



2023 Carer Wellbeing Survey Snapshot

Employment Outcomes for Female Carers

December 2023

Executive Summary

Participating in paid employment can have many positive impacts, including increased financial security, higher social connection and higher wellbeing.

Statistically, carers participate less in the workforce compared to the average Australian. Female carers are less likely to work full-time, and less likely to be satisfied with their ability to participate in paid work compared to male carers.

This year's Carer Wellbeing Survey asked thousands of carers about their employment and the impact it has on wellbeing. The benefits of having paid employment are evident in the results.

Employed female carers not only had higher wellbeing, lower psychological distress and better general health, they also reported higher financial wellbeing and lower levels of loneliness. Those with understanding employers were significantly more likely to have healthier levels of wellbeing.

The data from this survey shows there is a need for continued initiatives that support carers' employment and encourage workplaces to be understanding of caring roles.

This report examines whether being a carer compounds existing employment challenges amongst women. It draws on data from the 2023 Carer Wellbeing Survey, the 2022/23 Regional Wellbeing Survey, and the 2021 Census of Population and Housing, and has been prepared for the Department of Prime Minister and Cabinet by Carers Australia and Mel Mylek and Jacki Schirmer, University of Canberra.

Overview of the Carer Wellbeing Survey

Carers provide unpaid assistance to people living with disability, illness, chronic conditions or old-age related frailty. As of 2018, there were at least 2.65 million unpaid carers in Australia, representing 11% of the Australian population. About one third of these carers were primary carers, meaning they provided the majority of care to a person in one or more core activities (for example assisting with self-care, getting around and communication) (ABS 2019).

It is estimated the equivalent paid services would cost an estimated \$77.9 billion annually if not provided by unpaid carers (Deloitte 2022). It is essential to support carer's financial, emotional and social wellbeing so they can continue to provide high quality care to those they care for over the long term.

Carers are known to experience poorer wellbeing compared to other Australians, with the risk of poor wellbeing being higher amongst carers who have more complex, time consuming or otherwise challenging caring commitments. Carers are also more likely than non-carers to have significant health problems, and to experience loneliness and financial hardship (Cummins et al. 2007; Schirmer and Riyanti 2021, Schirmer et al. 2022).

Determining how best to support carers in their role, and improve their wellbeing, requires understanding their baseline wellbeing as well as their experiences as a carer and the supports and services they access. In 2021, the national Carer Wellbeing Survey (CWS) was launched as a partnership between Carers Australia, the Australian Government Department of Social Services (DSS), and the University of Canberra (UC). The survey aims to develop a comprehensive picture of the wellbeing of carers, how that wellbeing is changing over time, and how wellbeing of carers can be supported. The 2021 CWS provided an initial baseline set of insights from which change over time could begin to be examined.

Marking the third year of the survey, the 2023 CWS was conducted by the University of Canberra's WellRes unit and was funded by Carers Australia with support from DSS.

The aims of the CWS are to:

- Understand different dimensions of wellbeing and quality of life of Australian carers
- Understand how wellbeing and quality of life is changing for carers
- Understand how the wellbeing differs depending on the type of carer role a person has, and wellbeing risks associated with different carer roles
- Identify which types of support are effective in supporting the wellbeing of carers and their ability to be an effective and successful carer

The Full Report for the 2023 Carer Wellbeing Final can be [accessed here](#).

Methodology

The Carer Wellbeing Survey is a survey of Australian carers aged 14 and older, with carers defined as any person who provides unpaid assistance to a person with a disability, mental illness, drug or alcohol dependency, chronic condition, dementia, terminal/serious illness, or old-age related frailty.

The 2023 CWS was conducted during February and March 2023. Participants could complete the survey online or on a paper form, and was translated into simplified Chinese, Arabic, Italian and Vietnamese, selected as the highest prevalence languages other than English spoken by carers based on data from the 2021 ABS *Census of Population and Housing*.

