to give up work at some point or other to fulfil the caring role (Edwards, 2008); and two thirds (66.7 per cent) of employed women carers receiving carer allowance and 58.8 per cent of employed women carers receiving carer payment have taken leave for caring duties.

This study extends these previous works by comparing economic prospect of women primary carers and other women over their working life between 30 and 64 years of age. The issues examined here are labour force participation, involvement in paid jobs, and income from wages and salaries and government cash benefits. This paper demonstrates how wide the gap is between women primary carers to a child and other women without the same responsibilities in terms of their prospective lifetime income. Mothers of a child with a disability are taken as a case study. It is within this group of carers that the financial impact of the care-giving role is likely to be the most pronounced. Implications this income gap on saving towards retirement are also discussed.

## **Data and methods**

### **Data**

The study modelled employment and financial outcomes over the working life of primary carers and other women using data from the 2006 Household, Income and Labour Dynamics in Australia (HILDA) Survey – Wave 6. The HILDA survey consists of Australian residents living in private households, excluding those living in remote and

sparsely populated areas (Watson and Wooden, 2001). This data source was chosen because of the availability of individual level and family level data on demographic characteristics, family structure and income, and the ability to identify primary carers and their caring responsibilities.

The HILDA Survey identifies carers by asking the following question:

Is there anyone in this household, who has a long-term health condition, who is elderly or who has a disability, and for who you care or help on an ongoing basis with any of the types of activities listed on SHOWCARD K7?"

Primary carers are identified by the follow-up question:

Are you the main carer of [this person / any of these people]? (That is, are you the person who provides most of their care?)

### **Study population**

It has been established from previous studies that carers are more likely to be women (ABS, 2004; Edwards et al., 2007). The high proportion of women informal carers means that women are more likely to 'pay the price' of being a carer (Jenson and Jacobzone, 2002), widening the gender inequity in earning capacity that is well established (Briggs et al, 2006). Women carers also experience lower levels of wellbeing compared to their male counterparts (Cummins et al., 2007). For these reasons, this study focuses on women informal primary carers who constituted nearly two thirds of 633 000 primary carers in 2006. Nearly 70 per cent of primary carers are aged between 30 and 64 years. Women and the elderly are over-represented in the carer population with over 60 per cent of informal primary carers being women compared to 50 per cent women in the general population (Table 1). More than 50 per cent of primary carers provide care for their spouse or partner, with a child (young or adult) being the second most frequent relative being cared for. Nearly one in five of primary carers is caring for their parent (Table 1).

Table 1 Age-sex distribution of primary carers and other persons

	Primary carers (per cent)	Other persons <sup>a</sup> (per cent)
<b>Gender</b>		
Male	36.1	50.0
Female	63.9	50.0
<b>Age (years)</b>		
15-19	0.6	9.4
20-24	1.4	8.8
25-29	3.2	8.3
30-34	5.3	9.4
35-39	6.8	9.2
40-44	10.1	9.5
45-49	11	9.1
50-54	10.7	8.1
55-59	14.1	7.7
60-64	9.0	5.8
65+	27.8	14.9
<b>Person being cared for<sup>b</sup></b>		
Spouse / partner	54.1	-
Parent	19.3	-
Young child	11.9	-
Adult child	10.2	-
Other	6.4	-
Estimated population (number)	633,000 <sup>c</sup>	15,559,000 <sup>c</sup>

**a** Including non-primary carers; **b** Total exceed 100 per cent because of individuals being the primary carer for more than one person; **c** Rounded to the nearest thousands.

**Source:** Computed from HILDA Wave 6.

## Case study

We focus on mothers of children with a disability. These women are divided into four case study groups, as follows:

Case 1: Single mothers with less than or equal to secondary level education

Case 2: Single mothers with post-secondary education

Case 3: Partnered mothers with less than or equal to secondary level education

Case 4: Partnered mothers with post-secondary education

These cases highlight the complex issues of caring for a child with a disability. The mother taking on the primary carer role often forgoes education and employment

opportunities to care for the child, spanning across much of her potential working life. In addition, there are significant costs associated with providing for the high level of health needs and purchase of specialised equipment to assist in the care of the dependent child. The end result is that the carer may not be able to make any investments towards retirement benefits. The scenarios have been examined by partner status based on the evidence that sole parents have been found to be in the worst state in terms of well-being (Cummins et al., 2007).