Survey participants were recruited through multiple methods:

- Previous participants: Carers who participated in the 2021 and/or 2022 CWS and who had given permission to be contacted about future surveys were invited to take part in the 2023 CWS.
- Care provider organisations: Organisations who provide professional services to carers across Australia were asked to email their clients to request their participation in the survey.
- Carer representative organisations: A number of carer organisations around Australia sent emails to their membership inviting participation, advertised the survey on their websites, and promoted the survey on their social media channels.
- Social media advertising: Advertising on Facebook and Instagram was used to recruit carers, including some advertising in the different languages the survey had been translated into.
- Gift incentive: A prize draw was offered to encourage participants to take part in the survey. Prizes offered were gift cards, with winners able to choose their preferred gift card from a list of options.

In 2023, there were a total of 5,881 valid responses to the survey, with 5,328 being defined as those who were current carers at the time of the survey (current carers), and 553 who were defined as being carers in the past, but who were not currently active carers at the time of the survey (past carers).

Throughout this Snapshot, unless otherwise stated, findings for current carers have been weighted to adjust for differences between demographics observed in the sample and known benchmarks taken from the 2021 (where available), the 2016 Census of Population and Housing and the Survey of Disability, Ageing and Carers, 2018-19. Data were weighted by the following characteristics: (i) gender, (ii) age, (iii) State/Territory, (iv) labour force status and (v) weekly caring hours. Past carers were not weighted.

Confidence intervals were used to identify where there was a high level of confidence that differences between different groups were likely to be the result of actual differences, rather than sampling variance. A confidence interval, put simply, is a measure of the level of confidence that the results are accurate, through identifying the boundaries between which there is high confidence the true finding lies. More accurately, it tells you the boundaries between which, statistically, the mean value of a given variable would be 95% likely to fall if the survey was repeated multiple times with a similar sample. In all cases, 95% confidence intervals were used.

The methods used to collect and analyse data in the 2023 CWS are described in more detail in the CWS User Guide (Mylek and Schirmer 2023), including more information about data weighting and sampling.

As data are updated periodically, there may be small differences between what was published in previous reports (Schirmer et al. 2022, Schirmer and Riyanti 2021), and data published in this report for those years.

The Importance of Understanding Employment, Caring and Gender

Being an unpaid carer can be a rewarding experience, but also often presents challenges. One area of particular concern is the impact on a carer's ability to engage in paid work. Multiple studies have found that being a carer negatively impacts employment prospects, particularly amongst those who become a carer at a younger age (Joseph et al. 2019).

Of particular concern is the impact of caring on employment for Australia's many female carers. The majority of Australia's carers (72%) are female (ABS 2019). While female employment has increased over time, with 58% females employed in 2021 compared to 65% males (ABS 2022), there are still multiple challenges for females in employment. Women are well documented to experience lack of parity in the workplace. In 2021 women earned less than men through their career, were more likely to work part-time rather than full time, were more likely to engage in unpaid work and were less likely to be owners/managers of businesses (ABS 2022, WGEA 2022).

This short report examines whether being a carer compounds existing employment challenges amongst women. It draws on data from the 2023 Carer Wellbeing Survey (CWS)¹, the 2022/23 Regional Wellbeing Survey (RWS)², and the 2021 Census of Population and Housing.

Rates of employment

The most recent national picture of carer employment is available from the Australian Bureau of Statistics (ABS) 2021 *Census of Population and Housing*. Carers typically have lower rates of paid work compared to the average Australian: while 74% of working age Australians (aged 15-64) were in paid employment in 2021, only 69% of carers were employed. This figure includes all carers, including those for whom caring is an occasional activity and not a significant part of daily life. Amongst carers for whom being a carer is a significant daily activity, only 63% of working age are employed. This estimate of 63% is drawn from the 2023 Carer Wellbeing Survey, which focuses on carers with regular caring responsibilities that form a significant part of their everyday life.

At first glance, female carers appear to have similar opportunity to engage in paid employment as male carers (Figure 1), with 64% working compared to 62% of male carers of working age in the CWS. However, this picture changes when the types of employment female carers have are compared to those of men.

Amongst working female carers, 39% have a part-time or casual position, compared to only 21% of male carers, with female carers significantly less likely to work full-time than their male counterparts (Figure 2).

In the 2021 Census, the gap between male and female carers aged 18-64 in the workforce was slightly larger, with 74% of males aged 18-64 participating in the workforce compared to 67% females aged 18-64 (noting this includes carers for whom caring is an occasional activity, as opposed to the CWS which includes mainly those whose caring is a significant part of daily life). However, the gap between full-time and part-time work for male and female carers was similarly large with 77% of male carers aged 18-64 working full-time compared to 50% female carers aged 18-64. This is consistent with trends in the general workforce as well, with 78% of all employed males aged 18-64 working full-time compared to 54% of all employed females aged 18-64.

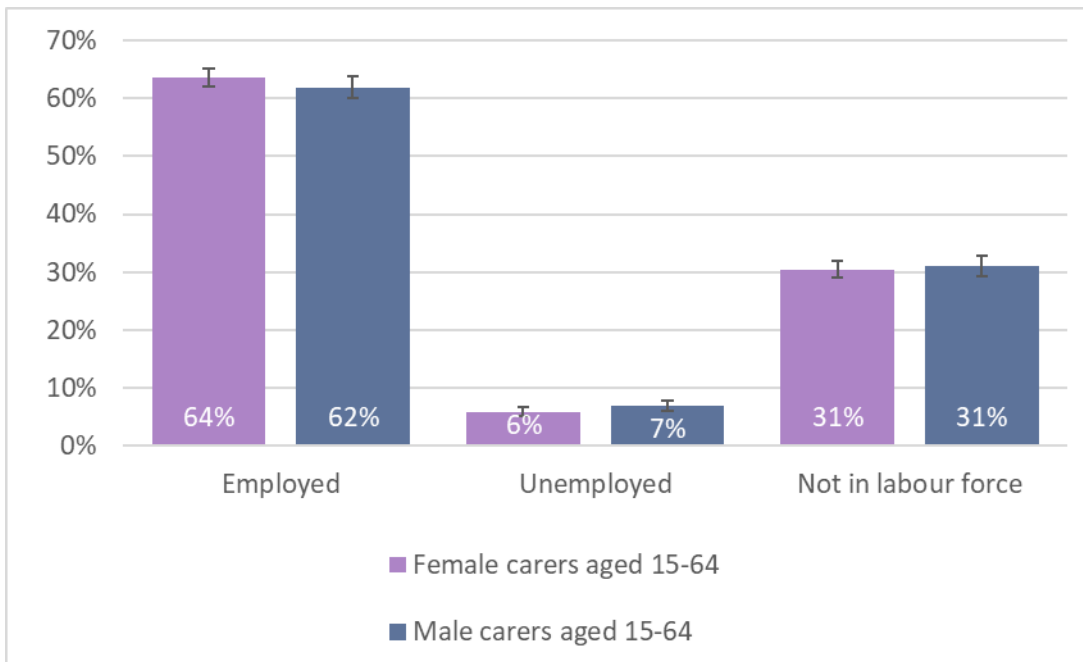


Figure 1 Employment amongst female and male carers aged 15-64, 2023 CWS

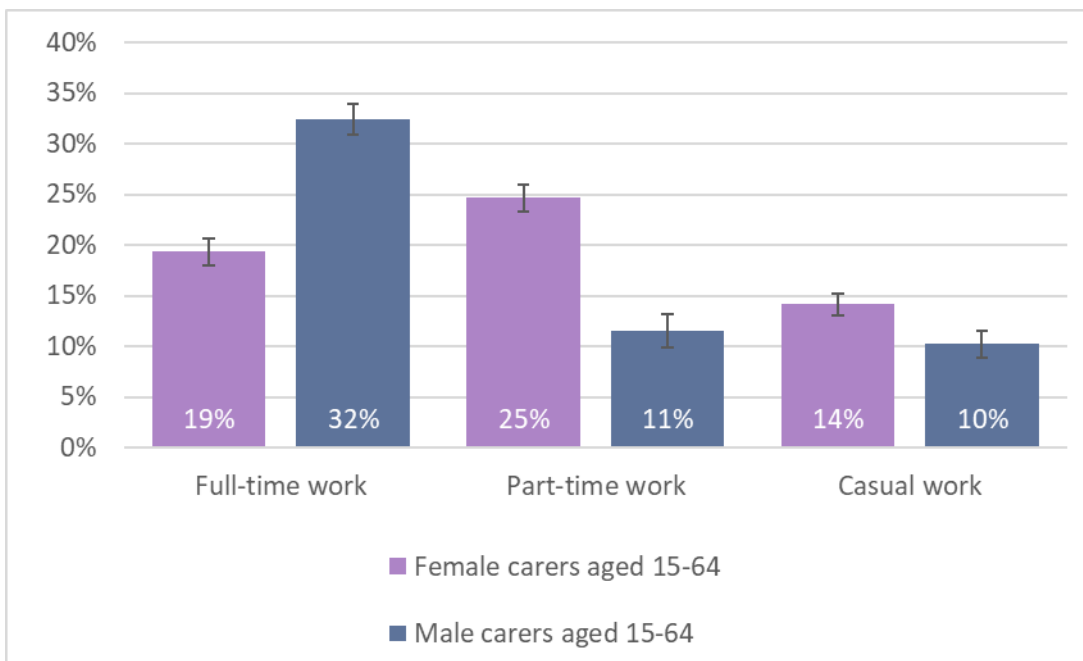


Figure 2 Full-time, part-time and casual employment amongst female and male carers aged 15-64, 2023 CWS