In this modelling, education level of the women carers has been looked at separately in order to control for systematic differences that education has on labour force participation and earning capacity (e.g. Cassells et al. 2009). In addition, recognising the need (when examining the financial impact on the family), to distinguish between “households in which the carer is the only able bodied working-age adult and those in which there are other able-bodied adults” (Edwards et al., 2008), we have examined separately the two cases where the woman carer is a sole or a partnered parent.

### **Computation of outcome measures**

We examine economic opportunities using indicators related to labour force participation and involvement in paid employment. Economic prospects are assessed by computing worklife income earned and benefits received. The income estimates are presented in terms of cumulative earning over the remaining working life. These estimates indicate how much an average woman in a given category would be expected to earn over her working life if she follows the prevailing age-specific income schedule. These data are adjusted for mortality using age-specific survival rates derived from the life tables for Australian females 2004-06. The income estimates are expressed in terms of 2006 dollars and no discounting has been applied.

As there were insufficient cases available to directly calculate age-specific incomes for all the different types of case studies considered in this modelling, we estimated these amounts by using a generalised linear model. The regression model can be expressed as

$$Y = \beta_0 + \beta_1 * X_1 + \beta_2 * X_2 + \dots + \beta_n * X_n + \varepsilon$$

Where,



Y is the variable to be estimated, for example, income from wages and salaries;

$\beta_0$  is the Y intercept;

$\beta_1, \beta_2, \dots, \beta_n$  are regression coefficients;

$X_1, X_2, \dots, X_n$  are predictors;

$\varepsilon$  is an error term.

The predictors used in the model are given in Table 1.

**Table 1 Explanatory variables used in the regression model**

Variable description	Categories
Whether primary carer to child	Carer, Other
5-year age groups	30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64
Whether a single mother	Solo, Other
Whether a couple	Couple, Other
Whether has 2 or more children	Yes, No
Whether has post-secondary education	Yes, No

## Results

### Labour force participation and earning opportunities

Table 2 shows that among women aged 30 to 64 years, over half (55 per cent) of primary carers are not in the labour force compared to less than a third (30 per cent) of other women in the same age group; and only one-fifth (19 per cent) of primary carers are in full-time employment compared to nearly two-fifths (37 per cent) of other women in the same age group. In general, primary carers work less hours compared to other women, whether it is in full-time or part-time employment.

**Table 2 Participation in full time and part time employment and average hours worked, females 30-64 years, 2006**

	Primary carers	Other females
Percentage not in labour force	55%	32%
Percentage employed part time	24%	30%
Average hours worked per week	15 hours	18 hours
(Median hours)	12 hours	20 hours)
Percentage employed full time	19%	37%
Average hours worked per week	40 hours	40 hours
( Median hours)	38 hours	40 hours)
Percentage unemployed	2%	2%