The remainder of this report examines the responses from carers of all ages in the CWS.

Ability to participate in paid work

Overall, female carers are less satisfied with their ability to engage in paid work, with 35% being satisfied (compared to 39% of male carers). Only 31% of female carers indicated their ability to participate in paid work is getting better, lower than male carers (35%) (Figure 3).

A total of 47% of female carers were spending less time in paid work than they desired, and 22% were spending more time in paid work than they desired (Figure 4). This is similar to male carers, with 45% spending less time than desired in paid work, and 18% more time than desired. However male carers were significantly more likely to report they spent the right amount of time in paid work (38%) compared to female carers (31%).

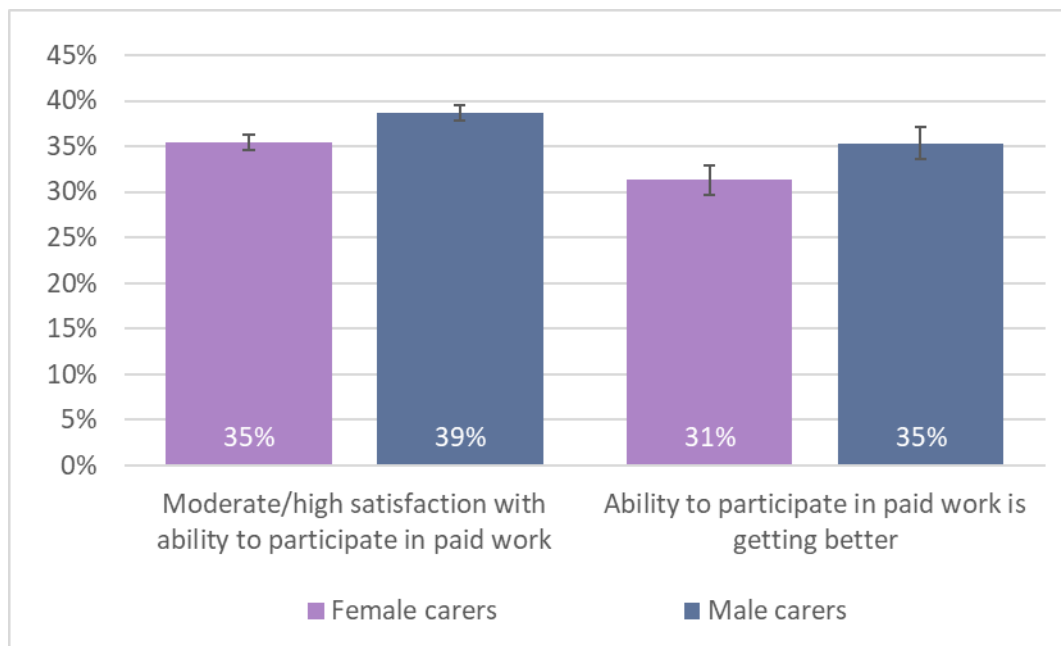


Figure 3 Satisfaction with ability to participate in paid work, female and male carers of all ages, 2023 CWS

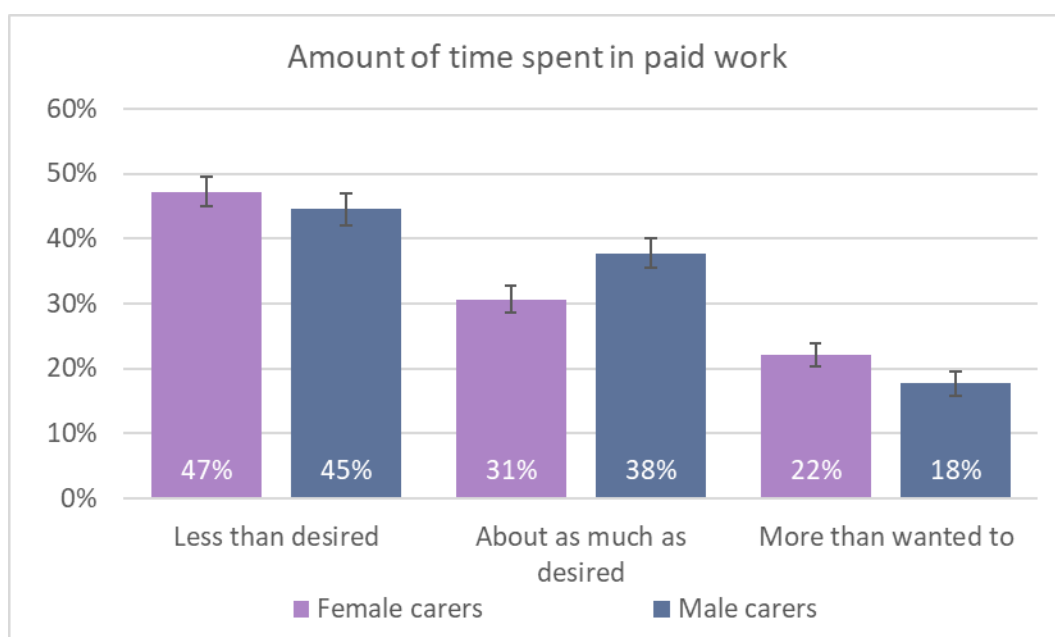


Figure 4 Amount of time spent in paid work, female and male carers of all ages, 2023 CWS

In general, carers with greater caring commitments found it challenging to participate in the workforce (Table 1). Carers with 40 or more caring hours per week were significantly less likely to be satisfied with their ability to participate in paid work or to feel their ability to participate in paid work was getting better. They were also more likely to report that they spend less time in paid work than desired and their caring duties are the main reason for not working as much as they would like to. Primary carers were less satisfied with their ability to work, and sole carers less likely to feel their ability to participate in the workforce was getting better.

Table 1 Female carers more and less likely to have the ability to participate in paid work

	Female carers MORE likely to report this	Female carers LESS likely to report this
Highly satisfied with ability to participate in paid work	<ul style="list-style-type: none"> • Aged 15-34 • <20 hours/week caring commitments • Aboriginal/Torres Strait Islander • Live in outer regional and remote areas • Not a primary carer • Caring role episodic • Care recipients live elsewhere • Care recipient has a short-term non-terminal illness • Care for parent/grandparent/sibling/other family or friend • Care recipient has low/moderate assistance needs • Employed • Did not receive carer payment and/or allowance in the last 12 months 	<ul style="list-style-type: none"> • Aged 35-44 • 20+ hours/week caring commitments • Primary carer • Care recipient/s live with carer • Care recipient has Autism spectrum disorder and/or other development disorder • Care for child/grandchild • Care recipient has high/very high assistance needs • Unemployed or not in the workforce • Received carer payment and/or allowance in the last 12 months
Ability to engage in paid work was getting better	<ul style="list-style-type: none"> • Aged 15-34 • <20 hours/week caring commitments • Aboriginal/Torres Strait Islander • Not a primary carer • Caring role episodic • Care recipients live elsewhere • Care for friend or other type of relative • Care recipient has low/moderate assistance needs • Employed 	<ul style="list-style-type: none"> • Aged 65-74 • 40+ hours/week caring commitments • Sole carer • Care recipient has high/very high assistance needs • Unemployed or not in the workforce • Received carer payment and/or allowance in the last 12 months • Provides presence to prevent harm support