**Source:** HILDA wave 6 data file.

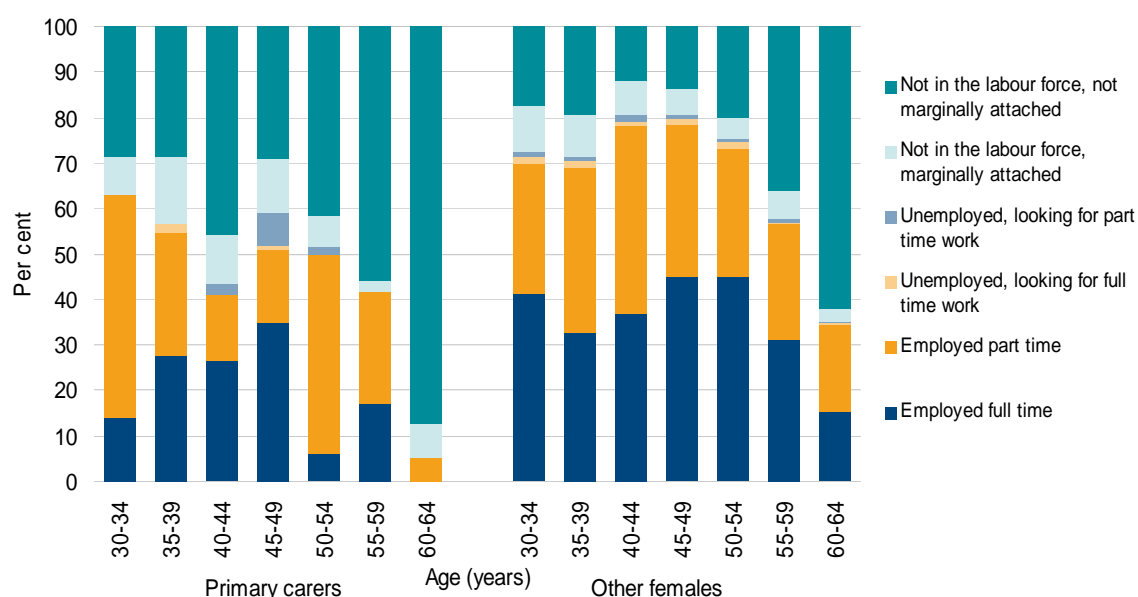
When examined in more detail by age group, it is clear that labour force participation varies substantially by age. As shown in Figure 1, across all age groups, the proportion of women primary carers in full-time employment is less than that for other women of the same age group. Among primary carers, the proportion of women aged 30 to 34 years in full-time employment is just above 10 per cent, increasing to the high 20 per cent for women in their mid to late thirties and early forties, peaking at over 30 per cent among carers in the late forties, followed by a decline for primary carers in their fifties. While other women aged 30 to 64 years show a similar distribution, there are some differences: the proportion of women in full-time employment is higher than their caring counterparts across all age groups; there is a much higher proportion of other women in full-time employment in the 30 to 34 years age group; the peak in proportion of women in full-time employment continues into the early fifties (in contrast to the sharp drop that is seen with primary carers); and over 10 per cent of other women in their early sixties continue working full-time in contrast to no primary carers in this age range working full-time.

We can also note from Figure 1 that a higher proportion of other women across all age groups (except for the 30 to 34 years age group) are in part-time employment; while the proportion of women who are not in the labour force and are not looking for work (that is, not marginally attached) is much greater among primary carers in all age groups.

The fluctuation in employment pattern across the ages is reflected in the age pattern of average hours per week spent in paid employment. As shown in Figure 2, primary carers

work fewer hours per week in paid employment than do other women, across all age groups. On average, primary carers aged 30 to 64 year work about 11 hours per week compared to about 20 hours per week worked by other women. Primary carers and other women in their late forties work the longest hours per week, but consistent with findings so far, primary carers spend fewer hours in paid employment than do other women of the same age group in their late forties (16 hours compared to 25 hours). The decline in employment in the late thirties and a rise in the late forties is consistent with the trends observed in labour force participation rates of women attributed to childbearing and childrearing.

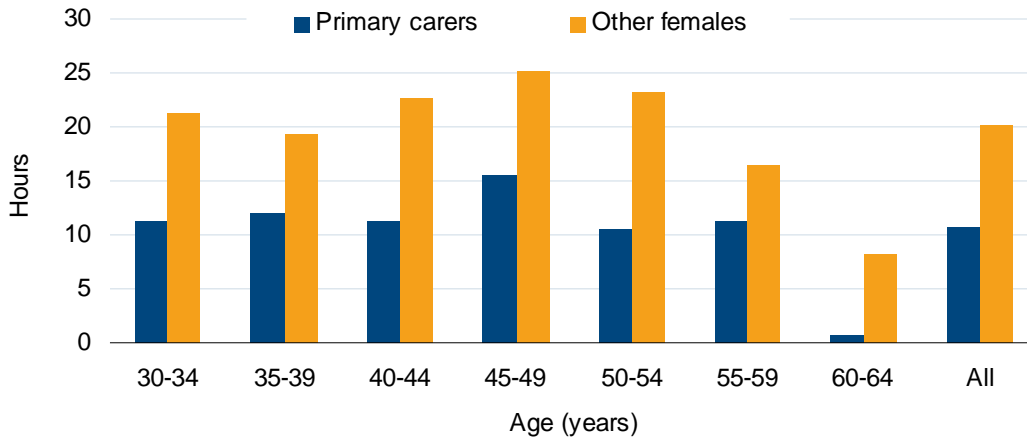
**Figure 1 Age pattern of labour force status, females 30-64 years, 2006**



**Source:** Derived from HILDA wave 6 data file.

Note: The HILDA survey uses the standard ABS definition of marginally attached in referring to persons who are not employed, are actively looking for work and want to work but are not available to start work within the reference period (four weeks in HILDA), thus distinguishing them from unemployed persons. Not marginally attached refers to persons who are not in the labour force in the reference week, and did not want to work for reasons including attending an educational institution, home duties/childcare, retired/inactive, or other.

**Figure 2 Average hours worked per week, females 30-64 years, 2006**



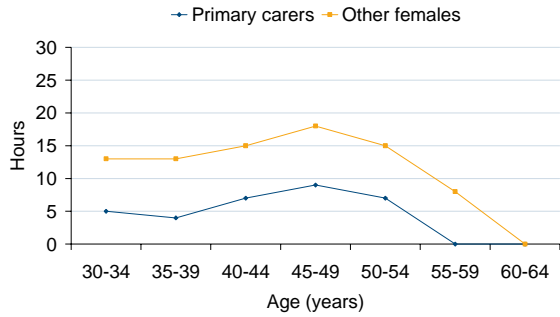
Note: denominator includes all persons in the given category.

Source: Derived from HILDA Wave 6 data file.

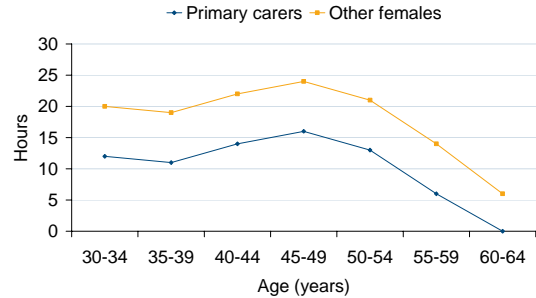
In Figure 3, we present the model estimates of average number of work hours for the various case study categories described in the preceding section. The findings provide further confirmation of the fact that primary carers work fewer hours than do other women across all ages. The model-based estimates go further to show that number of hours worked is about the same for single and partnered primary carer mothers. Level of education, however, appears to impact on the number of hours worked, with those with post-secondary level education working longer hours per week than those with secondary or less schooling.

**Figure 3 Model estimates of average hours worked per week, 2006**

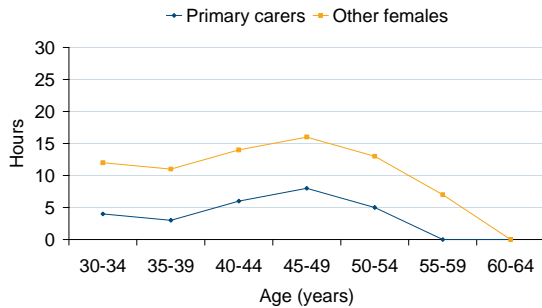
Solo mum, secondary education



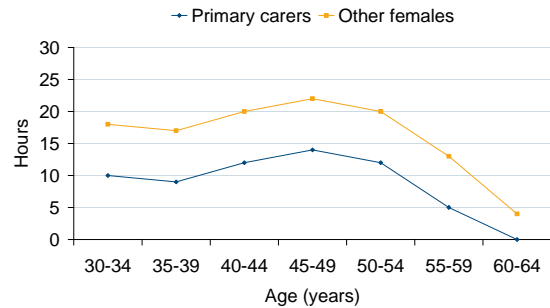
Solo mum, post-secondary education



Partnered mum, secondary education



Partnered mum, post-secondary education



Note: Hours in paid job and received income. Secondary education refers secondary or less and no education.

Source: Model estimates using HILDA wave 6 data file.

### Financial outcomes over the working life

The consequence of not being able to participate in paid employment is that primary carers earn less income over their working years compared to other women of similar demographic characteristics. The lost income is compensated to some extent by government benefits paid to carers. In this section, we look at the individual and family level income received from wages and salaries and government benefits. We focus on the four case studies of women who have two or more children and providing care for a child with a disability. Income estimates are compared with similar women who do not have the caring responsibilities. The results are summarised in Table 3.