<p>Spend less time than desired in paid work</p>	<ul style="list-style-type: none"> • 40+ hours/week caring commitments • Care recipient has Autism spectrum disorder and/or other development disorder • Unemployed or not in the workforce • Currently studying • Received carer payment and/or allowance in the last 12 months 	<ul style="list-style-type: none"> • <20 hours/week caring commitments • Aboriginal/Torres Strait Islander • Episodic caring roles • Care recipient lives elsewhere • Care recipient has a terminal illness • Care for sibling/s • Care recipient has low/moderate assistance needs
<p>Spend more time than desired in paid work</p>	<ul style="list-style-type: none"> • Aged 45-54 • <20 hours/week caring commitments • Aboriginal/Torres Strait Islander • Care recipient has a short-term non-terminal illness • Care recipient has low assistance needs • Did not receive carer payment and/or allowance in the last 12 months 	<ul style="list-style-type: none"> • Aged 55-64 • Care recipient has high assistance needs • Unemployed or not in the workforce • Received carer payment and/or allowance in the last 12 months

Caring is a barrier to participation in paid work for many female carers

Being a carer is a common barrier to increasing work hours – particularly for female carers with greater caring commitments. Amongst female carers, 73.9% reported their caring role meant they couldn't do as much paid work as they wanted, significantly higher than the 64.0% of male carers who reported this. Female carers more likely to indicate that caring duties contributed to being unable to work as much as desired included:

- Female carers aged 35-44
- Those with 40+ hours/week caring commitments
- Female carers who usually speak a language other than English at home
- Those who care for someone with a terminal illness
- Those who care for someone with high assistance needs
-

Female carers less likely to report this included:

- Female carers aged 55-64
- Those with <20 hours/week caring commitments
- Aboriginal/Torres Strait Islander female carers
- Those who live in outer regional and remote areas
- Female carers who are not a primary carer, and/or their caring role is episodic
- Those whose care recipient/s live elsewhere
- Those who care for someone with low/moderate assistance needs
- Unemployed female carers

Do Female Carers in the Workforce have Higher Wellbeing?

Personal wellbeing, general health and psychological distress

A growing body of evidence shows an important relationship between achieving a good balance of time use and a person's wellbeing. People with good work-life balance, or in the case of carers, a good care-work-life balance, will typically have higher wellbeing (Krueger et al. 2012; Stone et al. 2018; Freedman et al. 2019). Carers with higher wellbeing are also better able to provide a high standard of care, and possibly more likely to have more positive caring experiences.

Employed female carers were significantly more likely to have healthy levels of wellbeing, better general health and lower levels of psychological distress compared to those not in the workforce (Figure 5). Just over half of employed female carers (57%) reported low wellbeing, significantly lower than the 70% of unemployed carers and 63% of those not in the workforce who reported low wellbeing. Similarly, just over a half of employed female carers (57%) reported moderate to high levels of psychological distress, lower than the 61% of unemployed female carers and 61% of female carers not in the workforce. Female carers who were employed were also significantly less likely to report fair or poor health (47%) compared to unemployed carers (63%) and those not in the workforce (62%).

These trends are consistent with findings for all employed females in the 2022/23 RWS, albeit the overall levels of wellbeing are lower for the general public compared to carers (Mylek and Schirmer 2023): 31% employed females reported low wellbeing compared to 62% of unemployed females; 44% employed females reported moderate to high psychological distress compared to 69% unemployed females; and 16% employed females reported fair or poor health compared to 36% unemployed females.