*Individual income from wages and salaries*

As shown in Table 3, primary carers lag much behind the other women in terms of their prospective income over their working life. The impact of caring on ability to earn a wage or salary is the worst for women with secondary or less schooling: they would earn less than one-fifth of income earned by other women. While women with post-secondary education also show a difference in individual income earned over their working life, the difference between primary carers and other women is double as opposed to the four-fold difference observed with those with lower levels of education. Being partnered or single mothers makes little difference to women's individual earnings over their working life.

#### *Family income from wages and salaries*

The financial disadvantage experienced by primary carers based on individual income is counteracted to some extent in the case of partnered carers by the wages and salaries brought in by their partners, as seen when the total income from wages and salaries is considered at a family unit level. Nevertheless family income still remains below four-fifths of that for families who do not have to care for a child with a disability. These results indicate that the income of the male partner – who often is the secondary carer – is also substantially reduced.

#### *Government benefits*

The Australian Government, through Centrelink, provides assistance to individuals and families to “become self sufficient and to support those in need.”<sup>1</sup> Financial assistance provided to carers is in the form of a means tested carer payment paid to those who are unable to participate in the labour force due to their caring role, and/or a carer allowance that is not means tested and is paid to those caring for people with special needs.

Table 3 shows, as expected, that among 30-year old single mothers, irrespective of whether they are primary carers or not, receive over their working life, greater benefits from the government compared to their partnered counterparts do. It is also evident that mothers with post-secondary education receive less government benefits over their working life compared to those with secondary or less education. This reflects the higher income earned, in general, by those with post-secondary level education.

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<sup>1</sup> Source: Centrelink website. [http://www.centrelink.gov.au/internet/internet.nsf/about\\_us/index.htm](http://www.centrelink.gov.au/internet/internet.nsf/about_us/index.htm)

Although primary carers receive more government support, when income earned from all sources (that is wages and salaries and government benefits) is examined, it becomes evident that 30-year old women with two or more children and who are primary carers would receive less income over their working life compared to women without the same caring responsibilities. Worklife income of primary carers would be about 70 to 80 per cent of income of other women, at individual level and about 80 to 90 per cent at the family level (Table 3).

**Table 3 Income expected to be received from various sources over the working life of 30 year old mothers with two or more children – primary carers of a child with a disability versus other females, 2006**

		Primary carers (\$)	Other females (\$)	Difference (\$)	Ratio <sup>a</sup>
<b>Individual income from wage and salaries</b>					
Solo mum	Secondary	68,600	392,600	-324,000	0.17
	Post-secondary	440,700	822,600	-381,900	0.54
Partnered mum	Secondary	75,000	399,100	-324,100	0.19
	Post-secondary	447,200	831,100	-383,900	0.54
<b>Family income from wage and salary</b>					
Solo mum	Secondary	68,600	392,100	-323,500	0.17
	Post-secondary	469,100	919,000	-449,900	0.51
Partnered mum	Secondary	1,212,300	1,730,000	-517,700	0.70
	Post-secondary	1,948,500	2,465,900	-517,400	0.79
<b>Government benefits (person level)</b>					
Solo mum	Secondary	638,000	485,700	152,300	1.31
	Post-secondary	569,600	416,500	153,100	1.37
Partnered mum	Secondary	366,300	213,800	152,500	1.71
	Post-secondary	297,200	144,600	152,600	2.06
<b>Total individual income: wages and salaries and government benefits paid to the individual</b>					
Solo mum	Secondary	706,600	878,300	-171,700	0.8
	Post-secondary	1,010,300	1,239,100	-228,800	0.8
Partnered mum	Secondary	441,300	612,900	-171,600	0.7
	Post-secondary	744,400	975,700	-231,300	0.8
<b>Total family income: family income from wages and salaries and government benefits paid to the individual</b>					
Solo mum	Secondary	706,600	877,800	-171,200	0.8
	Post-secondary	1,038,700	1,335,500	-296,800	0.8
Partnered mum	Secondary	1,578,600	1,943,800	-365,200	0.8
	Post-secondary	2,245,700	2,610,500	-364,800	0.9

Note: <sup>a</sup> Amounts for women primary carers (column 1) divided by the amounts for the other women (column 2).  
Source: Model estimates using HILDA Wave 6 data file.

## Discussion

The findings of this study reinforce the evidence that carers have limited opportunities to participate in the paid employment and are exposed to a higher level of financial stress than do other women. Over half of women primary carers aged 30 to 64 years were found not to be in the paid work force compared to less than a third of other women in the same age group. Of those women who were able to work, primary carers spent fewer hours in



paid employment than did other women. For example, only one-fifth of women primary carers were in full-time employment compared to nearly two-fifths of other women aged between 30 and 64 years of age, and primary carers with post-secondary level education tended to work more hours per week compared to primary carers without post-secondary level education.

The level of detail on labour force participation and income earned that is available in the HILDA data allowed us to explore labour force participation and income of carers in much greater detail than previously undertaken, and importantly also provided the opportunity to model future earnings. The diminished ability to participate in paid employment results in a substantial financial disadvantage to women primary carers over their working life. As estimated in this study, at age 30 years, women providing care to their child with a disability would earn over their working life, depending on their level of education, between a quarter and half the income from wages and salaries of women without the primary carer role.

Education is an accepted proxy for earning capacity, and much of the variation in income and benefits observed in this study is underscored by the education level of the carers. This study demonstrates that while women with a primary carer role tend to work shorter hours than their non-carer counterparts, those with post-secondary education work longer hours than those without. Consequently, 30-year old mothers without post-secondary education who are primary carers of a child with a disability experience a greater loss in income from wages and salaries compared to other primary carers who are in a similar situation but who have post-secondary education.

Government benefits compensate primary carers, to some extent, the income forgone from reduced ability to participate in the paid jobs. However, when total income from wages and salaries and government benefits is examined at an individual or family unit level, primary carers, irrespective of education level and partnership status, receive less income than do other women over their working life.

The consequences of forgone income extend beyond the immediate ability of families to meet expenses. Inability to participate in the paid labour force and earn an income also means that primary carers are not able to contribute to superannuation schemes that

invest towards retirement income. It is estimated that women in their early thirties, with secondary or less education, who are not in a primary carer role, would have saved approximately \$100 000 of superannuation in 2006 dollar terms when they turn 65 years (Nepal et al., 2008). In today's world, even this amount of superannuation funds is regarded as being insufficient to meet the needs of individuals during their retirement years. In contrast to this relatively small amount, women primary carers are expected to have less than \$25 000 in their superannuation account when they reach 65 years of age. Having a post-secondary level education would more than quadruple the superannuation available when they turn 65 years (estimated to be between \$112 000 to \$134 000). However, taking on a primary carer role reduces this expected superannuation, on average, by about \$75 000 to \$80 000 over the working life of mother in their early thirties (Nepal et al., 2008).

Given a significant proportion of household expenditure is used to meet the high needs of the dependent person (Jenson and Jacobzone, 2002), there is little opportunity for savings. Without superannuation, carers become dependent on the aged pension provided by the government to support their needs in their retirement years. This identifies a hole in the compulsory superannuation guarantee scheme which was introduced in Australia in 1992 to address the projected strain that an ageing population would place on the economy.

While the findings of the study are helpful to inform policies towards carers' wellbeing, they need to be interpreted in light of the limitations of this study. The analyses presented in this report are based on cross-sectional surveys conducted for 2006 HILDA Wave 6. The cross-sectional data, by nature, do not permit casual relationships to be explored. The analysis was, therefore, limited to examining differences between primary carers and other women with similar demographics. Also the dollar figures for income from wages and salaries and government benefits are synthetic estimates derived from cross-sectional data. The estimates over the working life have been derived by assuming that the people follow the current pattern of work and earning into the future. The future earnings are not adjusted for inflation and wage growth. In sum, the estimated monetary figures can be best used as relative rather than absolute values, and are provided as a means of comparison among the groups examined.

## **Concluding remark**

In Australia, primary carers are predominantly women. The impact of being a primary carer is substantial and extends to the rest of their life: they are less able to participate in paid employment and receive lower income during their working years. As such, government policy addressing how to better support the needs of carers needs to focus on strategies and measures that will reduce financial stress through facilitating greater participation in paid work or increased government financial assistance and income support.

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